Eloura

Performance Report

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QUIRINDI NSW 2343  
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**Commission ID:** 2728

**Provider name:** Quirindi Care Services Limited

**Site Audit date:** 27 April 2021 to 30 April 2021

**Date of Performance Report:** 9 June 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) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | 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) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 26 May 2021.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their 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 or representatives on their behalf considered 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.

Observations by the Assessment Team were that confidential information is returned to secure areas after use, staff do not speak about consumers confidential information in public spaces and computers were logged off when not in use. However, the team found while handover is conducted according to procedure, it is not conducted in a manner that is enabling confidentiality of consumer information.

The dignity and respect for consumers in the special needs unit was not always maintained, and the service was observed to be consistently untidy and unclean. The service is unable to demonstrate how it discusses and helps consumers understand the risks they take to enabling them to live the best life they can.

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

## Assessment of Standard 1 Requirements

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

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

The Assessment Team found that the staff interviewed spoke about consumers in a respectful manner and mostly demonstrated familiarity with consumers personal circumstances, preferences, and life journey. The Assessment Team found that most sampled consumers said that they are treated with dignity and respect in their interactions with staff throughout the service.

The Assessment Team’s report details observations of the service to be consistently untidy, unclean and the personal dignity of consumers was not always maintained for consumers. A review of the complaints register identified complaints from representatives who say the consumers’ rooms show a general lack of cleanliness with used towels and soiled clothing lying around the bathrooms, and consumers representatives have complained about the poor personal grooming of their loved ones.

The approved provider submitted a written response describing actions taken in response to the Assessment Team’s feedback. The approved provider’s response acknowledges the Assessment Team’s feedback regarding the service environment cleanliness. The approved provider has implemented improvement actions to assist maintaining the dignity of consumers including personal grooming practices, regular daily rounds to monitor the service environment cleanliness, and a review of staffing allocations.

While the approved provider has undertaken immediate actions during and following the site audit to address matters raised by the Assessment Team, this does not confirm they were compliant at the time of the site audit. The approved provider also needs time to demonstrate that the actions taken, results in sustained improvements to ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

I find this requirement is Non-compliant.

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

*Care and services are culturally safe.*

The Assessment Team’s report details that while most consumers feel the care and services they receive are culturally safe, there was a lack of staff understanding and training relating to sexuality in aged care, particularly consumers identifying from lesbian/gay/bisexual/transgender/queer/intersex (LGBTQI) groups.

Consumers interviewed said that the service provides care and services that are in line with their culture and values and most consumers feel the care and services they receive are culturally safe.

Staff members interviewed were able to describe how to provide care and services which are culturally safe for each consumer and said they have completed training in the Aged Care Standards including cultural diversity. While staff have undertaken training in ‘Sexuality in Aged Care’, the Assessment Team found staff did not demonstrate an understanding of a consumer’s sexuality.

The approved provider submitted information relating to the service’s commitment to ensure all staff are educated above the expected standards including sexuality in aged care. The organisations staff education program includes the delivery of sessions about ‘Sexuality in Aged Care’ including LGBTQI education.

The identified gap in staff understanding about sexuality in aged care is shown to be an isolated occasion rather a systemic issue, and consumers and staff provided examples of how care and services are culturally safe and in line with their culture and vales.

I find this requirement is Compliant.

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

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

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

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

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

The Assessment Team found there is limited evidence to support consumers to take risks to live the best life they can. Consumers interviewed were asked if there are things they would like to do that they are prevented from doing and consumers indicated there is nothing they could think of that they are prevented from doing.

The Assessment Team found the service does not have policies in relation to consumers being enabled to take risks. The Assessment Team found there were no risks assessments or other documentation which indicated any discussions with consumers sampled about the risks of the activities.

Staff described procedures they would follow to support consumers to take risks to live the best life they can. Examples described included that risk assessments are undertaken for consumers who are at risk of choking and wish to continue to eat food of a normal texture and smoking.

The approved provider submitted information relating to the service’s processes to complete risk assessments and relevant policies. It includes the service completes a risk assessment prior to consumer outings including attending local events to ensure consumer safety. The approved provider’s response states the organisation has a clear policy on risk management which includes that consumers are encouraged to take risk. The approved provider’s response includes the service has completed risk assessments for sampled consumers as outlined in the Assessment Team’s report.

While there are some discrepancies in the documentation of a consumer being supported to take risk, staff and consumer interviews identified that consumers are generally supported to undertake activities that may involve risk.

I find this requirement is Compliant.

### 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.*

The Assessment Team found the service has processes which are followed by staff to ensure that consumers’ privacy is respected, and their personal information is kept confidential. Consumer or representatives on their behalf say they are satisfied the care and services, including personal care are delivered in a way that respects their privacy.

Staff can describe the practical ways that they respect the personal privacy of the consumers such as logging off computer screens in open workstations, waiting for consumers to respond prior to entering their rooms and closing bedroom and bathroom doors during care delivery.

The Assessment Team’s report details that staff said they are always mindful to discuss individual consumers with their colleagues discretely and this overall was observed by the Assessment Team. The Assessment Team observed that handover is conducted according to procedure, however, it is not conducted in a manner that maintains the confidentiality of consumer information.

The approved provider submitted a written response which details actions taken in response to the Assessment Team’s feedback during the site audit and to ensure each consumer’s personal information is kept confidential. The approved provider’s response provided further context about the handover process used at the time of the site audit. It includes that as part of the handover process staff complete a walk around handover to ensure the safety and comfort of all consumers, and then perform the clinical handover where confidential information is discussed in the nurses station.

The approved provider has undertaken improvements and changes to their handover process to remove any perceived risk with disclosure of personal information in public areas. The handover process has been structured that all discussions occur in the clinical office, followed by a walk thru to observe all consumers by the registered nursing staff. The service’s policy has been updated to reflect this change.

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.

I find this requirement is Compliant.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Most sampled consumers and representatives did not consider they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers or representatives on their behalf interviewed said they have limited involvement in the care planning process.
* Most consumers or representatives on their behalf interviewed said they are regularly informed when incidents occur, but they are not kept informed about the outcomes of assessment and planning.
* Most representatives interviewed said they either have had to ask repeatedly for access to their consumer’s care plan with eventual success or have never been provided access to the care plans for their consumer.
* Representatives advised when they did get access to their care plan it was difficult to understand and contained acronyms they did not understand.

The Assessment Team found that care plans reviewed did not include evidence of consideration of risks to the consumer’s health and well-being to inform delivery of safe and effective care and services. Consumers receiving palliative and end of life care do not have information in their care plans which adequately reflect their increasing care needs as their health deteriorates. Assessment and planning reflected little involvement or incorporation of information received from organisations, individuals and providers of other care and services involved in the care of consumers.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found care plans reviewed did not include evidence of consideration of risks to the consumer’s health and well-being to inform delivery of safe and effective care and services. This includes individualised behaviour management plans, specific for each behaviour type and not repeated across behaviour types for consumers who display complex expressive behaviours.

Currently, there are no palliative care plans for consumers nearing end of life or being supported on a palliative trajectory. The Assessment Team’s report details that the lack of adequate information impacted on the delivery of safe and effective care and services for consumers receiving care on the palliative trajectory.

The Assessment Team received mixed feedback from consumers or representatives on their behalf regarding their participation in the care planning process. Consumers and representatives acknowledged they are contacted by staff when incidents occur, and changes are requested to be made to the consumer’s care plan.

The approved provider submitted a written response which acknowledged issues with care planning documentation including lack of individualisation for consumers. The approved provider acknowledges the current issues seen in care planning documents is directly related to the service’s electronic care planning program. In response to this issue, the approved provider has made transition to a new electronic care planning program which was in the final stages of implementation during the site audit.

The approved provider also submitted information relating to some assessment and planning, including the consideration of risks to the consumer’s health and wellbeing. Whilst this evidence is acceptable to demonstrate processes used in relation to assessment and planning, this information did not provide further evidence to demonstrate that care plans are individualised across all fields and considers all risks associated to consumers, and these areas of care are appropriately documented and managed.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that for consumers who have an advance care directive, these are not reviewed on a regular basis or to be reflective of all needs, goals, and preferences of consumers. The current needs goals and preferences of consumers nearing end of life are not adequately reflected in their care plans. In addition, some forms were found to not be appropriately completed and did not reflect handwritten documentation also attached to the directive.

The approved provider submitted a written response that provides further information about the issues raised by the Assessment Team. It includes the service provides consumers and/or their legal decision maker opportunity to document their choices and preference about palliative care at admission. The approved provider has updated their policy for review of palliative care directives to occur every twelve months during formal cases conferencing or earlier if needed.

The approved provider acknowledges that the current electronic care planning system does not include palliative care pathways. In response to this gap, the service has commenced using alternative documents/ forms that can record consumers choices and preferences.

The approved provider has undertaken immediate actions during and following the site audit to address the matters raised by the Assessment Team and are committed to continued work on a wide range of improvement strategies relating to assessment and planning which addresses each consumers current needs, goals and preferences, including advance/end of life planning. While the approved provider has undertaken and is undertaking improvements, these occurred following feedback from the Assessment Team at the time of the site audit.

I find this requirement is Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team’s report details evidence of referral to external services such as physiotherapist, podiatrist, and speech therapist in consumer’s care planning documentation. However, assessment and planning reflected minimal involvement or incorporation of information received from other organisations, and specialist services for assistance with behaviour management.

Registered nurses said they are not familiar with the care planning process and how consumers or their representatives are involved as this has traditionally been done by the care managers. Representatives interviewed said they had to ask repeatedly to gain access to consumer care plans or experienced difficulty in being able to provide information or provide input to consumer’s care plan.

The approved provider submitted information to provide context about the service’s assessment and planning processes. Whilst this evidence does demonstrate the service has processes to enable ongoing partnership with consumers and others in assessment and planning, this does not account for the inconsistencies with the application of involvement in the care of each consumer. Nor did it provide any further evidence to demonstrate that when other organisations, and individuals and providers of other care and services are involved in the care of the consumer that this is documented and supported.

I am of the view that the approved provider does not comply with this requirement as it has not demonstrated that assessment and planning is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services including involvement from other organisations and services.

I find this requirement is Non-compliant.

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

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

The Assessment Team received mixed responses from consumer representatives regarding their ease of access to care plans and the information provided is not easy to understand. Registered nurses were not able to explain the communication process between staff and consumers and/or their representatives when assessed care needs change. Feedback from consumers does not suggest they are consistently being provided access to care and service plans, or that the provided care plan is easy to read.

The approved provider did not submit a response in relation to this requirement. The Assessment Team’s report details mixed feedback from consumer representatives regarding the ability to have input to the consumer’s care and services and difficulty accessing and understanding their care plans. I am of the view the approved provider does not comply with this requirement as it has not been demonstrated that the outcomes of assessment and planningare 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.

I find this requirement is Non-compliant.

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

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

The Assessment Team’s report details that registered nurses interviewed said they review each consumer’s care plan monthly to ensure the information contained is reflective of the current care needs of the consumer. However, the care plans the Assessment Team sampled did not reflect they are reviewed on a regular basis, updated when circumstances change or in response to incidents when they occur.

The Assessment Team found that consumers receiving palliative and end of life care do not have care plans which adequately reflect their increasing care needs as their health deteriorates. Representatives interviewed advised they are regularly contacted when incidents occur such as falls or for weight loss however, they are not always consulted regarding their wishes in response to the incident.

The approved provider submitted information to provide context in relation to their care and service plan review processes. The approved provider acknowledges that some information in the current plans for consumers is inaccurate. The approved provider outlined that assessments are scheduled for full review every twelve months, or earlier if changes are identified. The approved provider acknowledges that discrepancies have occurred due to issues around the synchronisation with the new electronic care planning system.

While the approved provider has implemented a new electronic care planning program which will assist the service, the approved provider has not demonstrated this has had an impact and working in practice. The approved provider needs time to demonstrate sustained improvement from the changes described.

I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Most sampled consumers or representatives did not consider that they receive personal care and clinical care that is safe and right for them. For example:

* Most representatives interviewed did not feel their consumers are getting the care they need. Such as inadequate oral care and cleaning of dentures.
* Consumers or representatives on their behalf acknowledged they have access to their chosen medical officer.
* Representatives interviewed expressed concern the staff do not understand dementia and how to manage dementia related behaviours. Concerns were also raised regarding how consumers are dressed, with representatives saying their consumers are not being dressed in a manner that meets their preferences and choices.

The Assessment Team found wound photography is not attended according to best practice recommendations. The service did not have in place a register of consumers receiving psychotropic medications and consumers prescribed psychotropic medications across all drug classes were observed to be considered subject to chemical restraint. Registered nurses when interviewed did not exhibit an understanding of clinical risk or high impact high prevalence risks. Behaviour management care plans did not outline individualised interventions for specific behaviours. Observed infection control practices by staff were not according to best practice or personal protective equipment use guidelines.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team’s report details consumers prescribed psychotropic medications across all drug classes are considered subject to chemical restraint and consents were sighted prepared as such. The service did not have a register of consumers prescribed psychotropic medications. Wound photography is not attended according to best practice recommendations and staff are using an inconsistent approach to how therapeutic massage is recorded.

Most representatives interviewed did not feel their consumers were receiving the care they needed such as basic nursing care and skills, including tending to consumer’s oral care and adequately and appropriately cleaning teeth.

Care staff said if they have concerns in relation to a consumer’s well-being or the consumer’s personal or clinical care, they will immediately notify the registered nurse or care manager. The registered nurses said they do not have access to any specific resources relating to best practice, however complete regular education for competencies and to ensure they meet their annual registration requirements.

The approved provider submitted a written response that provided further context relating to sampled consumers and processes to ensure safe and effective personal and clinical care. The approved provider’s response acknowledges that the psychotropic register was not completed at the time of the site audit. The approved provider’s response includes actions taken in response to the Assessment Team’s feedback including delivery of wound management education and review of therapeutic massage documentation processes.

The approved provider also submitted information regarding some of the consumers sampled. Whilst this information did provide more context in relation to the Assessment Team’s findings, it did not fully demonstrate the consumer was receiving personal and clinical care right for them. It is noted that the approved provider has developed and implemented a psychotropic medication register, however, the use of restraint including consent, monitoring and review does not appear to be managed effectively.

While the approved provider has undertaken improvements, these occurred following feedback from the Assessment Team and consumer representatives remain dissatisfied with the care consumers are receiving. I am of the view that the approved provider does not comply with this requirement as the service has not demonstrated that each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimises health and wellbeing.

I find this requirement is Non-compliant.

### 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 specific high impact high prevalence clinical and personal risks for consumers were not observed to be consistently assessed or documented. Registered nurses when interviewed did not exhibit an understanding of clinical risk. The Assessment Team observed registered nursing staff administering medications that did not demonstrate practice in line with best practice when administering medications.

Feedback was received from representatives of consumers who reside in the special needs unit raising concerns about the behaviours of consumers in the unit and the lack of supervision provided to ensure all consumers are safe at all times. While the service has policies and procedures to assist effective management of high impact or high prevalence risks, the policy procedures were not always evidenced in the care of each consumer.

The approved provider submitted information relating to some processes and some sampled consumers. Whilst this information did outline related actions to behaviour, falls and medication management, it did not demonstrate there is consistent and effective risk management in place for consumers. The approved provider also provided information regarding actions taken in response to the Assessment Team’s feedback including staffing in the special needs unit, documentation of behaviour management strategies, and falls management education.

I am of the view the provider does not comply with this requirement as it does not adequate demonstrate that they effective management of high impact or high prevalence risks associated with the care of each consumer. The approved provider also needs time to demonstrate that the actions taken results in sustained systemic improvements in effective risk management for each consumer.

I find this requirement is Non-compliant.

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

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

The Assessment Team found the needs, goals and preferences of consumers nearing the end of life are not clearly recorded or addressed. While care staff interviewed were able to reflect on the care they provide to these consumers, they explained it is not due to directives in the care plan but because they know the consumers and can recognise when they begin to decline.

The organisation has a newly prepared end of life care policy which relates largely to care of the consumer’s body after death. Management advised there is currently no specific palliative care plan available for staff to use and it is not current practice to update the care plans to reflect palliative care needs. The service does not have a specific document that staff can utilise to ensure they are meeting all the care needs of a consumer nearing the end of life.

The approved provider submitted a written response which provided further context to the sampled consumers. The approved provider’s response details the service is currently in the process of completing advance care directives and palliative care plans with all consumers, which will then be reviewed annually or as needed. While these actions did demonstrate improvements, it did not demonstrate there is consistent and effective practices to ensure the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. The approved provider also needs time to demonstrate the actions taken results in sustained improvements to end of life care.

I find this requirement is Non-compliant.

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

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

### Requirement 3(3)(e) 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.*

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

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

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team’s report details observations of infection control practices by staff that were not according to best practice or personal protective equipment use guidelines. The Assessment Team observed that access to the dirty laundry requires staff to walk through the consumer’s dining room to access a pathway leading to the external door. Care and nursing staff were able to describe how they maintain infection control principles to prevent the transition of infection. However, staff interviewed did not have a clear understanding or could not explain the concept of antimicrobial stewardship. While registered nurses said they are responsible for monitoring the care staff infection control practices, this was not observed to occur when breaches took place.

The approved provider’s response includes information in relation to the minimisation of infection related risks at the service. It includes improvement actions undertaken in relation to the safe transfer of solid linen. The organisation has engaged an external consultant and implemented corrective actions to minimise the infection risk relating to this matter. The approved provider’s response includes that management undertook discussions with staff relating to the incorrect use of personal protective equipment and practices. It includes the infection prevention control lead will also conduct education with all staff about infection control principles.

The improvement actions taken by the approved provider have been considered, however, the approved provider has not demonstrated that at the time of the site audit that all practices effectively recognised and responded to the minimisation of infection related risks.

I find this requirement is Non-complaint.

# STANDARD 4 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – 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.

Most sampled consumers did not consider that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. The care and service records of consumers and interviews with staff show staff lack knowledge about the consumers in relation to services and supports for daily living for consumers to live their best life.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the lifestyle of consumers. Overall feedback received about services and supports for daily living was unfavourable with consumers raising issues about the catering and laundry service. Review of documentation revealed there is not always information available about what consumers like to do or how staff are to support them. Consumers and representatives were not satisfied with the quality and quantity of the food and feedback is not consistently being used toimprove or adjust the meals to reflect the consumers feedback and preferences.

The Quality Standard is assessed as Non-compliant as four 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 consumer care and service records do not include sufficient information about the services and supports the consumer need to help them do the things they want to do. It was not demonstrated that consumers are being adequately supported for health, well-being and quality of life including in relation to lifestyle activities and the dining experience.

Consumer and representative feedback about services and supports for daily living overall was generally negative with consumers raising concerns about the laundry service and missing clothing. Other consumers and representatives interviewed stated that whilst all the staff at the service were lovely, they felt they were not supported by staff to live the best life possible.

Interviews held with lifestyle staff at the service indicate the focus of the activities program is group based and options were limited for those consumers who are unable or choose not to participate in group activities.

The approved provider submitted written information which acknowledged the issues raised in relation to missing clothing and laundry services. It includes information that provided further context to the sampled consumers leisure and lifestyle assessment review dates. The service’s activities department has been reviewed and the calendar now includes one to one activity available each day. Staff within the activities department have been educated on documentation practices and processes.

The improvement actions have been taken into consideration, however the approved provider has not demonstrated, at the time of the site audit, 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.

I find this requirement is Non-compliant.

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

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

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

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

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

The Assessment Team’s report details some consumers and representatives provided feedback about consumers being supported to participate in the community, to have relationships and to do things of interest to them. However, others provided feedback about a lack of support for these daily living supports to occur.

Consumer care and service records do not always include information about what they like to do or how staff are to support them; and staff lacked knowledge of how to support some consumers.

The lifestyle staff were able to discuss availability of some activities however, the Assessment Team found that consumers residing in the special needs unit did not generally participate in these activities. Staff were unsure what individual activity options were available for consumers who did not wish to participate in group activities.

The approved provider submitted information that provided further context to the consumers sampled. The approved provider’s response includes improvement actions including that the special needs unit now has a dedicated staff member who provides activities throughout the day. In addition, the approved provided has implemented a handover sheet that includes a care plan for each consumer enabling staff to review daily living requirements of each consumer.

While the approved provider has undertaken and is undertaking improvements, these occurred following feedback from the Assessment Team. The response did not include actions which address the consumers and representatives concerns about not being supported to do things of interest to them. I am of the view that the changes described need time to demonstrate sustained improvement.

I find this requirement is Non-compliant.

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

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

The Assessment Team report details that care plans do not consistently record the activities undertaken with the external organisation, how frequently or for how long each outing was. Dietary information reviewed did not indicate consumers preferences, likes and dislikes regarding meals. Information about consumer preferences is also not noted on the whiteboard maintained in the servery area.

Consumers and representatives generally said they felt there is effective communication within the organisation. However, one representative spoke about issues communicating when requesting involvement within the organisation and with others where responsibility for care is shared.

Care staff said they do not look at the consumers care plans as they do not have time, however, staff talk with the consumers to get to know the likes and dislikes of each consumer. Lifestyle staff said if permission is given, information regarding a new consumer’s religious affiliation is referred to relevant visiting pastoral volunteers.

The approved provider did not submit a response in relation to this requirement, however, it is acknowledged that the approved provider has undertaken improvements in other areas relating to communication and information sharing. However, as at the time of the site audit, the approved provider was unable to demonstrate information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

I find this requirement is Non-compliant.

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

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

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

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

The Assessment Team found that overall consumers and representatives provided negative feedback about the food such as receiving meals suited to dietary needs, adequate meal assistance, delays in meal delivery and fruit bowls not being stocked. The Assessment Team found that care plans include some dietary needs, however, staff said there is not always access to all food items to accommodate these dietary needs/ requests.

The service provides opportunities for consumers to give feedback about the food, but the feedback is not consistently being used toimprove or adjust the meals to reflect the consumers wants and needs.

The approved provider submitted information about number of improvement actions taken in response to this requirement. The service has engaged a new hotel services manager who is monitoring all food and meal service. The approved provider has also engaged an external consultant who is assisting with compliance in this area including the review and update of the service’s menu.

The improvement actions have been taken into consideration, however the approved provider has not demonstrated, at the time of the site audit, that where meals are provided, they are varied and of suitable quality and quantity.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that some areas of the service had equipment that was well maintained and fit for purpose. Observation of the activity’s resources room demonstrated a variety of resources available for the lifestyle staff to use for consumer activities. However, the Assessment Team’s observations in some areas of the service showed equipment was broken, missing or was just not available for use.

Most staff said equipment the service provides to support lifestyle activities meets the needs of the consumers and they are satisfied it is clean and well maintained. However, some care staff said there is a lack of linen.

The approved provider submitted information about improvement actions taken following the Assessment Team’s feedback during the site audit. The approved provider has reviewed all equipment available in the special needs unit and removed any broken items. The service is in the process of transferring to an external provider for linen to alleviate issues around linen supply.

While the Assessment Team found equipment provided was not always safe, suitable, clean and well maintained, this did not show an impact on consumers and the approved provider has undertaken and is undertaking improvements to address areas of improvement identified about equipment and linen.

I find this requirement is Compliant.

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers feedback about the furniture, fittings and equipment being safe, clean, and well maintained is generally positive. However, maintenance and safety issues were identified in relation to some consumer furniture and service equipment.

The Assessment Team’s report details elements of the service environment which are welcoming, and some have communal spaces for socialisation and lounge areas for consumers to receive guests. However, the service environment does not reflect dementia enabling environmental principles and this has had an adverse impact on some consumers.

The service environment does not enable consumers to move freely indoors and outdoors. The environment is not safe, clean, and well maintained. The malodour in the special needs unit has meant the service environment is not comfortable for consumers or their visitors. There were inconsistencies across the service in the processes for checking and cleaning consumer equipment. The outdoor furniture was broken and were potential hazards for consumers and their visitors.

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

## Assessment of Standard 5 Requirements

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

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

The Assessment Team’s report details elements of the service environment which are welcoming, and some have communal spaces for socialisation and lounge areas for consumers to receive guests. However, the service environment does not reflect dementia enabling environmental principles and this has had an adverse impact on some consumers.

The layout and location of the special needs unit also does not facilitate broader interaction for consumers residing there or a sense of belonging. The special needs unit is a secure unit that is isolated from other consumers by a partitioned wall on one side and a locked door on the other side of the unit.

The approved provider submitted information that provided further context to the service environment. It includes the service has made improvement actions to the environment following the site audit. The service has opened the special needs unit back to a twelve-bed unit to allow mobilisation around the walking parameter and access to the external environment for consumers residing in this area. The service is in the process of painting the service environment and developing a sensory room and wall for consumers residing in the special needs unit.

While the approved provider has undertaken and is undertaking improvement activities, this does not confirm they were compliant at the time of the site audit as not all service environments optimised each consumer’s sense of belonging, independence, interaction and function.

I find this requirement is Non-compliant.

### 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 the service environment does not enable consumers to move freely, both indoors and outdoors. The special needs unit had stained carpet, stained chairs, and a strong malodour throughout the unit. Areas of the service environment were dirty with stains on the furniture, walls and on the floor.

The Assessment Team’s report details that the garden shed in the special needs unit was originally converted and used for an activity shed and sitting area for consumers in the special needs unit was piled up with broken furniture. The sitting area was not safe for the consumers to access.

The approved provider submitted a written response that acknowledges the trend of complaints related to cleaning and that areas of the service environment was unclean and malodourous. The provider’s response includes information that provided context around the many issues identified in the Assessment Team’s report and corrective actions in response to these issues. These include sourcing new furniture, removal of broken furniture in the special needs unit courtyard, replacement fence, free access to courtyards and commencement of a service painting program. All carpets and soft furnishings have been steam cleaned and a monthly schedule for this cleaning has been developed.

The improvement actions have 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 find this requirement is Non-compliant.

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

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

The Assessment Team found maintenance and safety issues were identified in relation to some consumer furniture and service equipment. There were inconsistencies across the service in the processes for checking and cleaning consumer equipment. The outdoor furniture was broken and were potential skin tear hazards for consumers and their visitors.

The approved provider’s response included information corrective actions in relation to the Assessment Team’s feedback. It includes that the service is sourcing replacement furniture for the outdoor areas and all furniture identified as a risk has been removed.

The improvement actions have been taken into consideration, however the approved provider has not demonstrated that at the time of the site audit, furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

I find this requirement is Non-compliant.

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall sampled consumers and representatives on their behalf considered they are encouraged and supported to give feedback and make complaints, and that generally appropriate action is taken. For example:

Consumers or representatives on their behalf interviewed said they felt comfortable to make a complaint and felt safe to do so. Information on complaints mechanisms, including external mechanisms is available throughout the service. Consumers or representatives on their behalf interviewed said they felt changes were made at the service in response to complaints.

Feedback was noted in the complaints register that action had been taken to resolve concerns although some complaints are still open, and the service’s policy in relation to providing progress reports to complainants, has not been followed. There are established processes for the management of feedback and complaints although this does not always translate through to practice. While some staff can explain the process of open disclosure, some staff do not understand, or have heard of the term, and cannot recall undertaking training in the open disclosure process.

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

## Assessment of Standard 6 Requirements

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

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

The Assessment Team’s report details the service demonstrates that it generally encourages and supports consumers, representatives, and others to provide feedback or make complaints. However, complaints made by former staff members are not evident in the complaint register. Consumers and representatives interviewed said they are aware of how to make a complaint and provide feedback, and they are supported in doing so.

Consumers or representatives on their behalf mostly said they are comfortable raising concerns if they have them and stated they are confident action would be taken. Consumers/representatives say complaints are getting addressed however it can take some time.

Staff were knowledgeable about providing information to consumers in relation to raising a concern saying they have helped consumers to fill out the feedback forms when required. The service has a complaints policy, and the complaints process was observed to be discussed in consumer meetings ensuring everyone is aware of their right to provide feedback or make a complaint.

The approved provider submitted information that provided context in relation to the matters raised in the Assessment Team’s report. It is noted that the service was aware of the complaints made by former staff members and these were actioned during these staff members exit interviews, have been investigated and added to the complaints register.

While the team found these systems and practices were not always effective in managing complaints, there is evidence to show consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

I find this requirement is Compliant.

### 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 while the service can demonstrate appropriate action is mostly taken in response to complaints and an open disclosure process is used when things go wrong. According to records, some complaints are still outstanding with themes including a lack of care being provided due to deficiencies in staffing and cleaning issues, however interviews confirm some of these complaints have been addressed. Complaints recorded in progress notes do not translate to the complaints register.

Some staff do not understand, nor have they heard of the term open disclosure and cannot recall undertaking training in the open disclosure process. Staff were able to articulate their roles and responsibilities when complaints are received.

The complaints policy demonstrates the service has clear responsibilities and timeframes for responding to complaints. While some complaints demonstrate the service has been following their policies in relation to complaints, others do not.

In their response, the approved provider submitted information about the issues raised by the Assessment Team. It includes formal orientation and education opportunities that includes open disclosure training. The approved provider’s response includes that all complaints are being actioned in the new client management system to ensure transparency.

While the approved provider has responded to the feedback from the Commission and confirmed documentation practices have changed with the implementation of the new client management system, I am not satisfied this confirms they were compliant at the time of the site audit.

I find this requirement is Non-compliant.

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

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

The Assessment Team found while the service has systems and processes to support the review of feedback and complaints, not all complaints are registered thereby making this an incomplete task. Management explained feedback and complaints are reviewed by management. Management provided examples of actions taken in response to complaints from a number of consumers regarding food and laundry.

The Assessment Team’s report details that feedback and complaints are generally reviewed and used to improve the quality care and services. Consumers or representatives can describe how the service informs them of external complaints organisations available to them and were able to speak about ways the service has made improvements to their care and services after complaints were made.

The approved provider submitted information about the service’s feedback and complaints process. It confirms further improvements following use of the new client management system. These includes the complaints process being reviewed, and now directly managed in the client management system including that all complaints/ concerns are being entered into the new system to ensure transparency, and accountability across all departments of the service.

I have considered the Assessment Team’s findings and the provider’s response. There is evidence to show that feedback and complaints are reviewed and used to improve the quality of care and services.

I find this requirement is Compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall sampled consumers did not consider that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. While all sampled consumers and representatives said staff were kind, caring and respectful, they felt the number and skill mix of staff was not adequate for the delivery of safe and quality care. Some consumers/representatives advised of the adverse impacts of this to consumers.

It has been demonstrated some staff have the qualifications required for, or relevant to their role, while other staff are working towards gaining their qualifications. The service has systems in place to undertake regular assessment, monitoring and review of the performance of each member of the workforce through a regular performance appraisal program. Staff said they do not feel there is enough time or staff to meet the needs and preferences of consumers. Consumer calls for assistance via the call bell system have not always been responded to in a timely manner, and the special needs unit has been left unsupervised for long periods of time.

The Quality Standard is assessed as Non-compliant as three 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 report details that some sampled consumers or representatives on their behalf said the number and skill mix of staff was adequate for the delivery of safe and quality care. However, some consumers/representatives said there is not sufficient staff to meet their needs such as for providing hygiene and care needs, assisting with mobilising within their room and within the service, and when they call for assistance the staff can take a long time to arrive.

Staff said they do not feel there was enough time or staff to meet the needs and preferences of consumers. Consumer calls for assistance via the call bell system have not always been responded to in a timely manner, and the special needs unit has been left unsupervised for long periods of time.

The approved provider submitted a written response including information to contextualise some of the staff issues found by the Assessment Team during the site audit. However, at the time of the site audit the approved provider was unable to demonstrate 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. The approved provider also needs time to demonstrate the actions taken results in sustained improvements in number and mix of staff to ensure delivery and management of safe care and services.

I find this requirement is Non-compliant.

### 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 report details that some staff have the qualifications required for or relevant to their role. Other staff are working towards their qualifications and others do not have the qualifications for the role they are currently working in. The service did not demonstrate that all staff are competent and have the knowledge required to effectively perform their role.

The Assessment Team received mixed feedback when consumers and representatives were asked if staff know what they are doing, some consumers and representatives agreed but some disagreed. For example, some consumers representatives said staff do not understand the seriousness of a fall for a sampled consumer, how to adequate manage behaviours of concern and level of staff knowledge regarding dietary requirements.

The approved provider submitted information that includes further training for staff and the service’s commitment to assist staff to effectively perform their roles. The approved provider acknowledges that some staff do not currently have qualifications relevant to their role. In their response, it includes that staff who do not have qualifications are in the process to commence traineeships. However, this information alone does not demonstrate that the staff are competent and have the knowledge to effectively perform their roles.

While the work the approved provider had undertaken and is undertaking is recognised, the requirement was non-compliant at the time of the site audit and it will take some time to implement and understand the effectiveness of the improvement strategies. For these reasons, I find this requirement is Non-compliant.

### 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 the service has systems in place to recruit, orientate, train, and support staff to deliver the outcomes required by the standards. Some staff have not yet completed the required training and some of the care delivered for sampled consumers, was not consistent with the requirement of the Quality Standards.

Consumer and representative feedback identified that staff do not have adequate training about dementia and falls preventions and that not all staff know what they are doing and require more training.

The approved provider submitted information that advised staff undergo training annually on falls management, and dementia. The approved provider advised if deficits in training are identified, these sessions are delivered earlier.

In their response, it includes that the service has an extensive training program including mandatory training obligations. The service has implemented ‘Back to Basics’ training for all care and clinical staff in response to the complaints received about basic care for consumers. However, this information alone does not demonstrate that training has been effective in ensuring staff provide 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 thatthe workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards to perform their roles.

I find this requirement is Non-compliant.

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Most sampled consumers considered the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives interviewed said they felt the place is well run and are happy to have more stable management. Consumers say they are included in committees that allow them to be involved in making decisions in how the service is run.

Information from the governing body is passed down to the staff and consumers via emails and meetings. Opportunities for continuous improvement are documented on their continuous improvement plan.

Information management systems for communication and sharing of information is not effective. Consumers or representatives were not confident the staff at the service are competent and knowledgeable in their roles. During this site audit, deficiencies were identified in relation to effective behaviour management strategies which has resulted in consumers being assaulted by other consumers, falls prevention, and staff misunderstanding sexuality in aged care.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The Assessment Team found information management systems for communication and sharing of information is not effective. The service has both paper information and charts, and electronic records and charts. The Assessment Team found inconsistencies in how the charts are being completed. The Assessment Team found consumers or representatives on their behalf were not confident the staff at the service are competent and knowledgeable in their roles.

The service has governance systems which provide oversight across key areas and includes reporting mechanisms within the service to guide improvements and changes as well as inform senior management and the Board. While the Assessment Team found some gaps in information management systems, the organisation has governance systems relating to continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The approved provider submitted a written response that outlined further information in relation to the organisation wide governance systems relating to information management. It includes the service has opted to utilise both paper and electronic systems due to the gaps identified within the electronic client management system. It includes actions taken in relation to information management systems regarding therapeutic massages, falls policy, psychotropic medication register and shift handover.

While the Assessment Team found information systems and practices were not always effective in documentation, the provider has undertaken and is undertaking improvements to address areas of continuous improvement identified in the organisations information governance systems.

I find this requirement is Compliant.

### 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’s report details that the service has systems in place to manage high impact, high prevalence risks and identifying and responding to the abuse and neglect of consumers. The service has a documented risk management framework, however, during this site audit deficiencies were found in relation to specific areas of care and services for consumers. These include effective behaviour management strategies which has resulted in consumers being assaulted by other consumers, falls prevention, and staff misunderstanding of sexuality in aged care.

The service demonstrated how staff have received training on high impact or high prevalence risk items. These include Serious Incident Response Scheme (SIRS), medication management, which is part of the Aged Care Standards training, meeting infection control requirements, and antimicrobial stewardship for registered nurses.

The service was unable to demonstrate they understand the use of risk assessments to ensure problems or barriers to consumers living the best life they can are addressed. Registered nurses when interviewed did not exhibit an understanding of clinical risk or high impact high prevalence risks. Further, there are instances where consumer representatives have expressed concern in relation to staff knowledge when managing behaviours of concern.

The approved provider submitted information that provided further context to the issues identified in the Assessment Team’s report. It includes that staff have participated in extensive education around dementia, and all staff except three staff have a minimum of certificate III in individual support and all staff undergo the necessary skill competencies annually. The approved provider’s response acknowledges that the special needs unit was not constantly staffed at the time of the site audit and there was a lack of activities in this area.

While the approved provider has undertaken immediate actions during and following the site audit to address matters raised by the Assessment Team, this does not confirm they were compliant at the time of the site audit. The approved provider also needs time to demonstrate that the actions taken, results in sustained improvements to ensure effective risk management systems and practices.

I find this requirement is Non-compliant.

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

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

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

# 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)(a)

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

Required improvements

* Continue to work with consumers and representatives to ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Particularly around personal grooming preferences and needs.

### 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.*

Required improvements

* Implement and maintain ongoing improvement plan regarding assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.
* Ensure risk is discussed and documented, and these discussions enable consumers understanding of risk to their health and wellbeing.
* Ensure a consistent and clear approach when undertaking assessment and planning documentation processes and that this informs care plans that are individualised to the consumers care and service needs.

### 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.*

Required improvements

* Review and develop a consistent approach to assessment and planning that actively engages the consumer and representatives to have meaningful input into their care and services including end of life planning.
* Ensure assessment and planning encompasses and includes each consumer’s current needs.
* Implement and maintain an ongoing improvement plan regarding documentation processes regarding assessment and planning including advance care planning and end of life planning.

### Requirement 2(3)(c)

*The organisation demonstrates that assessment and planning:*

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

Required improvements

* Implement and maintain processes that enable ongoing partnership with the consumer, relevant others and other organisations for assessment and planning.
* Ensure any changes/issues for each consumer are documented and placed into action where possible.

### Requirement 2(3)(d)

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

Required improvements

* Implement and maintain processes that enable the outcomes of assessment and planning to be effectively communicated to the consumer and documented in a care and services plan.
* Ensure the care and services plans are readily available to the consumer and/or representative and the plan is in a format they can understand.

### 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.*

Required improvements

* Develop and maintain processes that enable a consistent approach to reviewing care and services regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Implement a continuous improvement plan to ensure each consumer’s care and service plan is accurate and any discrepancies experienced from the new electronic care planning program are managed and monitored.

### 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.*

Required improvements

* 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.
* Implement a continuous improvement plan to ensure effective management and use of the psychotropic medication register and the use of restraint including consent, monitoring and review is managed using best practice principles.
* Ensure staff receive training and have adequate understanding to enable the delivery of safe and effective personal and clinical care.
* Ensure a consistent approach to the documentation and management of therapeutic massages for consumers.

### Requirement 3(3)(b)

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

Required improvements

* Ensure behaviour management strategies are individualised to each consumers individual needs, goals and preferences.
* Ensure staff receive training and have adequate understanding to effectively manage high impact or high prevalence risks associated with the care of each consumer, particularly around medication management, falls management and behaviour support strategies.

### Requirement 3(3)(c)

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

Required improvements

* Ensure advance care directives and palliative care plans are completed with consumers if they choose and directives are reviewed regularly or as needed.
* Ensure any changes/issues for each consumer are documented and placed into action where possible.

### 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.*

Required improvements

* Review actual infection control practices to ensure they are compliant with the organisation’s policies and procedures.
* Ensure the improvement actions relating to the safe transfer of soiled linen is reviewed and monitored.

### 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.*

Required improvements

* Ensure each consumer gets safe and effective services and supports for daily living that meet their individual needs.
* Ensure all consumers have the opportunity to be involved in lifestyle activity programming.
* Ensure staff have meaningful conversations so that consumer’s preferences are gained, and these preferences are clearly documented in the consumers care and services plan.

### 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.*

Required improvements

* Implement and maintain a plan that encourages engagement with consumers and their representatives (if chosen) to develop a lifestyle program that supports their interests.
* Review and monitor activity and engagement options for consumers residing in the special needs unit.

### Requirement 4(3)(d)

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

Required improvements

* Ensure information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Particularly about dietary preferences and the record of activities when undertaken with external organisations.

### Requirement 4(3)(f)

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

Required improvements

* Review and monitor improvement actions taken in relation to food and meal service.
* Ensure meals are provided, they are varied and of suitable quality and quantity and satisfy the consumers’ needs and preferences.

### Requirement 5(3)(a)

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

Required improvements

* Implement the planned actions underway in relation to the service environment in the special needs unit. Monitor and review actions to ensure these optimise each consumer’s sense of belonging, independence, interaction and function.

### 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.*

Required improvements

* Ensure the service environment is safe, clean, well maintained and comfortable.
* Review and monitor processes to ensure carpets and soft furnishings are kept clean on an ongoing basis as this has not been effective.

### Requirement 5(3)(c)

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

Required improvements

* Review and monitor processes to ensure all furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer as this has not been effective.

### Requirement 6(3)(c)

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

Required improvements

* Implement and monitor the planned action that all complaints are being actioned in the new client management system to ensure transparency.
* Ensure the organisation’s complaints policy is consistently followed when managing and taking appropriate action in response to complaints.

### 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*

Required improvements

* Ensure the workforce deployed enables delivery and management of safe and quality care and services to consumers.
* Implement, monitor, and review the planned actions in relation to staff allocations including in the special needs unit.
* Implement, monitor, and review call bell response times to ensure delivery and management of safe and quality care and services in a timely manner.
* Monitor effectiveness of the actions taken to ensure timely and appropriate care and service provision to consumers, including consulting consumers/representatives.

### Requirement 7(3)(c)

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

Required improvements

* Monitor effectiveness of the actions taken to ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Monitor and review staff competency to ensure they can apply appropriate knowledge to effectively perform their roles.

### Requirement 7(3)(d)

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

Required improvements

* Ensure the implemented ‘Back to Basics’ training for all care and clinical staff has been effective to enable staff to provide safe and quality care and services.
* Monitor effectiveness of the actions taken to ensure consumers have the confidence staff have the training and knowledge to deliver their care and services, including by consulting consumers/representatives.

### 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.*

Required improvements

* Ensure staff understand sexuality in aged care and are appropriately skilled to recognise, respond and support consumers personal preferences and choices.
* Monitor the effectiveness of the actions taken in relation to training to ensure nursing staff are appropriately trained in understanding clinical risk or high impact high prevalence risks of consumers at the service.
* Implement, monitor, and review the planned actions in relation to staff and activities available for consumers in the special needs unit.