HammondCare - Princess Juliana Lodge

Performance Report

10 Murrua Road
NORTH TURRAMURRA NSW 2074
Phone number: 02 9488 1000

**Commission ID:** 0426

**Provider name:** HammondCare

**Site Audit date:** 6 January 2020 to 10 January 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Non-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) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | 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) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **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** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 on 25 February 2020.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Some sampled consumers confirmed 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.

Evidence provided by the service did not demonstrate each consumer’s identity and culture are valued and care and services are culturally safe. Consumers and representatives said they did not know if staff knew about consumers’ background and interests. They said individual consumer goals had not been discussed with them and did not know consumers had a care plan. Care plans reviewed included limited individualised details of consumers’ identity and culture or enabling actions to ensure care and services are culturally safe.

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.

Consumer, representative and staff feedback confirmed some staff understood what cultural safety is and that some consumers are supported to take risks to enable them to live the best life they can.

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

## Assessment of Standard 1 Requirements

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

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

The assessment team found that the organisation did not demonstrate each consumer’s identity and culture are valued. Consumers and representatives said they did not know if staff knew about their background and interests. They said individual consumer goals had not been discussed with them and did not know consumers had a care plan. Care plans reviewed did not include individualised details of consumers’ identity and culture.

In their response, the Approved Provider doesn’t dispute consumer feedback, nor the findings of the assessment team relating to incomplete care planning documents which identify consumers culture & diversity requirements.

I acknowledge that the Approved Provider submitted evidence that all consumers have been provided with Charter of rights and improvements have been implemented after the assessment to ensure care planning documents accurately reflect consumers identity, culture and diversity.

The approved provider does not comply with this requirement as the organisation did not show how they treat each consumer with dignity and respect and value their identity, culture and diversity.

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

Care and services are culturally safe.

The assessment team found that the organisation did not demonstrate each consumer’s identity and culture are valued and that care and services are culturally safe. Consumers and representatives said some staff did not know about consumers’ background and interests. They said individual consumer goals had not been discussed with them and did not know consumers had a care plan. Care plans reviewed did not include individualised details of consumers’ identity and culture and enabling actions to ensure culturally safe care and services.

Based on the experience of the sampled consumers the service did not adequately demonstrate they understood the culture and background for sampled consumers and adjust their care and services in line with this.

In their response, the Approved Provider acknowledged gaps in care planning documents regarding diversity and culture requirements (refer to Standard 1(3)a) and has updated care plans since the assessment of performance.

While the Approved Provider submitted information relating to cultural and diversity needs of consumers other than those sampled, they did not provide contrary evidence to that of the assessment team for the sample used in the performance assessment.

The approved provider does not comply with this requirement as the organisation did not show that they understand in a practical way how to deliver culturally safe care and services or have training in cultural safety.

### 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

make connections with others and maintain relationships of choice, including intimate relationships.

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

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

The assessment team found that the organisation did not show how each consumer is supported to take risks to enable them to live the best life they can. Consumer and representatives provided examples where consumers are not supported to live the best life they can. Staff have received limited training in relation to this requirement and the Quality Standards.

In their response, the Approve Provider submitted information relating to a validated suite of assessments which identifies risks to consumers. While the Approved Provider showed a screenshot of the validated tool, no completed examples were provided to the Decision Maker relating to the sampled consumers. There was one example from staff during the performance assessment which showed how a consumer was supported to take risk.

I do not consider the observation by assessment team that boredom is necessarily relevant to consumers not being supported to take risks.

On balance, I am not persuaded that the organisation has demonstrated sufficient examples for sampled consumers, where they have been supported to take risks.

The approved provider does not comply with this requirement as the organisation did not show for the sampled consumers how they are supported to take risks to enable them to live the best life they can.

### Requirement 1(3)(e) Non-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.

The assessment team found that written information about formal activities is not always current and enables consumers to exercise choice.

While the approved provider showed in their response how consumers have information available to them to exercise choice about meal options I am not persuaded that for the consumers sampled, the Service provides adequate information to consumers that helps them make choices in other areas of their care.

While the response from the Approved Provider shows that they conduct and document meetings and provides these to consumers, and produces newsletters, some consumers are dissatisfied with the frequency of these meetings.

The activity calendar observed by the assessment team was out of date. This limited consumer choice of activities in January 2020.

The approved provider does not comply with this requirement as the organisation did not show how information provided to consumers is current, accurate and timely, and supports 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

Most sampled consumers/representatives confirmed that they feel like partners in the ongoing assessment and planning of their care and services however, some consumers and representatives said they are not always consulted prior to care interventions being undertaken.

For example:

* Most consumers and representatives interviewed confirmed that they are involved in consumer’s care planning to some extent. Some of them indicated that medical reviews and allied health assessments including physiotherapy reviews are always undertaken when required or are delayed.
* While most consumers and representatives interviewed confirmed that they are informed about the outcomes of assessment and planning, they said they do not always have ready access to consumer’s care and services plan if they wish.

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.

* While information about consumers are generally captured, this is not always reflected in care planning documentation. Care planning review and/or updates do not always occur consumer’s condition change or when incident occur or according to the service policy.

The Assessment Team identified deficiencies in care planning and assessment documentation including: interim care plans are not updated when due and information about consumer’s goals, needs, preferences are not consistently reflected in care planning; physiotherapy assessments not conducted or delayed for consumers who have sustained falls; medical reviews not promptly sought or undertaken; relevant reassessments and evaluations not promptly conducted or carried out as per the service policy.

The Quality Standard is assessed as Non-compliant as four 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 well-being, does not always inform the delivery of safe and effective care and services. Assessments are not always completed, updated as needs change and do not always reflect consumer needs. While risk to consumers are generally identified, they are not consistently managed to ensure each consumer’s safety and wellbeing.

In their response the Approved Provider acknowledges that care planning documents reviewed at the performance assessment do not meet organisational expectations. Changes were made by the completion of the performance assessment to reflect a more comprehensive assessment with consideration of risks and include goals of care.

This requirement expects that care planning documents show evidence of comprehensive assessment which takes consideration for risks to consumers. I am satisfied that documentation does not support that comprehensive assessment can be substantiated.

While I acknowledge that the Approved Provider stated in their response that they are of the view that it is not an expectation of the Quality Standards for goals to be specific to each area of needs identified in assessment, best practice is that goals of care should be associated with each area of care.

I acknowledge changes made by the Approved Provider since the performance assessment, to correct the care planning documentation.

The approved provider does not comply with this requirement as the organisation did not demonstrate that assessment and planning includes consideration of risks to sampled consumers health and well-being and informs the delivery of safe and effective care and services.

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

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

The assessment team found that assessment and planning do not consistently address the consumer’s current needs, goals and preferences, including advance care planning and end of life planning for each consumer. Assessment or consultation about end of life wishes are not consistently undertaken and do not form part of consumer’s care assessment and planning.

In their response the Approved Provider confirmed that care planning documentation for sampled consumers did not meet their organisations expectations, and did not accurately reflect preferences, goals and needs.

While staff were unable to describe how to have conversations with consumers about end of life, it was evident from the assessment teams’ findings and response from the Approved Provider that they have made attempts to engage with consumers and representatives at a support meeting to discuss this topic. I am however, not persuaded that the service is aware of preferences for all consumers concerning end of life. Minutes were not taken from the support meeting and attendance was not recorded. The purpose of this meeting was to provide information, not a discussion of individual consumers preferences.

From the approved providers response, it is apparent that consumers do not have the choice to palliate in place as a preference at Princess Juliana Lodge. The Approved Provider stated in their response that consumers are advised at entry to the service that if their care needs require more than one person to assist, they are moved to a higher care unit in a co-located unit.

The approved provider does not comply with this requirement as the organisation did not demonstrate that 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.

### 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) Non-compliant

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

The organisation was not able to demonstrate the outcomes of assessment and planning were effectively communicated to consumers and the care and services plan was readily available to consumers.

I accept the consumer feedback reported in the response from the Approved Provider about notifying representatives when consumer’s condition changes, and that outcomes of assessment and planning are communicated to the consumer. Staff were also able to describe how the outcomes of assessment and planning are communicated to consumers and representatives.

As the Approved Provider accepts that there are improvements required concerning the documentation of care plans, to meet with the Approved Providers expectation, and that of this requirement, on balance, I’m not persuaded that all elements of this requirement have been met

The approved provider does not comply with this requirement as the organisation did not have an effective process to ensure the outcomes of assessment and care planning are documented in a care and services plan and that the plan was readily available for the consumer.

### 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 general including interim assessment and planning are undertaken, review and reassessments are not generally undertaken when incidents occur. Care plans are not always updated or evaluated when incidents or changes are recorded.

While the assessment team formed the view that satisfactory re-assessment wasn’t occurring and provided the example of the lack of visible physiotherapy review, their evidence from other Standard 2 & 3 requirements, and information provided by the Approved Provider in their response, demonstrates that the Approved Provider does undertake reviews of sampled consumers. They achieve this by way of a Falls management group, GP review, speech pathologist review and Dementia specialist review. While the Approved Provider submitted evidence of physiotherapy review for a consumer not in the sample, this does not impact the findings concerning physiotherapy review and assessment for the sampled consumers

The Approved Provider acknowledges that care planning documentation did not meet requirements and were not appropriately reviewed. They confirmed that many consumers had interim care plans which lacked sufficient detail concerning care needs. The fact these were expired also shows that assessment and planning documentation weren’t reviewed. On balance, I am not satisfied that there is adequate frequency of review for effectiveness of care and services, to ensure care plans reflect current needs, goals or preferences of the consumer.

The approved provider does not comply with this requirement as the organisation did not show evidence that care and services are reviewed regularly for effectiveness, and when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Most of the sampled consumers and their representatives for this standard, said they did consider that consumers generally receive personal care and clinical care that is safe and right for them. However, some of them said care and services delivery is not consistently delivered in accordance with consumers needs and preferences and does not always optimise their health and wellbeing.

For example:

* Most of the consumers and their representatives interviewed confirmed that consumers get the care they need most of the time. Most of them also commented that staff are usually busy and are not always available to provide care when required.
* Most consumers and the representatives interviewed confirmed that they generally have access to a doctor or other health professional when they need it however this does not always occur in a timely manner.

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 organisation’s approach to assessment and planning does not consistently reflect individualised care that is safe, effective and tailored to the specific needs and preferences for each consumer

The Assessment Team identified deficiencies in the delivery of care to consumers including; risks (including falls and skin injuries) to consumers’ health and well-being not always minimised or mitigated; consumers exhibiting challenging behaviours are not effectively managed; records showed high psychotropic medication usage particularly in the dementia specific unit and not decreasing as at December 2019, high incidents of falls and behaviour related issues.

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

### Assessment of Standard 3 Requirements

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

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

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

The assessment team found that the organisation was unable to demonstrate that each consumer gets safe and effective clinical care and that risks to consumers have not been consistently managed to provide prompt and effective personal care or clinical care that: is best practice; is tailored to their needs; and optimises their health and well-being. While management said the service is seeking to reduce their use, records show the use of psychotropic medications is not decreasing.

I accept the Approved Providers evidence in their response which demonstrates an overall trend of reduction in use of psychotropic medication. While the explanation by the approved provider for the discrepancy between consultation with representatives and confirming consent and signing the authority form is plausible, there’s no evidence that the ongoing use of psychotropic medication has been consistently reviewed for correct dose, with the intention to reduce, and representatives consulted at each point.

While I acknowledge the Approved Provider has commenced engaging with GPs about appropriate use of psychotropic medication and minimising chemical restraint, it is not evident from their response that the prescribing practice of the GPs at the Service currently meets expectations of the Rules.

I accept the evidence of Approved Provider that most sampled consumers who were stated to be overdue for medication review was not as reflected by the assessment team.

While the wound management guide does not refer to pain assessment the Approved Provider has confirmed that the relevant form does. The Approved Provider acknowledges the guidance needs to be updated to reflect the new forms.

In their response, the Approved Provider demonstrated appropriate trend monitoring relating to wound management and the Service demonstrates a low comparative rate of wounds.

Concerning skin integrity, I am persuaded by the response provided by the Approved Provider that appropriate wound care had been provided to the sampled consumers.

Concerning pain management, the Approved Provider has provided contrary evidence to that of the AT however, this did not adequately verify that pain is assessed and monitored adequately at the Service.

Concerning care that is best practice and optimises health and well-being, the Approved Provider submitted contrary evidence to that of the assessment team for sampled consumers which satisfies me that this is occurring. However, they have not addressed every issue raised by the assessment team and post fall monitoring for consumers on anti-coagulant therapy needs attention.

The approved provider does not comply with this requirement as the organisation did not have an effective process for to ensure each consumer gets safe and effective clinical care that is best practice and optimises their health and well-being.

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

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

The assessment team found that high impact high prevalence risks including behaviour and falls for the consumers sampled are not consistently addressed or properly managed. There is also evidence of high medication related incidents.

In their response, the approved provider could articulate which high impact high prevalence risks were present at the service and what trends were associated with these. They described appropriate management systems to review and evaluate falls & behavioural risks at the service. They also have written guidance about management of falls, behaviours of concern, wounds and pain. The staff at the service could describe the most significant care risks for the consumers sampled.

The Approved Provider submitted information in their response which was contrary to that of the assessment team concerning actions implemented with sampled consumers to manage high impact high prevalence risks. While it was only partially substantiated, on balance, I consider there is sufficient evidence to demonstrate it is more likely than not, that for the consumers sampled the management of high impact and high prevalence risks of falls and behaviours of concern have been effectively managed. The Approved Provider submitted information that they are seeking input from specialist behaviour experts in developing care plans to address behaviours of concern and are involving the consumers representatives

The weekly multi-disciplinary review meetings where consumers at risk of falls or behaviours of concern are discussed, reflects active monitoring and review of high impact and high prevalence risks at the service, and provides examples of how they adjust their practice for the consumers sampled.

The Assessment Team identified examples during the site audit where restraint is not being managed appropriately and this has been considered in the context of Standard 3 requirement (3)(a).

The approved provider complies with this requirement as the organisation did demonstrate an effective process for the management of risks to consumers associated with falls and managing challenging behaviours.

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

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

The assessment team found that consumers with documented palliative care and end of life wishes and preferences are not supported to maximise their comfort and response to changes to their condition not promptly responded to and/or addressed.

Information provided by the Approved Provider in progress notes confirm that the Service did change how they delivered care when their monitoring identified a deterioration the condition of a consumer with and Advanced Care Directive. Despite staff not being able to describe how they would change their care for consumers approaching end of life, they did take appropriate actions when the needs of a consumer escalated. It was consistent with the stated preferences in his Advanced Care Directive.

The approved provider complies with this requirement as the organisation did recognise and address the needs, goals and preferences of consumers nearing the end of life, maximised their comfort and preserved their dignity.

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

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

The assessment team found that while deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is generally identified, this is sometimes delayed and changes to consumer’s condition or decline is not consistently responded to in a timely manner. Relevant reassessment and monitoring observations as required by the service’s policy were not consistently undertaken.

The Approved provider acknowledges that whilst a sampled consumer was being monitored regularly, no comprehensive clinical assessment was undertaken, rather piecemeal clinical observations and investigations were undertaken which served to monitor symptoms but did not look more holistically. They also acknowledge that as a result of this lack of clinical assessment, escalation to the GP to request a more urgent review did not occur

The approved provider did not comply with this requirement as the organisation did not recognise changes to consumers mental health, cognitive or physical function, capacity or condition and responded in a timely manner.

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

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

The assessment team found that the organisation did document information about the consumers condition, needs and preferences within the organisation, and with others where responsibility for care is shared.

The Approved Provider acknowledges in their response to Standard 2, requirement (3)e that for sampled consumers they did not have contemporaneous & accurate care plans. I am of the view that while needs and preferences from interim care plans are documented, information about consumers current condition, needs and preference is not documented and communicated effectively within the organisation.

The approved provider does not comply with this requirement as the organisation did not evidence contemporaneous and accurate care plans.

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

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

The assessment team found that reviews and reassessments including medical and physiotherapy are not consistently carried or undertaken in a timely manner when incidents occur. Referrals to external support services are also not consistently made for consumers living with dementia and who exhibit challenging behaviours.

Evidence from the Approved Providers response for the sampled consumers in standards 2 & 3 demonstrates referral to specialist Dementia care services, geriatricians, speech pathologists, dieticians and the involvement of GPs in care planning.

The approved provider complies with this requirement as the organisation did make timely and appropriate referrals to individuals, other organisations and providers of other care and services

### 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.

The assessment team found that the organisation does not effectively minimise infection related risks.

The response from Approved Provider supports a mature system and engagement with GPs in the pursuit of reducing ant-biotic use. The evidence of the assessment team shows staff could describe how to manage consumers who are prone to urinary tract infections. This demonstrates that staff understand in a practical way what they need to do to recognise infection, respond and also reduce reliance on anti-biotics. Evidence of assessment team also supports that trend information shows a decline in use of anti-biotics in the period preceding the assessment of performance.

The approved provider complies with this requirement as the organisation did show how they implement an effective system to minimise infection related risks.

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Some sampled consumers confirmed that they get the services and supports for daily living that are important for their health and well-being and that enables them to do the things they want to do.

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

Some consumers and representatives interviewed confirmed consumers are supported to keep in touch with people who are important to them. Most consumers and representatives interviewed said consumers like the food.

Some consumers and representatives said consumers do not receive some services and supports that meet their goals to optimise their independence, health, well-being and quality of life. They said services and supports do not always promote each consumer’s emotional, spiritual and psychological wellbeing. Care plans did not include goals for each domain or enabling actions to achieve consumers goals. Goals are not discussed with consumers or representatives and recorded in their care plans. Care staff know some things important to consumers and what they liked to do but sometimes this did not align with consumer feedback and care plans. Relevant policies have not been updated to reflect requirements in the Quality Standards.

Care plans do not always provide adequate information to support effective and safe sharing of consumers’ care. Care plans did not always reflect current information and/or information that was individualised for each consumers’ preferences in relations to services and supports.

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

## Assessment of Standard 4 Requirements

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

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

The assessment team found that some consumers and representatives said consumers do not receive some services and supports that meet their goals to optimise their independence, health, well-being and quality of life. All care plans reviewed did not include goals for each domain or enabling actions to achieve consumers goals. These goals are not discussed with consumers or representatives and recorded in their care plans. Care staff know some things important to consumers and what they liked to do but sometimes this did not align with consumer feedback and care plans. Relevant policies have not been updated to reflect requirements in the Quality Standards.

The Approved Provider’s response to this requirement did not provide specific detail for how it supports the sampled consumers to participate in activities that are of interest to them.

Most feedback described from sampled consumers indicated that they are not supported to do activities of interest to them. The Approved Provider acknowledged this feedback and described improvement activities initiated by the Service after the assessment of performance to address this.

The approved provider does not comply with this requirement as the organisation did not show how consumers receive effective services and supports for daily living which meet consumers needs, goals and preferences and optimises their independence, well-being and quality of life.

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

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

The assessment team found that some consumers and representatives said services and supports do not always promote each consumer’s emotional, spiritual and psychological wellbeing. Staff engagement with consumers is limited and does not support consumers spiritual and emotional wellbeing. All care plans reviewed did not include goals for each domain including the spiritual and emotional wellbeing domain or enabling actions to achieve consumers goals. These goals are not discussed with consumers or representatives and recorded in their care plans. Relevant policies have not been updated to reflect requirements in the Quality Standards.

In their response the Approved Provider acknowledged gaps in care planning documentation relating to emotional, spiritual and psychological needs for sampled consumers prior to the assessment of performance. They described improvements made during and since the site audit.

In their response the Approved Provider did not provide adequate information relating to sampled consumers which demonstrates that they know how to support the individual needs of these consumers emotionally and psychologically, when they’re feeling low.

The approved provider does not comply with this requirement as the organisation did not show how they provide services and supports for daily living which promote each consumer’s emotional, spiritual and psychological well-being.

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

Services and supports for daily living assist each consumer to:

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

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

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

The assessment team found that care plans, progress notes and handover documents do not always provide adequate information and provide effective sharing of consumers’ care information. Care plans did not always reflect current information and/or information that was individualised for each consumers’ preferences in relations to services and supports.

In their response the Approved Provider acknowledges the gaps in care planning documentation. This is the primary source of how the consumers condition, needs and preferences are communicated within the service. Staff confirmed that they don’t have time to complete documentation.

The approved provider does not comply with this requirement as the organisation did not have contemporaneous and accurate documentation of consumers daily living support needs and preferences, nor is this communicated 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.

# STANDARD 5 COMPLIANTOrganisation’s services 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

Overall, sampled consumers indicated that they feel they belong in the service, and feel safe and comfortable in the service environment.

For example:

Consumers interviewed confirmed they feel safe and at home in the service. Representatives said they are welcomed to the service when they visit. Consumers provided examples of how they can move freely about the service.

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 observed the service environment to be welcoming. The dining area and lounge room are spacious. There is a library, a hair dressing salon and two outdoor garden settings designed for people with dementia. There is a Tulip cottage wing for people with dementia and designed for delivering care based on a home model. All staff were observed to be welcoming to visitors. They offered help, hospitality and guidance to consumers and visitors to the service.

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

## Assessment of Standard 5 Requirements

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

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

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

The service environment:

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

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

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

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Some sampled consumers did consider that they are encouraged and supported to give feedback and make complaints.

For example:

* Consumers interviewed reported that if they had any concerns or complaints they would speak to the manager, the pastoral carer or raise them at the consumer and representative meetings.
* Care staff interviewed stated that if a consumer raised any concern, they would assist them if they could, or report the matter to the registered nurse.
* Team leaders and management interviewed stated they would create a log in their electronic system when a complaint had been made by a consumer, a representative or reported to them by staff.

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.

Consumers’ complaints are not always responded to in a timely manner. The elements of open disclosure to resolve complaints and confirm the resolution is satisfactory to the consumer does not always take place. Staff have not received effective training about open disclosure.

Feedback and complaints are not always reviewed and used to improve the quality of care and services. Survey information has not been used to implement improvements since 2018.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The assessment team found that Management, workplace training officers and staff have limited or no understanding about all the elements of open disclosure.

Staff have not received effective training about open disclosure. Some complaints are not resolved in a timely manner and sometimes consumers and/or their representatives are not consulted about their complaint or asked if they are satisfied with the outcome.

While the Approved Provider stated in their response that HammondCare’s Riskman system is used to record all feedback received including compliments and each feedback item contains information that tracks action taken and further action required, they did not provide any examples to the decision maker of changes that resulted from consumers complaints.

While the Approved Provider described distribution to managers of information relating to Open Disclosure, the Approved Provider’s response did not address the assessment teams finding that staff do not know what open disclosure is or what it means for their day to day practice. No examples were provided by the Approved Provider about occasions where an open disclosure approach was used as part of resolving a complaint or when something went wrong. The Approved Provider acknowledges that the example provided by the assessment should not have occurred and won’t occur again.

The approved provider does not comply with this requirement as the organisation did not show a practical understanding of open disclosure or that it has taken appropriate action in response to complaints.

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

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

The organisation did not demonstrate feedback and complaints are used to improve the quality of care and services.

Despite describing in their response, the system for how complaints are recorded and actions tracked, the Approved Provider did not provide any details concerning the outcome of specific complaints and how these complaints have been reviewed, nor were they able to provide details of what has changed as a result of reviewing feedback. Consumers could not identify any changes that were made at the service as a result of their feedback or complaints.

The approved provider does not comply with this requirement as there is no evidence to show feedback and complaints are being used to improve the quality of care and services.

# STANDARD 7 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

Sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers and their representatives confirmed staff are kind, caring, and know the consumers well.
* Consumers and their representatives provided feedback about staff knowing what they are doing and said some of the younger staff needed more guidance.
* Consumers and their representatives thought there was sufficient staff to meet the needs of consumers, however some expressed concern consumers are missing out on having their needs met as a result of staff attending to increasing numbers of consumers with higher care needs.

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 service was able to demonstrate the number and mix of staff employed were able to deliver safe and quality care and services for the consumers living in the community.
* Staff are kind and caring towards consumers.

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.

The assessment team found that the organisation was not able to demonstrate the number and mix of staff employed were able to deliver safe and quality care and services for the consumers living in the community.

While consumer feedback indicated that staff are always busy, and call bell data confirms that response times during day shifts is outside of the accepted parameter, the Approved Provider was able to provide benchmarking figures to support that it has an above industry average of staff hours per resident per day. They also demonstrated that there is 24/7 access to a Registered Nurse at the site. It was acknowledged by the Approved Provider that they are not able to satisfy all consumers all the time with respect to their expectations of staffing levels.

The approved provider complies with this requirement as there is evidence to show that they have the number and mix of staff employed and are able to deliver safe and quality care and services for the consumers living in the service.

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

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

The assessment team found that while most staff are kind and caring towards consumers, some consumers provided feedback that staff are not always kind or respectful. Staff were unable to demonstrate an understating of the background, identity and culture of consumers and how this is shown in their interactions with consumers. This has been addressed in the context of Standard 1 Requirement 3 (b).

The Approved Provider response provided consumer feedback survey responses which confirm findings of the assessment team that most agreed staff are kind and caring and they’re dealt with in a courteous manner. Issues relating to cultural safety and diversity have been addressed in the context of Standard 1, requirement (3)b.

The approved provider complies with this requirement as there is evidence to show that 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.

The assessment team found that the organisations workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

In their response the Approved Provider submitted data relating to consumer feedback about staff competency to do their role. Most consumers are of the view that staff are competent. The assessment team confirm that care staff at the service are supervised by clinical care managers, registered nurses and workplace trainers. The assessment team also found that position descriptions have identified core competencies for roles at the service and that workplace trainers monitor performance and training of staff. I am satisfied that this is adequate evidence that the requirement is met

The approved provider complies with this requirement as there is evidence to show that the workforce is competent to undertake their roles.

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

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

The assessment team found that the organisation has systems and processes in place to recruit staff to provide care and services to consumers. However, the service was unable to demonstrate staff are provided with training to support them to deliver the outcomes required by these standards.

While some staff have not attended mandatory training and were not able to describe what the Quality Standards meant for the care of consumers, the service was able to describe how training needs are identified and whether staff receive training that they have identified as requiring. The service manager described the process of recruiting competent and capable staff, whose values align with the mission of HammondCare, through interviewing, induction, buddying new staff with experienced staff, consultative processes for feedback, and completion of competency assessments specific to the role and supervision.

The approved provider complies with this requirement as there is evidence to show that 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.

# STANDARD 8 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

Some sampled consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Some consumers and their representatives gave examples of how the organisation is well run. However, some representatives expressed concerns about the delivery of care and services including staffing, high falls risks and consumer to consumer incidents.

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 governing body meets regularly and has skilled representation. The board sets clear expectations in its strategic plan for the organisation to follow and regularly reviews organisational and consumer risks including outcomes.

There are organisation wide governance systems that support the workforce and effective information management. Financial governance at the organisation includes budgeting processes, financial statements, delegations of authority and publishing accommodation pricing and key features information.

There is a continuous improvement program in place which identifies areas for improvement and these activities are documented in the organisations plan for continuous improvement.

There is a clinical governance framework in place in the form of a care governance committee, a clinical governance subcommittee and a dedicated clinical practice unit, with defined reporting structures. Management uses a range of monitoring processes such as internal and external audits, including benchmarking, quality indicators and incidents to monitor consumer outcomes and identify and manage clinical risks.

Antimicrobial stewardship has been addressed by the organisation the care governance committees with the support of appropriately qualified professionals, with continued monitoring and oversight.

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

The assessment team found that although staff receive training on reporting incidents the Assessment Team found not all incidents are reported. The systems and practices for managing falls, behaviour related incidents and use of psychotropic medications are not effective in providing an environment where consumers can live the best life they can.

The failures reported by the assessment team relating to this requirement have been addressed in the compliance decision relating to Standard 3 Requirement (3)b. The Approved Provider’s response and assessment team’s findings support that an effective system exists to manage risks to consumer’s, identify and respond to abuse and support consumers to live the best life they can. I am satisfied that this requirement is met.

The approved provider complies with this requirement as there is evidence to show that the organisation operates an effective risk management system and has sound practices in managing risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supports them to live the best life they can.

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

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

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 1(3)(a)** *Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

* The service must demonstrate that staff know about the background and interests of consumers.
* The service must demonstrate that individual consumer goals are discussed with them.
* Care plans must include individualised details of consumers’ identity and culture.

**Requirement 1(3)(b)** *Care and services are culturally safe.*

* The service must demonstrate that each consumer’s identity and culture are valued and that care and services are culturally safe.
* The service must demonstrate that staff know about consumers’ culture, background and interests and adjust their care and services in line with this.
* The service must demonstrate that consumer goals associated with maintaining their identity are discussed with them.
* Care plans must include individualised details of consumers’ identity and culture and enabling actions to ensure culturally safe care and services.
* The service must demonstrate that Staff have received training in relation to this requirement and the Quality Standards.

**Requirement 1(3)(d)** *Each consumer is supported to take risks to enable them to live the best life they can.*

* The service must demonstrate that each consumer is supported to take risks to enable them to live the best life they can.
* The service must demonstrate that Staff have received training in relation to this requirement and the Quality Standards.
* The service must demonstrate that they are using their validated suite of assessments which identifies risks to consumers and that this is documented in care planning documents.

**Requirement 1(3)(e)** *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.*

* The service must demonstrate that information is communicated in a way that is clear to consumers and enables consumers to exercise choice.
* The service must demonstrate that written information about formal activities is always current and enables consumers to exercise choice.
* the Service must provide adequate information to consumers that helps them make choices in areas of their care other than meal choices.

**Requirement 2(3)(a)** *Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

* The service must demonstrate that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.
* The service must demonstrate that assessments are completed, updated as needs change and reflect consumer needs.
* Care planning documents must meet organisational expectations and that of the Quality Standards and reflect comprehensive assessment with consideration of risks and include goals of care.

**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 service must demonstrate that assessment and planning consistently address the consumer’s current needs, goals and preferences, including advance care planning and end of life planning for each consumer.
* Assessment or consultation about end of life wishes is consistently undertaken forms part of consumer’s care assessment and planning.
* Care planning documentation must meet the organisations expectations, and accurately reflect consumers preferences, goals and needs.
* Staff must be able to describe how to have conversations with consumers about end of life.

**Requirement 2(3)(d)** *The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

* The service must demonstrate the outcomes of assessment and care planning are communicated to consumers.
* The service must demonstrate the outcomes of assessment and care planning are documented in a current care and services plan
* The service must demonstrate the care and services plan is readily available to the consumer.

**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 service must demonstrate that review and reassessments are undertaken when incidents occur.
* The service must demonstrate that care plans are updated or evaluated when incidents or changes occur.

**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 service must demonstrate that the ongoing use of psychotropic medication has been consistently reviewed for correct dose, with the intention to reduce, and representatives consulted at each point.
* The service must demonstrate appropriate use of psychotropic medication and minimising chemical restraint and show an improvement in the GPs prescribing practice at the Service to meet the expectations of the Rules.
* The service must update their wound management guidance reflect the new forms inclusion of the consideration of pain as a factor.
* The service must demonstrate that pain is assessed and monitored adequately.
* The service must demonstrate appropriate post fall monitoring for consumers on anti-coagulant therapy needs attention.

**Requirement 3(3)(d)** *Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

* The service must demonstrate that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is identified.
* The service must demonstrate that changes to consumer’s condition or decline is consistently responded to in a timely manner.
* The provider must undertake relevant comprehensive reassessment and monitoring observations as required by the service’s policy when deterioration is identified.
* The service must demonstrate that they escalate in a timely manner where deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is identified.

**Requirement 3(3)(e)** *Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

* The service must demonstrate that information about the consumers condition, needs and preferences is documented within the organisation, and with others where responsibility for care is shared.
* The service must demonstrate that they have contemporaneous and accurate care plans.

**Requirement 4(3)(a)** *Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

* The service must demonstrate that consumers receive services and supports that meet their goals to optimise their independence, health, well-being and quality of life.
* The service must demonstrate that care plans include goals for supports for daily living and include enabling actions to achieve consumers goals
* The service must demonstrate that goals are discussed with consumers or representatives and recorded in their care plans.
* The service must demonstrate that care staff know things that are important to consumers and what they liked to do and that this aligns with consumer’s care plans.

**Requirement 4(3)(b)** *Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

* The service must demonstrate that services and supports do not always promote each consumer’s emotional, spiritual and psychological wellbeing.
* The service must demonstrate that care plans include goals including the spiritual and emotional wellbeing domain and enabling actions to achieve consumers goals.
* The service must demonstrate that these goals are discussed with consumers or representatives and recorded in their care plans.
* The service must update relevant policies to reflect requirements in the Quality Standards.
* The service must demonstrate that staff know how to support the individual needs of consumers emotionally and psychologically, when they’re feeling low.

**Requirement 4(3)(d)** *Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

* The service must demonstrate that care plans, progress notes and handover documents provide adequate information and provide effective sharing of consumers’ care information.
* Care plans must reflect current information and/or information that was individualised for each consumers’ preferences in relation to services and supports.

**Requirement 6(3)(c)** *Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

* The service must demonstrate that Management, workplace training officers and staff have a practical understanding about all the elements of open disclosure.
* Staff must have received effective training about open disclosure.
* The service must demonstrate that complaints are resolved in a timely manner and consumers and/or their representatives are consulted about their complaint or asked if they are satisfied with the outcome.
* The service must demonstrate changes that resulted from consumers complaints or feedback.
* The service must demonstrate occasions where an open disclosure approach is used as part of resolving a complaint or when something goes wrong.

**Requirement 6(3)(d)** *Feedback and complaints are reviewed and used to improve the quality of care and services.*

The service must demonstrate feedback and complaints are being used to improve the quality of care and services.