Goondee Aged Care Home

Performance Report

13 Jersey Road   
STRATHFIELD NSW 2135  
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**Commission ID:** 2143

**Provider name:** Rasko Holdings Pty Ltd

**Site Audit date:** 25 May 2021 to 1 June 2021

**Date of Performance Report:** 7 July 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 29 June 2021.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing 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, consumers interviewed by 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. Consumers sampled were supported to take risks to enable them to live the best life they can. A consumer told the Assessment Team that it has made them feel happy and engaged to be able to help around the service. Consumers were satisfied with how staff respected their privacy.

Staff interviewed by the Assessment Team could demonstrate they knew consumer’s backgrounds well and were able to describe different ways they supported consumers to make choices in their day-to-day life. Staff were able to describe ways they showed respect to consumers’ privacy when providing them care. The service demonstrated how they gather information about consumers and their backgrounds to understand their specific cultural and spiritual needs.

However, the Assessment Team found the decision makers for several consumers sampled were not accurately reflected in their care planning documents. There was one consumer that did not have an appointed decision maker and the consumer does not have the cognitive capacity to make decisions about their care and services. Decisions for the consumer’s care and services have been made by key personnel within the organisation, which raises issues of the validity of consent.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

While consumers interviewed by the Assessment Team were satisfied with how the service supports them to exercise choice and independence, the service could not demonstrate how decisions about consumers’ care and services were made with involvement of appropriate decision makers. In the care planning documents of several consumers reviewed by the Assessment Team, it was recorded that their decision maker is the Public Guardian & Trustee. However, it was clarified that their decision maker is their next of kin. One consumer did not have an appointed decision maker and does not have cognitive capacity to make decisions for their care and services. Consent has been provided for the consumer’s care and services by key personnel in the service.

In their response, the approved provider demonstrated that the appropriate decision makers were identified in consumer’s care planning documents, as the service’s electronic care planning system has several points of reference where consumer preferences and decision making are reflected. The approved provider’s response demonstrated that generally consumers are supported to make decisions about when family, friends, carers or others should be involved in their care.

Regarding the consumer who did not have an appointed decision maker, both the Assessment Team’s report and the approved provider’s response demonstrates that the service was acting in accordance with advice from the relevant guardianship authority. In the approved provider’s response, they state that since the Site Audit, the service has lodged an application to the guardianship board to ensure they are compliant with appropriate decision making requirements.

While gaps were identified in the service’s response to one consumer’s decision making authority, overall the service demonstrated that consumers are supported to exercise choice and independence. This includes in relation to their care and services, communication of their decisions, and relationships of choice.

I find this requirement is Compliant.

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

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

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

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

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

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

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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 consumers interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. All representatives interviewed confirmed they are included in care planning and believed they are well-informed of changes to the consumer’s care or condition. Representatives confirmed they are informed about the outcomes of assessment and planning and most said they have had access to the consumer’s care and services plan if they wish.

Care planning documents reviewed by the Assessment Team demonstrated that assessment and planning generally includes consideration of risks to the consumer’s well-being and informs the delivery of safe and effective care and services.

However, the Assessment Team found that care assessment and planning documentation did not always identify and address consumer’s current needs, goals and preferences, and consumer’s non-clinical end of life preferences have not been documented. Consumer’s care is not always reviewed for effectiveness when circumstances change or following incidents.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

### 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.*

Care planning documentation reviewed by the Assessment Team identified gaps in the assessment and planning of sampled consumers to identify and address the consumer’s current needs, goals and preferences. For one consumer who experiences constipation, assessment and planning did not include the goal of how often the consumer is to have a bowel movement. For one consumer who is at a high risk of falls, goals around mobility and dexterity, skin integrity and pain were not identified. For one consumer who experiences agitated behaviour during the night, it was not clear in documentation reviewed by the Assessment Team if recommendations from a dementia support service were included in assessment and planning to meet the consumer’s goal of restful sleep.

The Assessment Team found that advanced care planning and end of life planning for sampled consumers was not comprehensive or individualised. For one consumer who had recently passed away, care planning documents reviewed did not demonstrate the consumer’s end of life needs, goals and preferences were identified and addressed. One representative interviewed by the Assessment Team said that they had previously advised the service of an error on the consumer’s advanced care directive, and this was found to have not been corrected at the time of the Site Audit.

In their response, the approved provider disputes that sampled consumer’s needs, goals and preferences were not being addressed by the service. The approved provider states that some consumers identified by the Assessment Team are currently not receiving end of life care, and more comprehensive assessment and planning of advance care and end of life care will be completed when this is raised by the consumer’s family. However, the approved provider’s response demonstrates that since the Site Audit the care plans for consumer’s identified by the Assessment Team have been reviewed and updated with goals and interventions documented for their care needs.

For the consumer identified by the Assessment Team who had recently passed away, the approved provider’s response provided evidence that some end of life needs were addressed through dietary assessment during the end of the consumer’s life.

In their response, the approved provider identified continuous improvement actions to improve assessment and documentation of consumer needs, goals and preferences. This includes additional reporting of consumer goals, review of all consumer’s advance care and end of life needs, goals and preferences, and update of the care evaluation schedule to remind staff to personalise consumer goals and preferences.

While the approved provider’s response clarifies some of the Assessment Team’s findings, at the time of the Site Audit, the service did not demonstrate that assessment and planning consistently identified and addressed consumer’s current needs, goals and preferences.

I find this requirement is Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

Staff interviewed by the Assessment Team identified the service’s regular care plan review process. However, care planning documentation reviewed by the Assessment Team identified that consumer care and services were not consistently reviewed when circumstances change or when incidents impacted on the needs, goals and preferences of the consumers. For one consumer who had several recent falls, reassessment of the consumer and their care and services were not effective to manage the risk of further falls and injury. For another consumer, care and services were not reviewed following incidents of bruising sustained during personal care, and issues with indigestion.

For the consumer who had recent falls, in their response the approved provider demonstrated that the consumer was reviewed regularly by the physiotherapist and their medical officer following falls. The approved provider’s response demonstrates that since the Site Audit, further review of the consumer’s care and services have occurred to ensure they are effective.

For the consumer who had sustained bruises and had issues with indigestion, the approved provider’s response demonstrates that following the Site Audit a case conference was held with the consumer and their family. Assessments and care planning was updated in response to this case conference to ensure more effective care and minimise the risk of bruising. The approved provider’s response demonstrates that the indigestion is an ongoing issue, and the consumer was reviewed by their medical officer and charted medications prior to the Site Audit.

While the approved provider’s response clarifies some of the Assessment Team’s findings, at the time of the Site Audit, the service did not demonstrate that care and services were consistently reviewed for effectiveness following incidents.

I find this requirement is Non-compliant.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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.

Overall, consumers interviewed by the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. Consumers and representatives interviewed confirmed the consumer has access to medical officers or other health professionals when they need it. Consumers and representatives expressed satisfaction with the service’s identification and response to deterioration or change in consumer condition. One consumer representative provided examples of staff identifying the consumer’s deteriorating condition, and promptly contacting the consumer’s representative and the consumer’s medical practitioner which resulted in the effective management of the deterioration.

The service generally documents the consumers’ conditions, needs and preferences and communicates this information within the service and with others where responsibility is shared. The service has effective systems to manage and minimise risk of infection transmission and promote antimicrobial stewardship.

However, the Assessment Team found the service did not demonstrate clinical care provided for sampled consumers is consistently best practice, tailored to consumer needs and optimises their health and well-being. Effective strategies to minimise risk have not been implemented for some consumers and disruptive behaviours of some consumers have not been effectively managed. Some consumers have not been referred to providers of specialist services, such as behaviour management specialists, in response to their ongoing daily disruptive behaviours which have also impacted on other consumer’s well-being.

The Assessment Team found the needs, goals and preferences of consumers nearing the end of their lives are not recognised or always addressed.

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

There was mixed feedback from consumers and representatives interviewed by the Assessment Team about whether the personal and clinical care provided meets the consumer’s needs and optimises their health and well-being. Care documents reviewed by the Assessment Team did not demonstrate that clinical care provided to the consumers sampled was consistently best practice and optimises consumer’s health and wellbeing. The Assessment Team found that directives were not followed for monitoring of weight and food and fluid intake for one consumer who had lost weight. Care documents reviewed by the Assessment team for sampled consumers did not demonstrate that pain was appropriately assessed, monitored, and managed.

The Assessment team found that chemical restraint was not best practice. Documentation reviewed by the Assessment Team identified that some consumers were prescribed psychotropic medication without an appropriate or accurate supporting diagnosis. This had not been identified by the service as possible chemical restraint. For one consumer who is regularly administered as required psychotropic medication, documentation reviewed did not consistently identify why the medication was administered, the non-pharmacological interventions trialled prior to administration, or the effectiveness of the medication. This consumer also had no behaviour chart entries for 2021 despite exhibiting challenging behaviours and receiving as required psychotropic medication to help manage behaviours.

The approved provider’s response acknowledged the gaps identified by the Assessment Team and identified continuous improvement actions in relation to this requirement. This includes staff education, improved clinical governance reporting, changes to handover processes, and gaining appropriate consents for the use of psychotropic medications. The approved provider’s response demonstrates behaviour charts have commenced for consumers who exhibit behaviours of concern, and referrals have been made to behaviour management advisory services to assist in identifying interventions to help manage behaviours.

At the time of the Site Audit, the service did not demonstrate that clinical care provided to sampled consumers was best practice to optimise their health and well-being.

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 service demonstrated systems in place to identify and assess the high impact and high prevalence risks for consumers across the service. However, the Assessment Team found that recommendations from specialist services were not followed to reduce the risk of depression for one consumer. For another consumer at a high risk of falls, interventions were not effective to reduce further falls and prevent injury. The Assessment Team found that post-falls management including neurological observations were not consistently completed in line with the service’s procedures.

The approved provider’s response demonstrates that the consumer at risk of depression was assessed for depressive symptoms in line with the specialist’s recommendations. Assessments completed several days prior to the Site Audit did not indicate a depressive episode. Since the Site Audit, the consumer has been referred their medical officer and geriatrician for further management.

For the consumer who experienced falls, in their response the approved provider demonstrated that following the falls the consumer was reviewed by their medical officer and the physiotherapist. The approved provider identified that some interventions to manage the risk of falls and injury were in place at the time of the Site Audit.

While the approved provider’s response clarifies some of the Assessment Team’s findings, at the time of the Site Audit, the service did not demonstrate that the high impact or high prevalence risks associated with the care of each consumer are

effectively managed. The service did not demonstrate that interventions to reduce falls and prevent injury were implemented as recommended or effective in managing the risk.

I find this requirement is 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.*

Care documents reviewed by the Assessment Team did not demonstrate that the goals, needs and preferences of consumers nearing the end of their lives are consistently recognised and addressed, and their comfort maximised. For one consumer who passed away at the service, care documents reviewed by the Assessment Team did not demonstrate review of the consumer’s care and services to ensure they were effective in meeting the end of life needs of the consumer. Documentation did not support effective pain monitoring and management for the consumer, or the involvement of palliative care services.

In their response, the approved provider demonstrated that for the consumer identified by the Assessment Team, their end of life needs and preferences were recognised and generally addressed at the end of their life. The approved provider demonstrated involvement from palliative care services leading up to the consumer’s death.

While the service did not demonstrate that assessment and planning consistently reflected the current end of life needs, goals and preferences of the consumer, I have considered this in my assessment of Standard 2, Requirement 2 (3)(b). While for one consumer not all their needs, goals and preferences were documented, the approved provider’s response demonstrated that these were being met during the end of the consumer’s life, and the consumer’s comfort and dignity were maximised.

I find this requirement is 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.*

Consumers and representatives interviewed by the Assessment Team confirmed the consumer has access to their medical officer and other health professionals as needed. The Assessment Team found that consumers are generally referred to allied health professionals including dietician, speech pathologist, physiotherapy, and podiatry to support their care. However, the Assessment Team found that two consumers who experience behaviour and psychological symptoms associated with dementia were not referred to dementia support or behaviour management advisory services.

In their response, the approved provider demonstrated that the consumers identified in the Assessment Team’s report have been referred to dementia support services since the Site Audit.

While the Assessment Team found that two consumers had not been referred to dementia support or behaviour management advisory services, overall, the service demonstrated that timely and appropriate referrals are made to support consumer care.

I find this requirement is 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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Most consumers interviewed by 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 said they feel supported to maintain their social and personal relationships. Consumers and representatives interviewed said they feel confident that staff know how to support consumers emotionally and psychologically. Most consumers interviewed were satisfied with the meals provided at the service and how the service accommodates their dietary preferences and needs.

Staff interviewed by the Assessment Team were able to demonstrate how lifestyle activities accommodate for consumers with varying levels of mobility and for consumers with cognitive impairment. Care planning documents reviewed by the Assessment Team included detailed information about the consumer’s interests, their important relationships and how to support consumers to do things they want to do.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

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

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

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

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

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

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

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

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

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

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

### Requirement 4(3)(f) Compliant

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

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

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

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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.

Most consumers interviewed by the Assessment Team considered they feel they belong in the service and feel safe and comfortable in the service environment. Most consumers and representatives interviewed said that the service environment is clean and well maintained. One representative said that they notice cleaners come into the consumer’s room to make sure that it has been cleaned. One representative said that the service accommodated their request for a private courtyard area for the consumers.

The Assessment Team observed the service environment to be welcoming with consumers and their visitors using communal areas during the Site Audit. The service also demonstrated how they accommodate consumer’s requests regarding the service environment.

However, there are ongoing issues with the call bell system which management acknowledged during the Site Audit. These issues have affected staff where they need to constantly monitor consumers by doing more frequent rounds. The service is unable to use bed sensors for a consumer who has been recommended to have one due to the equipment causing issues for staff.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

The Assessment Team found that most furniture and equipment was clean and well maintained. However, interviews with consumers and staff by the Assessment Team identified issues with the service’s call bell system. Although there have been no incidents and management had implemented an action plan to address the issues, the Assessment Team found this has affected both staff and consumer’s health and wellbeing. Staff expressed how it has affected their work as they need to constantly monitor consumers. The Assessment Team found the service is unable to use bed sensors due to issues with the system. This is despite recommendations for the use of bed sensors for one consumer to assist with the prevention of falls and related injuries.

In their response, the approved provider included clarifying information about the call bell system and the use of bed sensors. The approved provider’s response identifies that the call bell system was being upgraded due to previously identified issues prior to the Site Audit. The approved provider stated that this was offline for a short period of time and an action plan and risk assessment were in place to ensure there was limited risk to consumers during this time.

Regarding bed sensors, the approved provider’s response identifies that this was an isolated incident with a single faulty bed sensor which was rectified by the service following the Site Audit. The approved provider demonstrated that additional bed sensors have been purchased as a backup in case this issue occurs again.

While service’s call bell system required some improvement to ensure it was safe and well maintained, this had been actioned prior to the Site Audit. The service had a faulty bed sensor, however this has been rectified and measures put in place to ensure consumers are not at risk if this occurs again. Overall, the service demonstrated that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

I find this requirement is Compliant.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 6 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, consumers interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives interviewed said management are responsive when concerns are raised.

The Assessment Team found the service has some information available to consumers about advocacy and language services. The service has culturally diverse consumers and culturally diverse staff who support communication with consumers, and there are language applications available on staff tablets.

The Assessment Team found that generally, appropriate action is taken in response to complaints, including apologies to consumers and family when issues were raised. There have been limited complaints made and therefore limited improvements evident as a result. However, feedback from consumers and representatives was positive about improvements in aspects of care provision when prompted by complaints.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as 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) Compliant

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

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

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

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 7 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.

Most consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable and capable. Consumers and representatives interviewed said staff are kind and caring. Generally, there was positive feedback about staffing although some sampled consumers felt they wait longer for assistance on afternoon and night shifts.

The service demonstrated effective organisational processes for the recruitment and management of the workforce to ensure staff are competent in their roles. The service demonstrated that annual and as required competency assessments and training was completed by the majority of staff. The Assessment Team found that all staff, other than those new to the service, have had an annual performance appraisal in line with the service’s framework. The service demonstrated staff performance is reviewed following complaints, lengthy call bell responses and incidents.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

### 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) Compliant

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

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

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

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

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

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall, consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives interviewed said that they are supported to provide feedback and commentary about the delivery of care and services, and identified improvements made which have improved consumer enjoyment of the environment.

The service demonstrated that following the identification of risk and non-compliance in 2018, significant changes have occurred to improve governance systems and accountability to ensure the service and the Board promotes a culture of safe, inclusive and quality care and services.

However, the Assessment Team identified gaps in the implementation of effective risk management and incident management systems and practices. Although there is a clinical governance framework implemented at the service, gaps were identified in aspects of incident and risk management, antimicrobial stewardship and restraint management.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

The Assessment Team found that while the service has policies relating to risk management, these are not comprehensively tailored to the service, and more detailed processes and procedures to enable the effective implementation of the policies were not developed. While the service had a risk matrix to facilitate the identification and management of high impact or high prevalence risks associated with the care of consumers, the Assessment Team identified this had some incorrect information and was not updated to include a new consumer. The Assessment Team identified gaps in the service’s reporting and investigation of incidents, including falls and an incident reportable under the Serious Incident Response Scheme (SIRS).

In their response, the approved provider demonstrated that some process documents were in place at the time of the Site Audit to support the implementation of the organisation’s policies. In their response, the approved provider demonstrated that the incident, once identified by the Assessment Team, was reported under the SIRS.

The approved provider clarified some of the Assessment Team’s findings regarding the implementation of risk management policies. However, at the time of the Site Audit, the service did not demonstrate that risk management systems were consistently effective in identifying and managing high impact or high prevalence risks associated with the care of consumers, and managing and preventing incidents, including the use of an incident management system.

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 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.*

The approved provider must demonstrate:

* Assessment and planning consistently addresses the needs, goals and preferences of consumers.
* Consumer needs, goals and preferences regarding advanced care and end of life care are accurately identified and addressed.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* Care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer.
* Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Consumer pain is appropriately assessed, managed and monitored to optimise their health and well-being.
* Chemical restraint is best practice, including used as a last resort after tailored non-pharmacological interventions to manage behaviour are evaluated as not effective, and with informed consent from the consumer and/or representative.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed.
* Post-falls management is effective in reducing the risk of further falls and preventing injury for consumers.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* Risk management systems are consistently effective in identifying and managing high impact or high prevalence risks associated with the care of consumers, and managing and preventing incidents, including the use of an incident management system.
* Incidents reportable under the SIRS are identified and responded to appropriately in a timely manner.
* The service has implemented all continuous improvement actions identified in their response.