Fitzgerald Memorial Aged Care Facility Limited

Performance Report

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**Commission ID:** 0383

**Provider name:** Fitzgerald Memorial Aged Care Facility Limited

**Site Audit date:** 21 April 2021 to 23 April 2021

**Date of Performance Report:** 15 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) | 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) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) |  Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | 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) | 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 from 21-23 April 2021; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received on 21 May 2021 with a written response and supporting evidence.

# 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.

Overall sampled consumers who spoke with the Assessment Team considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The service demonstrates consumers’ privacy is respected, and their personal information is kept confidential. Whilst sampled consumers reported the staff are respectful and treat them with dignity, the Assessment Team identified some gaps in staff awareness of individual consumer’s needs, goals and preferences. The service does not demonstrate meaningful assessment in relation to consumers’ identity, culture and diversity and how best to treat each consumer with dignity and respect. The organisation has yet to provide training and guidance to staff regarding cultural diversity.

The Assessment Team found that the service does not demonstrate adequate assessment and care planning of consumers’ needs and preferences relating to cultural needs to ensure they are able to provide appropriate care and services. The service demonstrates consumers are supported to exercise choice and independence to some degree, however the Assessment Team identified some gaps in individual consumer assessment regarding their care and services and how they want that delivered. The Assessment Team identified gaps in the organisation’s understanding and assessment of supporting consumers to take risks to enable them to live the best life they can. Information provided to consumers enables them to make choices regarding their daily activities and menu choices.

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

**Assessment of Standard 1 Requirements**

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

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

Most consumers and representatives interviewed thought the consumers were treated with dignity and respect. However, the Assessment Team’s report identified gaps about the staff awareness of consumer’s individual needs and preferences. Care staff interviewed did not understand each sampled consumer’s background and what is important to them. Documentation about the sampled consumers did not show their background and how what is important to them informs the delivery of their care and services. Some observations made showed staff were lacking the understanding of this requirement. For example, staff were observed cleaning a consumer’s eye and lifting their clothes to administer medication during meal time. Another consumer was asked to speak English whilst being supported to move. Another staff member was observed serving a cup of white tea when the consumer had requested to have black tea.

The Assessment Team reviewed care planning documents which did not demonstrate that the service undertakes appropriate assessment to understand consumers’ identity, culture and diversity. One consumer’s care plan identified their goal to be supported culturally, emotionally, and spiritually by staff however, how staff assist with this was not recorded.

The organisation showed the Assessment Team a diversity action plan with desired outcomes such as “improve communication with consumers to help them with decision making”. The action plan dated November 2020 has yet to be implemented. Relevant policies and procedures have not been developed. Staff training in consumers’ dignity and choice has not yet been provided.

In their response, the approved provider does not refute the issues raised by the Assessment Team. The provider included a continuous improvement plan in their response to address the issues raised.

Having reviewed the Assessment Team’s report and approved provider’s response, it is my view that at the time the site visit, not all consumers were treated with dignity and respect, nor was their identity, culture and diversity valued.

I find the requirement is Non-Compliant.

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

*Care and services are culturally safe.*

The Assessment Team observed that the service does not demonstrate adequate assessment and care planning of consumers’ needs and preferences relating to cultural needs to ensure they are able to provide appropriate care and services. The Assessment Team noted the organisation is developing the diversity plan which is not implemented, and staff have not received training in delivering culturally safe care. Although the service includes details of use of interpreting and translating services, this was not seen when supporting the consumer.

One representative shared how their relative has reverted to speaking his native language since his stroke and is becoming quite angry at not being to communicate with staff. No strategies were noticed in their care planning documents for staff to provide culturally safe care and staff were observed telling the consumer to speak English on numerous occasions. It was also noticed that no support has been sourced from any community organisation to assist in this matter. Staff interviewed said that if the consumer speaks his native language, he is encouraged to speak English. The Team was informed cards are placed in consumer’s room for staff to use when the consumer is upset.

The approved provider did not dispute the findings of the Assessment Team and has submitted a staff education plan and continuous improvement plan to address the issue raised.

I have considered the Assessment Teams report and the approved provider response. At the time of the site audit it was not demonstrated that some consumers had been provided with care and services that were culturally safe.

I find the requirement is Non-Compliant.

### 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 provided information that consumers are supported to exercise choice and independence to some degree. The Assessment Team found whilst consumers said they are generally satisfied with care and services, some consumer’s expressed alternative care preferences which they were not aware they could discuss or had never been discussed with them. Some deficits in staff knowledge were identified by the Assessment Team relating to consumers being supported to exercise choice and independence. Staff said they have not had training in consumer dignity and choice and the organisation is in the process of developing a diversity plan which includes assisting consumers to exercise choice and control over the care they receive. The Assessment Team observed staff welcoming visitors and supporting consumers with the visits. Care planning documentation identified people who are significant to each consumer.

The approved provider did not dispute the findings of the Assessment Team and has submitted an education of staff and continuous improvement plan to address the issues raised.

In light of other observations of gaps in assessment and planning based on ongoing partnership with the consumer and other parties the consumer wishes to involve discussed in 2(3)(c) and the above observations of the Assessment Team , I consider the time of the site audit not all consumers were supported toexercise choice and independence in making decisions about their own care and services.

I find this requirement Non-Compliant.

### 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 provided information that the service was unable to demonstrate that consumers are supported to take risks and live the best life they can. Management did not demonstrate a shared understanding of how the service supports consumers who choose to accept risks and live the best live they can. The organisation has not yet included policies and guidelines for staff to identify, assess and manage risk to enable consumers to live the best life they can. Management and staff said there are no consumers at the service who have expressed a desire to take risks.

The approved provider did not dispute the findings of the Assessment Team. In their response, they included a continuous improvement plan which outlines improvement actions to be undertaken to address the deficits identified in the Assessment Team’s report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response. At the time of the site audit each consumers consumer was not supported to take risks to enable them to live the best life they can.

I find the requirement is Non-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.*

# 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.

Most consumers did not consider that they feel like partners in the ongoing assessment and planning of their care and services. Overall consumers and their representatives sampled by the Assessment Team said they have not been involved in the process of assessment and care planning. These interviews also indicated consumers and representatives are not aware of the consumer’s care plan or that they know this is available to them.

Care documentation reviewed by the Assessment Team shows minimal consultation with consumers and/or their representatives and the organisation’s policies and procedures does not demonstrate the understanding of ongoing partnership in assessment and planning with consumers. For the consumers sampled, care and service records do not provide evidence of comprehensive assessment and care planning that considers risk to the consumer’s health and well-being, including when a consumer first enters the service on respite care.

The Assessment Team identified care planning documentation does not routinely record or address consumer’s current needs, goals and preferences, including advance care planning and end of life care needs. Care and services are not reviewed for effectiveness when circumstances change, or when incidents occur that impact on consumer needs and outlines minimal interventions to address various aspects of consumer’s care.

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.*

Generally, sampled consumers and representatives stated they are regularly updated by the service about any changes in consumer condition but are not involved in the process of assessment and care planning.

The service does not have a process in place to monitor to inform the delivery of safe and effective care and he Assessment Team found that care documentation showed aspects of risks to the consumer’s health and wellbeing are not being considered in care planning.

The Assessment Team found that risk assessments were not always undertaken to guide the delivery of safe and effective care, and that risks including the use of psychotropic medication are not reflected in the consumers’ care and planning records. Risk assessments have not been undertaken to monitor the use of restraints. For example, one consumer who is using lap belt and concave mattress as physical restraint a risk assessment has not been completed. For another consumer who is using anti-psychotic medication for agitation and aggression, there is no chemical restraint authorisation is in place.

The service also does not have a process in place to formulate comprehensive care plans when a consumer first enters the service on respite care. Care staff advised how at entry into the service, a nursing admission form is used to capture important information and then a schedule is created to complete relevant assessments within two weeks but only for the consumers who enter the service permanently. This was also present in the organisation’s policies and procedures. For consumers who enter the service on respite care, a paper-based one-page summary care plan is formulated based on the nursing admission response.

In response to the Assessment Team’s findings, the provider outlined actions taken to address specific gaps in assessment and planning in their response. Additionally, the provider outlined further planned continuous improvements in relation to this requirement, though these were not in place at the time of the visit.

I find this requirement 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 provided information that the service could not demonstrate assessment and planning processes identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. For example, one consumer who has had eight skin tears in one month is not identified for high risk of sustaining skin tears in their care plan. Another consumer has pain medications prescribed in her care plan which is not reflected as being administered in her medication chart. Care plans are also not accurate, one consumer’s behaviour is described under another consumer’s name in their care plan and another consumer does not have indwelling urinary catheter whilst their care plan states they do.

Most consumers and representatives said staff have had discussions with them about advance care and end of life planning. Staff were able to describe how they approach advanced care planning and end of life care. Advanced care planning is typically a discussion upon admission, if this is missed, then the discussion occurs at the request of the consumer or their representative. However, the service does not have a system to monitor who has had an advanced care directive completed.

The approved provider did not dispute the findings of the Assessment Team. In their response, they included a continuous improvement plan which outlines improvement actions to be undertaken to address the deficits identified in the Assessment Team’s report.

I find at the time of the performance assessment for the consumers sampled, assessment and care planning did not successfully identify and address their current needs, goals and preferences

I find the 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 identified that the service does not conduct formal case conferences with consumers and their representatives regularly and it is only conducted when a consumer’s condition declines. Whilst the organisation has policies which include ongoing consultation consumers, implementation of this was not evident in the care and services records reviewed for the consumers sampled. For example, the service has a “resident of the day” every month for each consumer where their representative is updated on their condition. However, documentation reviewed for “resident of the day” showed minimal consultation, one-way conversation from the registered staff and lack of comprehensive partnership to go through all aspects of consumer’s care. There is no evidence consumer’s able to make their own decisions are consulted on “resident of the day” review. The service policy states consumers are consulted through the process of annual satisfaction survey, focus group, meeting and feedback forms.

Most consumers and representatives interviewed provided feedback that they had not been involved in any assessment or care planning for the consumer and this was reflected in care planning documentation. For example, one representative informed that serivce regularly updated about her father’s condition but there has been time she is not updated with medication changes and must review the pharmacy bill to know what medication her father is prescribed. Two other representatives informed they are never involved in case conference with staff at the service.

The approved provider did not dispute the findings of the Assessment Team. In their response, they included a continuous improvement plan which outlines improvement actions to be undertaken to address the deficits identified in the Assessment Team’s report.

I have considered the information provided by the Assessment Team as well as the approved provider’s response and I find at the time of the performance assessment for some consumers, assessment and care planning did not demonstrate this was based on ongoing partnership with the consumer or others they wanted to be involved.

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 provided information that consumer and representatives confirmed they were not aware of the care plan or that these were available to them. Representatives said communication about the consumer’s care plan is not consistently provided by the service. The Assessment Team found a consumer and representative survey was conducted in September 2020, the response was generally positive, however; eight representative and consumers said they never had the experience of partnership in assessment and care planning.

Most consumers or their representatives are not aware of care plan or that it is available to them. For example, one representative said they have not seen care plan, nor they have been offered a copy of their care plan. Another consumer said they had not heard of case conferencing or care plans, the only thing they know is “the thing” on the back of room door. Interviewed registered nurses they verbally communicate with consumers and/or representative about changes in their health or well-being. A registered nurse said they would be able to print the plan if the consumer’s representative requests. Management advised care staff have access to summary care plans behind consumer’s room doors and do not have time to look at the actual care plan.

The approved provider did not dispute the findings of the Assessment Team. In their response, they included a continuous improvement plan which outlines improvement actions to be undertaken to address the deficits identified in the Assessment Team’s report. The provider advised that as part of the continuous improvement plan, care conferences are to be held with each resident or representative which will be to signed and acknowledged.

I have considered the information provided by the Assessment Team as well as the approved provider’s response and I find at the time of the performance assessment, the outcomes of assessment and planning were not are effectively communicated to the consumer or representation and not documented in care and services plans. Nor was I satisfied that consumers and representatives understood their access rights to care and services plans.

I find this requirement 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.*

Interviewed staff said care plans are reviewed every three months and when a consumer’s needs change and this was consistent with the organisation’s policy and procedure. However, review of the care and service records for the consumers sampled showed comprehensive review of care plans is not conducted for effectiveness when circumstances change, or incidents occur that impact on the needs, goals or preferences of consumers. Care planning documentation lists minimal interventions to address and prevent reoccurrence of incidents in the future to minimise harm to consumers. For example, one consumer had a sudden decline in weight loss following a fall, her plan however identified her as low-risk for weight loss. Recommendations from the dietitian were not reflected in the consumer’s care plan. Another consumer has had recent falls but had not undergone a falls risk assessment following and his care plan lacked strategies to prevent future incidents.

The approved provider did not dispute the findings of the Assessment Team. In their response, they included a continuous improvement plan which outlines improvement actions to be undertaken to address the deficits identified in the Assessment Team’s report.

At the time of the performance assessment, I consider care and services had not been reviewed sufficiently for the sampled consumers when their circumstances had changed, and/or an incident had impacted their care needs.

I find this requirement is Non-compliant.

# 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.

Most consumers and their representatives who spoke with Assessment Team considered that they receive personal care and clinical care that is safe and right for them. Most consumers and/or representatives said they had no issue with the way personal and clinical care was provided at the service. However, one representative expressed that they were delays in responding to decline in the clinical condition of a consumer. Another representative said the service has not discussed risks associated with the use of psychotropic medications for their relative. For the consumer sampled in relation to palliative care, the care and service records reflect their comfort is maximised and dignity preserved when receiving palliative care.

The Assessment Team found the service could demonstrate their policies and procedures in relation to standard and transmission-based precautions to prevent and control infection and antimicrobial stewardship. While consumers and representatives gave generally positive feedback about clinical and personal care, the review of care and service records does not support that clinical care provided to the consumers sampled is best practice and optimises consumers’ health and wellbeing. The service was not able to demonstrate effective management of risks related to falls, behaviour and wound management. Deficits were identified in staff knowledge and care documentation in relation to the understanding of legislated requirements for the use of restraint.

Care and service records of sampled consumers did not reflect the identification of, and timely response to deterioration or changes in consumer condition. Sharing of information about the consumer’s condition has not always occurred within the organisation to ensure effective delivery of care. Care and services records reviewed for most consumers did not indicate appropriate and timely referrals to relevant health professionals.

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.*

Review of care and other records by the Assessment Team indicates that each consumer does not always receive care that is safe, effective, or tailored to the specific needs and optimises their health. The feedback from consumers and representatives was generally positive. The service has policies that focuses on ensuring that all consumers receive care with minimum restraints, skin integrity to be monitored and consumers are free from pain as possible. However, deficits were identified in wound management, photos were not taken and when taken, the changes and progress was not monitored regularly. A consumer’s pain was not regularly assessed. The Assessment Team also identified that the service does not understand what constitutes a restraint, does not consider alternatives to restraint and demonstrates lack of understanding of legislated restraint requirements.

In response to the Assessment Team’s findings, the approved provider outlined actions taken to address specific areas for improvement to ensure that each consumer gets safe and effective personal and clinical care. They also outlined continuous improvements activities that have commenced to return to compliance.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that each consumer gets safe and effective personal care which is best practice, tailored to their needs and optimises their health and well-being.

I find this requirement non-compliant.

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

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

Review of care documentation does not show effective management of high impact or high prevalence risks, especially in the areas of falls and behaviour management where consumers pose a risk to themselves or others. The Assessment Team identified minimum interventions are documented in consumer care plans to prevent or reduce future incidents in relation to challenging behaviours. For example, one sampled consumer’s behaviour plan was not implemented, and staff were not aware the behaviour plan was available. The Assessment Team observed that the service uses clinical indicators data to monitor the high impact risk trends on a monthly basis and an increase was noted in wound management and falls in last three months.

The approved provider did not dispute the findings of the Assessment Team. In their response, they included a continuous improvement plan which outlines improvement actions to be undertaken to address the deficits identified in the Assessment Team’s report.

I have considered the Assessment Team’s report and the approved provider’s response and I find at the time of the performance assessment, the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

I find this requirement non-compliant.

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

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

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

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

Staff interviewed by the Assessment Team informed the process of sending a consumer to the hospital for assessment if their condition is deteriorating. Staff also informed they handover and discuss any change in the condition of consumers with registered nurse who then assesses them. However, the care and service records of the consumers sampled did not show timely identification and response to a deterioration or change in condition. The report includes examples of this under this requirement and across other requirements, including one consumer’s unintended weight loss after a fall in February 2021. Interviewed consumers and representatives provided feedback and expressed dissatisfaction with the delay in responding to a consumer’s declining condition.

The approved provider did not dispute the findings of the Assessment Team. In their response, they included a continuous improvement plan which outlines improvement actions to be undertaken to address the deficits identified in the Assessment Team’s report.

At the time of the performance assessment deterioration or change in the condition of consumers sampled had not been recognised and responded to in a timely manner.

I find this requirement Non-compliant.

### 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’s report informed that consumers’ condition, needs and preferences are not consistently documented. Communication in relation to consumers’ current or changed care needs is not always occurring within the organisation, and with others where responsibility for care is shared.  Care documentation is not always complete or is inaccurate and lists minimal interventions for different areas of consumer’s care, which does not ensure adequate information sharing. Interviewed consumers and representative felt their needs and preferences are effectively communicated between staff. Staff informed that they use a handover sheet to write any new information about the consumer, these can be printed but there is no place to store them. Management said staff had been advised to carry a notebook to document any change in consumer condition. A handover policy was sighted by the Assessment Team and a handover was observed where the Assessment Team noted care staff did not use handover sheets and one registered nurse was observed writing information about a consumer on a paper towel.

Care planning documentation reviewed across Standard 2 and 3 provides minimal information and deficits were also identified in completion of charts such as wound, behaviour assessment and food charts. This indicates that accurate information about the consumer’s condition is not shared within the organisation.

The approved provider did not dispute the findings of the Assessment Team. In their response, they included a continuous improvement plan which outlines improvement actions to be undertaken to address the deficits identified in the Assessment Team’s report.

At the time of the performance assessment, all relevant information was not documented and communicated within the organisation among staff about the condition, needs and preferences of the consumers to inform the delivery of tailored personal and clinical care.

I find this requirement Non-compliant.

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

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

Most sampled consumers and representatives said that they have access to a medical officer and did not raise any issues in relations to relevant health services; however, one consumer representative said the new medical officer is not easily available and only had discussion with them once and they were not sure if that has impacted the care of the consumer. Although staff were able to articulate the process of making referrals, the organisation does not have written procedures for making referrals to health professionals outside the service. The care and service records of some sampled consumes showed referrals had not been made where the need was indicated or recommended in relation to wound specialist, behavioural advisory services, and dietitian.

The approved provider did not dispute the findings of the Assessment Team. In their response, they included a continuous improvement plan which outlines improvement actions to be undertaken to address the deficits identified in the Assessment Team’s report.

At the time of the performance assessment, timely and appropriate referrals to individuals, other organisations and providers of other care and services had not been made for the sampled consumers.

I find this requirement Non-compliant.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 consumers who spoke with the Assessment Team considered 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. Consumers interviewed confirmed that they are supported by the service to do the things they like to do and that they are supported to keep in touch with people who are important to them. Consumers interviewed advised that they mostly like the food.

Consumers who spoke with the Assessment Team are generally happy with the services and supports provided for daily living; however, the service doesn’t demonstrate consumers’ needs, goals and preferences are identified to optimise their independence, health and well-being. The service utilises a skilled team of volunteers who come from the local community to assist with providing consumers with lifestyle supports. The service demonstrates meals provided are varied and of suitable quality and quantity and equipment provided is safe, suitable, clean and well maintained.

While the Assessment Team acknowledges improvements are underway to support consumers emotional, spiritual and psychological well-being, some gaps were identified in the assessment of consumers need, goals and preferences and staff awareness. While some information about consumers is shared, the service is unable to demonstrate information on consumers’ condition, needs, and preferences relating to daily living is adequately assessed or documented.

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 the service did not demonstrate that each consumer gets safe and effective services and supports for daily living that meets the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. Consumers sampled were generally happy with the services and support provided for daily life, this was also the case for a recent resident experience survey completed by the service. The reviewed care planning documents includes Therapy/OT/Activity Planned information but not assessment details to identify consumers needs and no strategies to optimise their independence, health, well-being and quality of life. For example, the care plan of a sampled consumer activity section states that they are not interested in activities due to language barrier, but there are no strategies recorded to assist overcoming this barrier.

The staff informed that service includes one-to-one programme for consumers who do not participate in group activities and this was observed by the Assessment Team. They ask consumers for feedback regarding the activities, but they do not formally evaluate the activities.

The approved provider did not dispute the findings of the Assessment Team. In their response, they included a continuous improvement plan which outlines improvement actions to be undertaken to address the deficits identified in the Assessment Team’s report.

I have considered the information provided by the Assessment Team as well as the approved provider’s response and I consider that at the time of the performance assessment, the consumers sampled were not receiving and had not been receiving safe and effective daily living services and supports to meet their needs, goals and preferences or to optimise their independence, health, well-being and quality of life.

I find the 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) Compliant

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

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

### Requirement 4(3)(d) 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 observed that accurate iinformation about the consumer’s condition, needs and preferences is not adequately assessed and documented for daily living with others where responsibility for care is shared. While care staff, allied health staff and recreational activity staff have access to consumers’ information, sampled consumers’ care planning documentation does not contain consumers’ assessed condition, needs, and preferences.

The approved provider did not dispute the findings of the Assessment Team. In their response, they included a continuous improvement plan which outlines improvement actions to be undertaken to address the deficits identified in the Assessment Team’s report.

At the time of the performance assessment information about the condition, needs and preferences of the consumers sampled was not being communicated among the staff to inform the delivery of tailored daily living services and supports.

I find the 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) Compliant

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers who spoke with the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers said they feel safe at the service. Consumers interviewed confirmed that they feel at home. Consumers and their representatives said the service is welcoming and has a family atmosphere. Consumers said the service is clean and well maintained, and they enjoy their private rooms.

The Assessment Team observed the service environment to be clean, well maintained and welcoming. Consumers rooms were observed to be personalised with their own furnishings, personal belongings, photographs and wall art. Consumers and their visitors were observed to be freely moving around the service and in the outdoor areas.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# 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 some sampled consumers who spoke with the Assessment Team did not consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives stated they felt safe and comfortable to raise concerns and felt that issues or complaints were addressed in a timely manner on most occasions.

The service has a policy and procedures for managing complaints, however it is not inclusive of open disclosure. The organisation does not have an open disclosure framework or policy. The process of open disclosure is not demonstrated as being followed or understood at either the service or organisational level. The consumer feedback and complaints records indicate there is not always an apology or expression of regret when an incident occurs, there is not always support for the complainant, and the complainants are not always satisfied they have been given a full explanation of what happened.

The Assessment Team identified the service was unable to demonstrate they have an effective system of recording all verbal or written feedback and complaints. The service was unable to demonstrate that they monitor, or review, or that changes have been effective, and consumers are satisfied with the outcome. This reduces the ability to understand consumer feedback and ensure improvements to care and services are made in response.

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 observed the service was unable to demonstrate that action is taken when they have been provided feedback, or an open disclosure process is used when things go wrong. The Assessment Team observed the service does not have an open disclosure framework and nor is it mentioned in the organisation’s feedback or complaints policy. Staff did not demonstrate a shared understanding of open disclosure, did not understand service processes of open disclosure and said consumers often raise concerns about the delayed response times in attending to call bells. Management could not provide examples to the Assessment Team of actions taken in response to consumers feedback.

The Assessment Team noticed that the service was unable to demonstrate an open disclosure approach to a compliant made by the representative. Although an apology was given for the time taken to response to the email, no apology was provided by the service about the issues raised. The Assessment Team found no review of incident, plan of action and any strategies to prevent incidents happening in the service.

Recently, a representative had lodged a complaint about unexplained bruises for their relative. The representative was advised about the outcome of investigation and a hygiene routine plan was developed but the family was not consulted during this process. The representative informed the Assessment Team that they are remain concerned about the staff skills and knowledge, this was contrary to what was recorded in the complaint registrar.

The Assessment Team made observations that the service records did not demonstrate application of a best practice complaints management system. For example, the register for complaints had either minimal information or was incomplete. There was no documentation recorded in relation to the discussion that was held with staff or if extra training had been provided for some incidents that had occurred after the complaints that had been raised.

The approved provider did not dispute the findings of the Assessment Team. In their response, they included a continuous improvement plan which outlines improvement actions to be undertaken to address the deficits identified in the Assessment Team’s report.

I have considered the information provided by the Assessment Team as well as the approved provider’s response and I find that at the time audit the service was unable to demonstrate that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

I find this is requirement is Non-compliant.

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

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

The Assessment Team observed that the service was unable to demonstrate that actions are taken in response to feedback has improved the quality of care and services. Management and staff interviewed were unable to demonstrate a shared understanding of the feedback process and how consumer feedback is used to improve care and services. Management could not provide examples of actions taken where consumer feedback has been used to improve consumer care and services.

The approved provider did not dispute the findings of the Assessment Team. In their response, they included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is Non-compliant.

# 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 who spoke with the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. There is feedback from consumers, representatives and staff about insufficient staff and staff not being responsive to consumers’ needs. There has been a reduction in staff numbers and skills mix in some areas, which has resulted in reduced services to consumers in some areas. Some consumers’ calls for assistance are not always answered in a timely manner. Management did not demonstrate effective monitoring and review processes around lengthy call bell response times.

Some other consumers and representatives interviewed provided feedback that staff know what they are doing, others said they do not. The Assessment Team found service did not demonstrate all staff have the knowledge needed to perform their roles effectively and consistent with these standards. While staff performance appraisals were complete, the service was unable to demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff performance issues are not documented effectively and, in some cases, appropriately managed.

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 observed the service did not demonstrate that the number and skill mix of management and staff is planned in a way that enables the delivery and management of safe and quality care and services. Consumers interviewed, and representatives on their behalf, considered there was insufficient staff to meet the needs of consumers with several consumers and representatives stating they did not think there was enough staff employed at the service to promptly respond to call bells. Insufficient staffing was observed by the consumers and representatives which they said adversely impacts their health, wellbeing and safety when staff assistance is not available. Some staff commented that they hardly get a break as they are very busy especially when the sick leave is not being replaced. Some staff commented that they did not always have time to complete all their tasks across the catering, lifestyle and care staff of the service.

The Assessment Teams reviewed the roster for the timeframe of 5 to 16 April 2101, three shifts were left unfilled and seven shifts were reduced up to four hours. The management team advised that the rosters have been reduced back to staffing levels prior to COVID-19. As a result, staff are feeling they are having to work a lot faster and harder to meet the needs of the consumers. It was noticed that there is no registered nurse at night time to provide clinical supervision. The management advised that an ambulance is called in medical emergency or clinical support is provided as an on call if staff needs assistance. It was observed that service does not have the call bell policy but it is expected that the call bell gets answered straight away. Call bell data was available from 15-22 April, the Assessment Team reviewed the data and noted the average call response time is over 15 minutes.

The approved provider did not dispute the findings of the Assessment Team. In their response, they included a continuous improvement plan which outlines improvement actions to be undertaken to address the deficits identified in the Assessment Team’s report.

I have considered the information provided by the Assessment Team as well as the approved provider’s response and I find that at the time audit the service was unable to demonstrate 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.

I find this is 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.*

Some consumers and representative interviewed provided information that staff know what they are they are doing and mostly have knowledge. However, concerns were raised around staff knowledge on catheter care and advance dementia care by one representative which has impacted on the care delivered to the consumer. The representative has provided feedback to the service regarding this. Staff interviewed described how they had undertaken taken training set by the organisation but had not specific training related to their roles such as palliative care, open disclosure, dignity and choice, cultural diversity, minimising restraint or risk identification and risk management.

Documentation reviewed confirmed that systems and processes are in place to ensure the workforce is competent and have to knowledge to perform their roles. However, it has not been demonstrated that the systems and process are effective considering the significant gaps that have been identified across the Standards. The service has a system in place to monitor that staff have appropriate qualifications and professional registrations that was reviewed by the Assessment Team. Whilst the service demonstrates that their workforce has the relevant qualifications with training provided, deficits in competency in staff practices were identified across Standards Two and Three.

The approved provider did not dispute the findings of the Assessment Team. In their response, they included a continuous improvement plan which outlines improvement actions to be undertaken to address the deficits identified in the Assessment Team’s report.

I have considered the information provided by the Assessment Team as well as the approved provider’s response and I find that at the time of the audit, the service was unable to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

I find this is 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 provided information that staff have access to range of education and trainings, including buddy shifts, designed to equip staff to be competent and capable in their roles. However, staff advised they have not received any training in open disclosure, dignity and choice, minimising restraint or risk identification and risk management assessments. While most consumers and representatives did not directly raise any areas where they think staff need more training, two representatives were concerned around staff knowledge on catheter and dementia care and its impact on the ability of staff to perform their roles.

Management was able to describe how the annual performance appraisal and review process is used where training needs are identified, and possible training requests are added to the training calendar. However, the service has not taken a training needs analysis and has not effectively identified training needs for staff through review of consumer care needs, comments and complaints or incidents occurring. The Assessment Team observed that service conducts both face to face and online training sessions with both external and internal educators. However, the learning outcomes for staff do not always equip them with the skills required for their roles as evidenced in the outcome of the Assessment Team’s findings of not met requirements across seven of the eight Quality Standards including personal and clinical care.

The approved provider did not dispute the findings of the Assessment Team. In their response, they included a continuous improvement plan which outlines improvement actions to be undertaken to address the deficits identified in the Assessment Team’s report.

I have considered the information provided by the Assessment Team as well as the approved provider’s response and I find that at the time audit the service was unable to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

I find this is 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-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).

Overall sampled consumers who spoke with the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Most consumers interviewed said they feel the service is well run and that they respect the executive director and clinical supervisor for the work they do. The service was able to provide some examples of how consumers are engaged in development of care and services. The service does not have consumer representation on any committees. However, the service has a “Friends of Fitzgerald” committee which consists of consumer representatives and volunteers. Consumers have minimal involvement in their own care planning and assessments.

The Assessment Team found the service did not sufficiently demonstrate they have an effective feedback and complaints processes, particularly in the areas of responding within an open disclosure approach, documenting complaints, completing investigations, monitoring, resolution and review. In regulatory compliance, the service did not identify or investigate an incident which was potentially excessive use of force by a care staff member towards a consumer. A member of the management team also demonstrated little understanding of Serious Incident Report System and the new legislative requirements in reporting of alleged excessive force.

The organisation’s risk management processes are focussed on the business-related risks and not consumer focused risk. The processes are not effective for managing high impact high prevalence risks associated with consumers or to support consumers to live the best life they can. The organisation does not have a clinical governance framework in place, which prevents the service being able to work within best practice clinical guidelines and therefore does not guide staff on being able to identify or manage risk in clinical care.

The Assessment Team identified organisation’s governance framework is not working effectively. Across all requirements within this Standard, there were gaps identified in the organisation’s systems and processes for managing and governing all aspects of consumer 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 service did not demonstrate they engage and support consumers in the development, evaluation or improvement of care and services. The service has a “Friends of Fitzgerald” committee which is made up of representatives and volunteers. It is a platform used to identify needs or areas of change within the service and holds fundraisers and reaches out to the local committees for assistance to achieve the required goals.

The service did not demonstrate how they use the information for improvement resulted as consumers feedback, survey and resident meetings. The interviewed consumers were not able to give examples of their involvement in the development of delivery and evaluation of their care services. I do note that two consumers have recently been engaged of improvements made to the service environment such as painting the dining room wall and displaying pictures with bright coloured and installing the four automatic doors, enabling the consumers to move both inside and out of the side independently.

The approved provider did not dispute the findings of the Assessment Team. In their response, they included a continuous improvement plan which outlines improvement actions to be undertaken to address the deficits identified in the Assessment Team’s report.

I have considered the information provided by the Assessment Team as well as the approved provider’s response and I find that at the time audit consumers were not engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

I find this requirement Non-Compliant.

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

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

The Assessment Team found that the organisation’s governance system does not demonstrate effective delivery of safe, quality and inclusive care. Systems are processes are not in place to address the following areas: consumers’ ongoing assessment and planning, personal and clinical care, services and supports for daily living, staffing, risk management, reportable assaults and clinical governance. As a result, it is impacting on consumers receiving safe and quality application and management of their care and services. The organisation’s governing body conducts monthly meetings and their role is outlined in the organisation’s strategic plan. Whilst the governing body has facilitated better care and services in some areas, significant gaps in performance across the Quality Standard indicate reporting to and monitoring and prevention of these issues by the governing body is not effective.

The approved provider did not dispute the findings of the Assessment Team. The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the approved provider response’s and I find that at the time audit the organisation’s governing body did not promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

I find this requirement Non-Compliant.

### 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 provided information that whilst the organisation demonstrates financial governance systems. the organisations lack effective organisation wide governance systems related to the following sub requirements: information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.

This includes in relation to:

* Information management, that policy/procedure are not always working to capture the required information and it was not demonstrated this provided adequate guidance for management and staff; the outcomes of the assessments are not being documented and not communicated to the consumers as discussed Standard 2 and Standard 3. Although staff reported they are update through emails, communications books, policies folder, organization internet and training.
* For continuous improvement, the Assessment Team explored three scenarios with management and reviewed the service continuous improvement register. The service was unable to demonstrate the opportunities are captured, recorded and critically analysed to implement the changes in providing safe and quality care.
* The organisation has a financial governance framework and specific polices and procedure to support this requirement.
* There was a lack of staffing number and inadequate skill mix to provide quality personal and clinical care as demonstrated through the team’s findings for Standard, 2, Standard 3 and Standard 7 which does not demonstrate effective workforce governance.
* Senior management lacked an understanding of some obligations under aged care law and some obligations under aged care law had not been met which did not support effective regulatory compliance. These included obligations of incident management system and process. The Assessment Team identified and reviewed a consumer incident, in which it was found that there was a lack of understanding and discrepancy from management on the old mandatory reporting system and the new SIRS legislative requirements. This involved an absence of the required reporting after an alleged assault and non-compliance with the current restraint practices. Management confirmed that service changes to the aged care law are sourced from the Aged Care Quality and Safety Commission.
* There is a lack of systems overall for governance of feedback and complaints as demonstrated in Standard 6 (3)d, the service does not sufficiently record, evaluate and inform improvements for consumer care based on verbal concerns raised by consumers and representative.

I note the planned improvements outlined in this report that the approved provider is undertaking in response to issues raised.

I have considered the Assessments Teams report and the approved provider’s response and I find there are not consistently effective organisation wide governance systems in relation to information management, continuous improvement, workforce governance and feedback and complaints.

I find this requirement Non-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 found that the service did not demonstrate effective risk management systems and practices are in place relating to the following sub requirements: managing high impact or high prevalence risks associated with the care of consumers and supporting consumers to live the best life they can. The Assessment Team report concludes the service was not able to provide evidence that Risk Management policy is reflective of consumer care risk and not only organisational risk. Staff were unclear of consumers’ risks and were unable to provide examples relevant to their work.

In their response, the approved provider included an education and continuous improvement plan.

I have reviewed these findings and consider that the organisation is not compliant with this requirement, there is not effective risk management systems to manage high impact high prevalence risks for consumer and not all consumers are adequately supported to live the best life they can.

I find this requirement Non-Compliant.

### 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 concluded that the organisation does not have effective clinical governance framework is in place, and clinical Governance Policy is minimal written, and staff are unable to use it as a guide for best practice. The Assessment Team identified that management were unable to provide examples of how the service is planned and evaluated because of the implementation of these polices. There is a documented clinical governance framework and the organisation has policies for antimicrobial stewardship, minimising the use of restraint and open disclosure; however, staff said had not been educated specifically regarding this and were unable to explain these sub-requirements.

In their response, the approved provider included an education and continuous improvement plan.

I have considered the Assessments Teams report and the approved provider response and I find while the organisation does not have effective clinical governance framework this has not been applied effectively.

I find this requirement Non-Compliant.

# 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.

The approved provider is required to:

Accreditation Standard 1: Consumer dignity and choice

* Ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* Ensure care and services are culturally safe.
* Ensure each consumer is supported to exercise choice and independence, including to make decision decisions about their own care and the way care and services are delivered.
* Ensure information provided to each consumer is current, accurate, timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

Accreditation Standard 2: Ongoing assessment and planning with consumers

* Undertake reassessment and review of the care plan for each consumer with input from them or a representative on their behalf to identify their goal/s of care and plan to address them.
* Ensure assessment and planning including consideration of risks to the consumer’s health and well-being informs the delivery of safe and effective care and services.
* Review the processes for communicating the outcomes of assessment and planning to the consumer (or a representative on their behalf) and ensure the care and services plan readily available to them. This should include, but not be limited to, offering to provide consumers with the actual care plan.
* Ensure assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including in relation to advance care and end of life planning where the consumer so wishes.
* Ensure 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; and includes other organisations, individuals and providers of other care and services, that are involved in the care of the consumer.
* Review and improve the ongoing processes for monitoring whether consumers are a partner in assessment and care planning which helps them get the care and services they need for their health and well-being.

Accreditation Standard 3: Personal care and clinical care

* Ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being, including but not limited to pain, falls and wound management and minimising the use of restraint.
* Ensure effective management of high-impact and high-prevalence risks associated with the care of each consumer.
* Undertake review of consumer psychotropic medication and complete the psychotropic medication self-assessment report to identify which consumers are being chemically restrained and to demonstrate restraint minimisation is being practiced.
* Ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services.
* Review and improve staff understanding of consumer care plans as these relate to personal and clinical care, and how to implement them.
* Review and improve the ongoing processes for monitoring whether consumers are provided with personal and clinical care that is safe and right for them as the processes have not been effective.

Accreditation Standard 4: Services and supports for daily living

* Ensure the lifestyle program provides each consumer with effective services and supports for daily living that meet the consumer’s needs, goals and preference and optimise their independence, health, well-being and quality of life.
* Review leisure and lifestyle plans for individual consumers and for the service overall to ensure they reflect input from consumers about what is of interest to them, and ensure support is provided for those interests to be facilitated and met.
* Ensure information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.
* Ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services for each consumer.

Accreditation Standard 6: Feedback and complaints

* Ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. This includes seeking to understand the issues from the complainant’s point of view and working collaboratively with them to resolve their complaint, including giving an apology and an explanation when things have gone wrong.
* Ensure feedback and complaints are reviewed and used to improve the quality of care and services.
* Review and improve the ongoing processes to regularly seek input and feedback from consumers and use this to inform continuous improvement as the processes have not been effective.

Accreditation Standard 7: Human resources

* Ensure 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.
* Implement the management and staffing structure, number and skills mix as planned, formally evaluate the effectiveness of this with appropriate expertise and with input from consumers/representatives and make any further improvements to workforce planning and deployment as identified are needed. This means providing a workforce that is sufficient, skilled and qualified for safe, respectful and quality care and service delivery.
* Ensure the workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards.

Accreditation Standard 8: Organisational governance

* Ensure consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* Develop and implement measures to engage with consumers in the development, delivery and evaluation of care and services across the service and for the organisation with consideration given to guidelines about co-design in aged care.
* Ensure the organisation’s governing body promotes and is accountable for the delivery of a culture of safe, inclusive and quality care and services.
* Implement the new documented governance framework as this relates to the board.
* Review and improve service performance and effectiveness measures relating to the Quality Standards and regularly report to the governing body about these.
* Ensure effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.
* Review documented policy and procedure relevant to the Quality Standards and ensure this includes adequate practical guidance for management and staff.
* Ensure effective risk management systems and practices, including but not limited to managing high-impact and 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.
* Ensure use of a clinical governance framework including but not limited to antimicrobial stewardship, minimising the use of restraint, and open disclosure.