HammondCare - Miranda

Performance Report

19 Kiama Street
Miranda NSW 2228
Phone number: 1800 776 112

**Commission ID:** 1006

**Provider name:** HammondCare

**Site Audit date:** 22 February 2022 to 25 February 2022

**Date of Performance Report:** 4 April 2022

# Performance report prepared by

Melissa Buhagiar, delegate of the Aged Care Quality and Safety Commissioner.

# 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) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant  |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | 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) | Non-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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | 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 Commissioner’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 22 to 25 February 2022, 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 28 March 2022.

# STANDARD 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.

The Assessment Team found that overall sampled consumers, or representatives on their behalf, 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 Assessment Team interviewed staff who demonstrated a good understanding of consumer’s cultural identity and provided examples of how this was put into practice for consumers to make them feel valued and respected.

The Assessment Team identified that some consumers are supported to take risks and staff undertake some regular risk assessments. Care planning documents generally included up to date information regarding consumers’ choice and preferences including maintaining relationships.

The Assessment Team found that overall consumers are supported to exercise choice and independence to make decisions about their own care, and the way care and services are delivered. Consumers’ privacy is respected.

Consumers are made aware of options and choices available through the provision of appropriate information.

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.*

### 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.*

# 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.

The Assessment Team interviewed consumers and representatives who mostly said that they feel like partners in the ongoing assessment and planning of their care and services. While consumers, or representatives on their behalf, generally said the care provided to consumers was good, feedback from a number of consumers, or representatives on their behalf, indicated the representatives were often the ones initiating interventions to provide safe and effective care and services.

The Assessment Team received feedback from consumers, or representatives that staff were not always aware of appropriate care planning interventions for consumers, and their needs, goals and preferences are not always identified. Most consumers, or representatives on their behalf, said they are involved in care planning and care plans are available to them if they wish.

The Assessment Team identified that risk assessments are not always considered for consumers whose care and services includes considerable risk, including consumers who choose or are prescribed restrictive practices. While other aspects of clinical and personal care are assessed for the risks likely to be experienced by consumers, actions taken do not consistently reflect the outcome of the assessment, resulting in negative outcomes for consumers.

The Assessment Team found that while the service identifies and documents consumers’ identified needs for each different domain of the care plan, it does not evidence identifying and addressing consumers’ goals and preferences in a meaningful way.

The service demonstrates processes to effectively communicate outcomes of assessment and planning to the consumer or their nominated representative. The care plans for consumers are generally readily available to consumers’, or representatives on behalf.

While the organisation has systems to regularly review care and services and care plans are reviewed every three months, evidence does not indicate appropriate review when incidents impact on the needs, goals and preferences of the consumer.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found that assessment and planning, including consideration of risks to the consumer’s health and wellbeing does not consistently inform the delivery of safe and effective care and services. Assessments do not provide detailed information regarding consumer’s needs, goals and preferences to inform safe and effective care planning. Impacts are evident for consumers who are living with cognitive impairment.

The Assessment Team reviewed documentation and noted that for some consumers, triggers and interventions were not listed for behaviours of concerns, although pain had been considered a likely trigger, it was not assessed during times of activity.

The approved provider responded to the Assessment Team’s report and furnished extensive documentation. Whilst the documentation provides further evidence of compliance in some regards, there are still gaps identified in the identification of risks for consumers in assessment and planning and where there are triggers identified, they are not mitigated prior to an incident occurring or reoccurring. I am not persuaded that the approved provider has taken all reasonable steps with assessment and planning to ensure that risks have been considered and mitigated for consumers.

I find that the approved provider is not compliant with this requirement.

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

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

The Assessment Team found that while the service identifies and documents consumers’ identified needs for each different domain of the care plan, it does not evidence identifying and addressing consumers’ goals and preferences in a meaningful way. Consumers are offered opportunity to complete advanced care plans, however the service does not include comprehensive assessment of consumers’ end of life needs and does not identify end of life goals and preferences, resulting in negative outcomes for consumers living with dementia and/or behaviours of concern.

The Assessment Team identified that individual personalised goals and preferences are not included in each domain of any consumers’ the care plan. Information was found to be brief and not individualised for example mobility, communication, behaviours etc, documents “identified needs” and “enabling actions”. All care plans reviewed include generic goals on the front page of the care plan; “To communicate effectively, to maintain privacy and dignity, maintain interests past as well as other activities of choice and support spiritual needs”.

The approved provider responded to the Assessment Team’s report and included a new care plan template that includes different types of goals for care, lifestyle, cultural and end of life goals. I acknowledge the new care plan template however the information provided does not persuade me that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning. This was evident for consumers nearing end of life, where needs and goals were not considered for consumers in a timely manner.

I find that the approved provider is not compliant with this requirement at the time of assessment.

###  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.*

The Assessment Team found that while the organisation has systems to regularly review care and services, and care plans are reviewed every three months, evidence does not indicate appropriate review when circumstances change or when incidents impact on the needs, goals and preferences of the consumer.

The Assessment Team identified that serious incidents are not all investigated and reported to the SIRS (Serious Incident Response Scheme). Care plans are not all reviewed for effectiveness following episodes of clinical decline including incidents of falls, behaviours and pressure injury. Consumers’ incidents do not consistently trigger appropriate review of consumers’ needs goals and preferences, this was noted for consumers with behaviours of concern.

The approved provider responded to the Assessment Team’s report and furnished additional documentation to support this requirement. I am of the view that care plans are reviewed regularly, however it is not evident from the information provided that the care plans are reviewed for effectiveness when circumstances change particularly in the areas of behaviours and falls.

I find that the approved provider is not compliant with this requirement.

# 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.

The Assessment Team interviewed sampled consumers or their representatives who said that they receive personal care and clinical care that is safe and right for them. While consumers or representatives said most staff are caring and do their best for the consumers, feedback was received that staff are not able to consistently provide safe and effective personal and clinical care.

The Assessment Team received feedback from consumers and representatives that staff are often too busy doing all the cooking and cleaning. Some representatives, speaking on behalf of consumers, said consumers get the care they need, others raised concerns around staff knowledge, and equipment availability including the length of time from requesting equipment to having it provided to their consumer.

One consumer’s representative felt the staff did not have the skills to manage palliating consumers. Representatives speaking on behalf of consumers, said the consumers has access to doctors and are notified whenever the doctor visits. They confirm they are consulted on hospital transfers and after-hours doctors’ visits.

The Assessment Team finds that each consumer does not get safe and effective personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being. The Assessment Team found that the service does not effectively manage high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team finds that the needs, goals and preferences of consumers nearing the end of life are not consistently recognised and addressed. Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is not always recognised and responded to in a timely manner. The service has access to allied health professionals and specialist services, however does not consistently refer consumers in a timely manner and follow up on recommendations.

The Assessment Team found issues in management and staff understanding of best practice including restrictive practices, antimicrobial stewardship and risk management.

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

## Assessment of Standard 3 Requirements

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

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

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

The Assessment Team finds that each consumer does not get safe and effective personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being. While representative feedback is generally positive, some representatives, speaking on behalf of consumers, felt the staff tried their best but don’t always have the time to provide appropriate care. The service is specifically for consumers who are living with dementia and several consumers experience behaviours of unmet needs. Staff did not demonstrate understanding of individualised strategies to provide safe clinical and personal care to each consumer. Additionally, issues were identified in relation to sampled consumers’ skin care, bowel care, nutritional and hydration, restrictive practices, pain management, falls management and personal hygiene.

The Assessment Team found that not all specialist dementia carers are aware of consumers’ backgrounds and ways in which they engage, there are issues in staff understanding of consumers and what is required for them to get safe and effective personal care and clinical care.

The approved provider responded to the Assessment Team’s report and provided extensive documentation. However, this information did not persuade me that recommendations by specialist services are actioned, monitored and triggers are not effectively managed by the service for behaviours and to prevent future behaviours. The service did not demonstrate that pain was always recognised or appropriately managed.

I find that the approved provider is not compliant with this requirement at the time of assessment.

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

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

The Assessment Team finds the service does not effectively manage high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team found that the service documents and monitors consumers’ incidents to identify high impact and high prevalence risk, however the analysis of incident data is not effective in managing risks. Risk ratings are underreported. The service does not assess the risks associated with psychotropic medication use and chemical restrictive practice to balance the consumer’s rights and preferences with their safety and the safety of others.

The service demonstrates consumers’ risks associated with clinical issues such as falls and skin integrity are assessed, however interventions documented in care planning documentation and management of consumers’ risks are not consistent with the assessment or not updated as the identified risks increase.

The Assessment Team also identified that not all incidents are recorded or investigated appropriately including serious incidents.

The approved provider responded to the Assessment Team’s report and identified some areas for improvement with communication. However, it is not apparent that the risks associated with the use of psychotropic medication has been considered for consumers which may result in falls or other incidents or when consumers should have assistance with eating.

I find that the approved provider is not compliant with this requirement.

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

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

The Assessment Team reviewed end of life care plans and identified that they do not include consumers’ goals and preferences; only their identified needs and enabling actions. Information within the care plans is brief and generic in nature. Monitoring end of life care provision is not undertaken.

Representatives report the specialist dementia carers do not have the skills to provide end of life care to consumers, such as oral and eye care and recognising pain and discomfort.

The Assessment Team identified that the service does not use an end of life pathway form or similar to monitor end of life. The service advised that the palliative care plan is followed by staff however the Assessment Team noted that this was not always apparent for consumers and pain monitoring was not conducted regularly during end of life care.

The approved provider responded to the Assessment Team’s report and provided progress notes of consumers reaching the end of life. I acknowledge the care that was provided to the consumers nearing end of life and the messages of thanks from the representatives. The end of life care plans were not always developed in a timely manner, where information pertaining to needs, goals and preferences was limited (addressed in 2(3)(b)), however from the information provided by the approved provider, I find that personal care, comfort and dignity was provided to these consumers nearing end of life.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team identified that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is not always recognised and responded to in a timely manner. Issues in the monitoring, assessment and care planning following a deterioration in a consumer’s condition have resulted in negative outcomes for consumers particularly following falls, suspected head injuries, pressure injuries, pain and identifying when a consumer reaches end of life.

The Assessment Team reviewed consumers care planning documentation and spoke to representatives, it was identified that staff did not always notice deterioration and did not provide assistance with fluid, meals and oral care. The Assessment Team were advised by representatives that insufficient staffing and lack of skilled staff contributed to falls and the early recognition of consumers deterioration.

The approved provider responded to the Assessment Team’s report and provided additional documentation to support this and other requirements. I am not persuaded by the documentation provided that there is evidence contrary to that of the team and that reported by the representatives that deterioration is recognised and responded to in a timely manner.

I find that the approved provider is not compliant with this requirement.

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

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

The Assessment Team found that information about the consumer’s condition, needs and preferences is not always documented in sufficient detail to provide effective guidance to staff about care. Many staff were not familiar with consumer needs. Some consumers, or representatives on their behalf, provided feedback that staff did not always know consumer’s needs and indicated communication is not always effective.

The Assessment Team reviewed assessment and care planning and found that the plans do not include goals or information regarding consumer’s preferences in relation to daily living such as preferences to rising, going to bed and general routines.

The Assessment Team identified that information pertaining to consumers clinical or personal care or recommendations and strategies from specialist services including Dementia Services Australia have not been included in care plans.

The approved provider responded to the Assessment Team’s report and provided additional information including records of personal care. This additional information has not persuaded me that information, about the consumers condition, needs and preferences is communicated within the organisation and with others where responsibility is shared, due to the gaps in comprehensive care planning documentation, detailing behaviours, pain and preferences for daily living.

I find that the approved provider is not compliant with this requirement.

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

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

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found that while the service has systems to minimise infection risks through standard and transmission-based precautions staff don’t always follow appropriate practice such as wearing personal protective equipment (PPE), cleaning equipment and surfaces. Instruction and guidelines are not available to staff. Equipment is not available in staff areas to manage infection risk.

The Assessment Team interviewed staff who could describe standard and transmission-based precautions to prevent and control infection; including how they minimise infection for consumers identified at risk of urinary tract infections. However, were not aware of the term ‘antimicrobial stewardship’ and report they have not had any training. Staff were not aware of best practice guidelines regarding antimicrobial stewardship.

Management said the service does not have a specific antimicrobial stewardship policy and that they follow an infection control manual which includes some sections on antimicrobial stewardship, however were given a generic document which outlined factors to be considered in development of an antimicrobial policy. The manual has been purchased from a commercial provider and has not been individualised to the specific context and needs of the organisation. As a result, there are no instructions or guidelines for how the organisation implements an antimicrobial stewardship program.

The approved provider responded to the Assessment Team’s report and provided additional information including their Clinical Governance Framework. The information did not further demonstrate that the staff have an understanding of antimicrobial stewardship or that the Public Health Orders in place at that time were being followed in relation to presenting a negative Rapid Antigen Test (RAT) prior to entering the service, or that PPE was available in all areas and used appropriately by all staff.

I find that the approved provider is not compliant with this requirement.

# STANDARD 4 NON-COMPLIANTServices and supports 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.

The Assessment Team found that overall sampled consumers 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.

The Assessment Team interviewed consumers and representatives who mostly expressed satisfaction with living in the service and the quality of life they experience. However, many consumers’ representatives expressed dissatisfaction with the level and stimulation and ability to pursue things of interest to them. Most consumers expressed satisfaction with the meals provided and appreciated that they are home cooked.

The Assessment Team observed the service provides safe and effective support for daily living that meet the consumer’s needs, goals and preferences and optimises their independence, health, well-being and quality of life and promotes each consumer’s emotional, spiritual and psychological well-being.

Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with other where responsibility for care is shared. The service undertakes timely and appropriate referrals to individuals, other organisations and providers of care.

The Assessment Team found that the service has a selection of equipment to facilitate a services and support for daily living that is safe, suitable, clean and well maintained.

The service has assisted consumers to have social and personal relationships. However, consumers are not supported by the service to participate in the community outside of the service environment and many consumers are not provided support and stimulation to pursue and do things of interest to them.

The Assessment Team noted that all meals are prepared in the consumers’ cottage by staff working in the cottage which is appreciated by consumers and their representatives. However, staff do not always ensure that consumers’ dietary requirements and meal time assistance is provided in accordance with their requirements and consumers are not provided with choice of meals or information about the meals

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

The Assessment Team found that the service has assisted consumers to have social and personal relationships. It also supports consumers to participate in their community within the service. However, consumers are not supported by the service to participate in the community outside of the service environment. While the organisation has a model of care which is designed to involve consumers in activities of daily living and pursue their interests, feedback, observations and documentation review demonstrates that this does not occur at HammondCare Miranda.

The Assessment Team interviewed some representatives who advised that there is a lack of stimulating activities for the consumers. The Assessment Team reviewed care plans and observed a lack of lifestyle engagement, stimulation or involvement in daily activities. There are only five consumers that go on bus outings, as other consumers are considered too frail and others who are very capable of walking around lack comprehension and would be considered too high care to take out. There are no risks assessments or other processes to identify if any of these consumers that don't have outings would be able to attend outings or to consider interventions to manage the risks.

The Assessment Team did not observe any consumers during the first three days of the Site Audit, engaged in household tasks. There was minimal stimulation, such as music or visual stimulation observed in any of the cottages. There were no resources for consumers such as fiddle boxes, books, magazines, puzzles observed laid out on tables in any cottages.

The approved provider responded to the Assessment Team’s report and provided evidence of activities that had occurred within the service during the month of February 2022. Whilst bus trips have been limited during Covid 19 for external activities within the community, the service’s engagement with the consumers undertaking activities of interest satisfies me that services and supports for daily living are in place.

I find the approved provider compliant with this requirement.

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

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

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

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

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

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

The Assessment Team observed that all meals are prepared in the consumers’ cottage by staff working in the cottage. While positive feedback was received from many consumers, or representative on their behalf, regarding this, some consumer representative’s raised concerns about the quantity and quality of meals.

The Assessment Team observed that staff do not always ensure that consumers’ dietary requirements and meal time assistance is provided in accordance with their requirements. Consumers are not provided with choice of meals or information about the meals being served. The Assessment Team observed some meals were served without vegetables, and where some consumers were to be fed pureed meals, they were provided with meals of normal consistency despite recommendations from speech pathologist.

The approved provider responded to the Assessment Team’s report and advised that meal choices make it difficult for consumers with dementia and provided additional information to support compliance. Whilst consumers and representatives appreciated the food being cooked on site, it was noted that the meals were not varied, and staff were not always aware of the consumer’s dietary or feeding requirements.

I find that the approved provider is not compliant with this requirement.

### 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.

The Assessment Team found that overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The Assessment Team interviewed representatives who said they enjoy visiting and feel welcome. Most consumers/representatives interviewed said the home is clean and well maintained.

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 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.

The Assessment Team found most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that action is taken.

The Assessment Team interviewed consumers and representatives who confirmed they knew how to provide feedback and make complaints, and they felt safe and comfortable in doing so. They felt comfortable talking to staff and felt that staff were advocates for consumers. Consumers and representatives stated there are a number of complaint mechanisms available to them including meetings, care conferences, talking to staff and management, email and feedback forms.

The Assessment Team found that some consumers said that some feedback is responded to in a timely manner and the issues are resolved to their satisfaction, and when things have gone wrong, they are reassured that it will not happen again.

Consumers could not recall any improvements being made at the service, as a result of feedback, however most seemed confident their concerns are considered by management and staff. The organisation has documented guidance about open disclosure. Management had an understanding of open disclosure and described how this informs their complaints management practice. Records show action was taken and open disclosure implemented in relation to some complaints.

The Assessment Team interviewed staff who did not understand open disclosure, its processes and did not recall being trained in the complaints process, except to “escalate” any concerns they couldn’t immediately resolve. Staff were not aware of the correct process for complaints resolution, and not all complaints have been documented.

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.*

The Assessment Team identified that the service has a feedback and complaint system available to consumers that includes monitoring to ensure complaints are followed up and appropriate action is taken. However, it was not demonstrated that the system has been applied consistently, and that appropriate actions have been taken.

The Assessment Team interviewed management who demonstrated an understanding of open disclosure and described how this informs their own practice in dealing with complaints. However, not all feedback is documented, and while the records show action was taken in regarding to formal complaints reviewed, and open disclosure implemented in relation to some complaints, other complaints have not been followed up and dealt with. Review of documentation also showed gaps in record keeping.

The Assessment Team interviewed staff who did not demonstrate an understanding of open disclosure, its processes and did not recall being trained in open disclosure. Staff understanding of the organisation’s complaints process, was limited to them stating they would “escalate” any concerns to the registered nurse or facility manager, if they couldn’t immediately resolve the issue.

The approved provider responded to the Assessment Team’s report and provided additional documentation to support their compliance with open disclosure and feedback to complainants. Whilst the term was not recognised by staff, there had been evidence of training in the organisation’s “sorry, glad and sure” approach to open disclosure. The provider also conducted training in open disclosure once these issues had been raised with management to ensure that the staff understood the terminology and process.

I find that the approved provider is compliant with this requirement.

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found that most sampled consumers did not consider that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The Assessment Team interviewed consumers and representatives who considered that staff at the service are kind, caring and respectful. Observations confirm that staff are kind, caring and attentive to consumers, however some raised concerns about the adequacy of staffing levels and the knowledge of staff.

The Assessment Team found the service is unable to demonstrate the workforce is planned to enable the number and mix of the workforce deployed enables, the delivery and management of safe and quality care and services. While the service has processes for the recruitment, training and support of staff enable them to have the skills to deliver the outcomes required by these standards, these processes have not been effectively implemented at the service and staff do not demonstrate they have the knowledge to effectively perform all aspects of their roles The organisation’s systems for annual performances assessments of staff has not been followed at the service. Agreed processes to improve the performance of staff who have been performance managed have not been implemented.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found the service is unable to demonstrate the workforce is planned to enable the number and mix of the workforce deployed enables, the delivery and management of safe and quality care and services. Consumers, or representatives on their behalf and staff report there are insufficient staff to enable all the required tasks to be completed. The responsive times of staff to call bells and alerts is unable to be monitored to ensure care needs are responded to in a timely manner due to call bells not being cancelled.

#### The Assessment Team interviewed consumers and representatives who indicated the majority of staff work very hard and do their best. A small number of consumers, or representatives on their behalf, said they considered there was sufficient staffing to meet the needs of consumers. However, the majority of consumers and representatives interviewed indicated there were insufficient staff to meet the needs of consumers which has resulted in a lack of supervision for consumers with behaviour concerns, consumer falls and other incidents.

The approved provider responded to the Assessment Team’s report and advised they have had ongoing issues with staffing and recruitment, however this has stabilised of late and they are hoping that this will continue to reflect positively on incidents occurring within the service. The service is continuing to recruit as attrition rate during January/ February has declined. I acknowledge the work that the service has implemented to attract staff, however the overall feedback from consumers and representatives and evidence of call bell response times does not support that the workforce is planned to enable and that the number and mix of members of workforce deployed enables the delivery of and management of safe and quality care and services.

I find that the approved provider is not compliant with this requirement.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

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

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

The Assessment Team found that while registered nursing staff, have appropriate qualifications, staff do not demonstrate they have the knowledge to effectively perform their roles. Deficiencies in relation to care and services across the Quality Standards demonstrate staff do not have the necessary knowledge and skills to perform their roles effectively.

Management said the service does not have a minimum education/qualification requirement for Specialist Dementia Care staff. The organisation hires staff on the basis of the applicant’s passion, empathy and love of the work. They said if staff come with those traits the service teaches the rest. Management said the organisation has recognised that staff should have as a minimum a certificate III qualification and the organisation will be putting staff through a certificate III qualification through the organisation’s registered training authority.

The approved provider responded to the Assessment Team’s report and disagreed with the Assessment Team’s report stating that the examples of consumer representative feedback were not current, however this was the current information provided to the team from consumer representatives. There was a lack of knowledge and understanding of the risks associated with dietary requirements for consumers and the response to the call bell system. The provider has advised that the intention is to put their carers through a Certificate 3 in Individual Support (Ageing), however advised this has been delayed due to Covid 19. I acknowledge the provider has initiated training on Nutritional Supplements and Food and Fluid consistency to address one of the issues raised in the Assessment Team’s report.

I find that the approved provider is not compliant with this requirement at the time of assessment.

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

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

The Assessment Team found that while the service has processes for the recruitment, training and support of staff to enable them to have the skills to deliver the outcomes required by these Standards, these processes have not been effectively implemented at the service. All staff have not completed the required mandatory education and competency assessments. Training on some key aspects of the Quality Standards has either not been undertaken or has been insufficient to ensure staff have the necessary knowledge regarding these aspects.

The Assessment Team identified that staff were unfamiliar with the term open disclosure and antimicrobial stewardship. The service has not been implementing a system of performance reviews which limits the ability to identify staff training needs. Review of the mandatory education matrix shows that while almost all staff have completed some mandatory education in past 12 months, other mandatory education has not been completed by all staff.

The approved provider responded to the Assessment Team’s report and disagreed with the Assessment Team’s findings in relation to mandatory training, stating that some staff were on leave and unable to undertake the training. However, the team identified that relevant training pertaining to some roles had not been provided and no further evidence of mandatory competency assessments for identified staff was forthcoming.

I find that the approved provider is not compliant with this requirement.

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

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

The Assessment Team identified that the organisation’s systems for annual performance assessment has not been followed at the service. Agreed processes to improve the performance of staff who have been performance managed have not been implemented.

The Assessment Team interviewed staff who advised an annual performance appraisal had not occurred.

The Assessment Team spoke to management who identified that the organisation's annual staff appraisal system was not being followed in the service. This has been recognised as a gap and added implementing the appraisal system to the continuous improvement plan. To date the required forms have been sent out to staff but "only a few" appraisals have been undertaken.

The approved provider responded to the Assessment Team’s report and agreed that annual performance development meetings had not occurred, and this had been impacted by change in management and Covid 19. The service plans on actioning this in the coming months.

I find that the approved provider is not compliant with this requirement at the time of assessment.

# 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).

The Assessment Team found that most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The Assessment Team interviewed consumers and representatives who could not provide examples of how they are involved in the development, delivery and evaluation of care and services.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. However, the organisation does not demonstrate that consumers, or representatives on their behalf, are involved in the development, delivery and evaluation of care and services beyond the use of mechanisms such as surveys.

The Assessment Team identified issues in relation to governance systems related to information management, regulatory compliance, workforce governance and feedback and complaints. Issues were also identified in relation to risk management systems and practices and clinical governance systems.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found that the organisation demonstrates that it receives information about the experience of consumers through surveys, complaints and feedback. Representatives are involved in case conferences where they have the opportunity to discuss the consumer’s care. However, the organisation was unable to demonstrate that consumers are actively engaged in the development, delivery and evaluation of care and services.

The Assessment Team interviewed consumers and representatives who did not feel they were engaged in development, delivery and evaluation of care and services.

When the Assessment Team asked management how, aside from surveys consumers are engaged in the development, delivery and evaluation of care and services, they were unable to provide an answer.

The approved provider responded to the Assessment Team’s report and advised that the service actively engages with consumers and representatives though surveys and case reviews, however no further evidence of this was provided and feedback from representatives and consumers was that they do not feel engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

I find that the approved provider is not compliant with this requirement.

### 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) 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 identified that the organisation does not have effective governance systems at HammondCare Miranda in relation to information management, continuous improvement, workforce governance and aspects of the feedback and complaints systems.

The Assessment Team found that the clinical information systems are fragmented and do not provide sufficient information to monitor clinical care and clinical systems. While information is gathered to identify consumers’, lifestyle needs which are recorded in care planning documents, care planning documentation does not include detailed information about how these needs will be met. Information systems do not monitor the quality and effectiveness of lifestyle programs.

The Assessment Team noted that some improvement actions had not been effective in meeting the Quality Standards. Issues relating to call bells not being cancelled were identified during the Site Audit. The issues may result in consumers being unable to alert staff of their need for assistance, sensor alarms not activating because previous calls had not been cancelled and inability to effectively monitor and ensure calls are being responded to in a timely manner. Although management were aware of the issue, the issue was not escalated to the organisation’s continuous improvement or risk management systems.

The Assessment Team also noted issues in relation to the sufficiency and skill mix of staff; competency of the workforce; training and support of employees to deliver quality outcomes; and the assessment, monitoring and review of staff performance.

The Assessment Team noted deficiencies in staff knowledge and skills to ensure regulatory requirements in relation to chemical restrictive practices are followed, staff knowledge was deficient in relation to the use of open disclosure.

The approved provider responded to the Assessment Team’s report and provided an overview of all of the organisational governance systems and how they capture and monitor information at the service. I acknowledge the interdependency of the systems, however the information provided does not persuade me that these are all working effectively to evaluate potential risk to the consumers, which has been identified through this report.

I find that the approved provider is not compliant with this requirement.

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

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

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

The Assessment Team found that the organisation has not demonstrated that effective systems are in place for managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and preventing incidents, including the use of an incident management system.

The Assessment Team identified issues in relation to management of consumers’ high-impact or high-prevalence risks, demonstrating that the organisation has not ensured that staff have the knowledge and skills to effectively identify and respond to high-impact or high prevalence risks.

The Assessment Team identified that the organisation has systems for responding to abuse and neglect of consumers. However, the system is not always followed at HammondCare Miranda as incidents which may constitute a SIRS incident are not always identified and responded to.

The Assessment Team found that the organisation has processes for managing and preventing incidents. However, the incident management system is not effectively implemented at Hammondcare Miranda.

The approved provider responded to the Assessment Team’s report and advised that they have previously provided evidence throughout Standard 3 that their risk management systems and practices are effective. I acknowledge their response, however find that the risk management and incident management processes are not effective as incidents are not thoroughly investigated to identify contributing factors and actions to prevent future incidents.

I find that the approved provider is not compliant with this requirement.

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

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

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

The Assessment Team found that the organisation has a Clinical Governance Framework and policies about the various aspects of clinical care. However, the Clinical Governance Framework has not been effectively implemented at HammondCare Miranda and has not ensured the delivery of safe and quality clinical care.

The organisation’s Clinical Governance Policy makes mention of the use of open disclosure. However, the organisation does not have a specific open disclosure policy. Staff were unable to explain the concept of open disclosure and no education has been delivered to staff regarding open disclosure.

When asked for the organisation’s policy and procedures on antimicrobial stewardship, the Assessment Team were given a document taken from the infection control manual outlining the requirement and guidelines for a policy on antimicrobial stewardship in residential aged care services and not tailored to the service. Staff also had gaps in their knowledge in relation to this.

The approved provider responded to the Assessment Team’s report and advised that they had evidenced this in response to other requirements. However, I find that the organisation’s Clinical Governance Framework does not show effective implementation at service level for minimising the use of restrictive practice, or has it demonstrated that the risks associated with the restrictive practice have been explained to representatives when consenting or identified with strategies employed to mitigate, monitor and minimise the risks for consumers.

I find that the approved provider is not compliant with this requirement.

# 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)(a) Non-compliant

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

The approved provider must demonstrate:

* Assessment and planning, including consideration of risks to the consumer’s health and wellbeing consistently informs the delivery of safe and effective care and services.
* Assessments provide detailed information regarding consumer’s needs, goals and preferences to inform safe and effective care planning.
* Triggers, interventions and strategies are evident for consumers for incidents.

### 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 approved provider must demonstrate:

* Comprehensive assessment of consumers’ end of life needs identifies end of life goals and preferences.
* Individual personalised goals and preferences are included in each domain of the consumers’ care plan.

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

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

The approved provider must demonstrate:

* Care plans are reviewed every three months for effectiveness, or when circumstances change or when incidents impact on the needs, goals and preferences of the consumer.
* Serious Incidents are referred to the SIRS (Serious Incident Response Scheme).
* All incidents are investigated, with triggers identified, strategies implemented and reviewed for effectiveness to ensure that incident is not recurrent.

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

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

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

The approved provider must demonstrate:

* Staff have demonstrated understanding of individualised strategies to provide safe clinical and personal care to each consumer.
* Staff can demonstrate personal and clinical care competence with consumers’ skin care, bowel care, nutritional and hydration, restrictive practices, pain management, falls management and personal hygiene.
* Staff are aware of consumers’ backgrounds and ways in which they engage.

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

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

The approved provider must demonstrate:

* High impact and high prevalence risk include analysis of incident data to effectively manage risks.
* Risks associated with psychotropic medication use and chemical restrictive practice are assessed for the consumer’s safety and the safety of others.
* Interventions are documented in care plans and management of consumers’ risks are consistent with the assessment and updated as the identified risks increase.
* All incidents are recorded and investigated appropriately including serious incidents.

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

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

The approved provider must demonstrate:

* 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.
* Monitoring consumers following deterioration in a consumer’s condition particularly following falls, suspected head injuries, pressure injuries, pain and identifying when a consumer reaches end of life.

### 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 approved provider must demonstrate:

* Information about the consumer’s condition, needs and preferences is documented in sufficient detail to provide effective guidance to staff about care.
* Assessment and care planning include goals or information regarding consumer’s preferences in relation to daily living such as preferences to rising, going to bed and general routines.
* All information pertaining to consumers clinical or personal care or recommendations and strategies from specialist services including Dementia Services Australia are included in care plans.

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

*Minimisation of infection related risks through implementing:*

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

The approved provider must demonstrate:

* All staff follow the Personal Protective Equipment (PPE) requirements.
* Equipment is available in staff areas to manage infection risk.
* Staff receive training and have demonstrated competence in relation to best practice guidelines regarding antimicrobial stewardship.
* Service tailored Antimicrobial Policy is available for staff reference.

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

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

The approved provider must demonstrate:

* Consumer and representative feedback in relation to quantity, choice and quality of meals is addressed.
* Consumers’ dietary requirements, recommendations and meal time assistance is provided in accordance with their 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 approved provider must demonstrate:

* There are sufficient staff to enable all the required tasks to be completed and appropriate supervision for consumers is provided.
* The responsive times of staff to call bells and alerts is monitored to ensure care needs are responded to in a timely manner.

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

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

The approved provider must demonstrate:

* Staff have the appropriate qualification and education to effectively perform their roles.

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

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

The approved provider must demonstrate:

* All staff complete the required mandatory education and competency assessments.
* Training on key aspects of the Quality Standards is provided to ensure staff have the necessary knowledge regarding the Standards.

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

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

The approved provider must demonstrate:

* Organisational annual performance assessment is followed at the service.
* Performance management processes to improve the performance of staff are implemented.

### 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 approved provider must demonstrate:

* Consumers are actively engaged in the development, delivery and evaluation of care and services.

### 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 approved provider must demonstrate:

* Effective organisational wide governance systems are implemented in HammondCare Miranda to improve information management, continuous improvement, workforce governance and aspects of the feedback and complaints systems.

### 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 approved provider must demonstrate:

* Effective systems are in place for managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and preventing incidents, including the use of an incident management system.

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

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

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

The approved provider must demonstrate:

* An effective clinical governance is implemented which includes policies and training on antimicrobial stewardship, minimising the use of restraint and open disclosure.