HammondCare - Waldegrave House

Performance Report

10 Murrua Road
NORTH TURRAMURRA NSW 2074
Phone number: 02 9488 1030

**Commission ID:** 0349

**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) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | 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) | 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) | Non-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 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. 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 planning documents reviewed did not include individualised details of consumers’ identity and culture.

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 did not support that staff understood what cultural safety is and that care planning documents do not contain details of how to provide care and services that are culturally safe.

Evidence reviewed did not provide confirmation that consumers are supported to take risks to enable them to live the best life they can. The service does not have a tool where activities of risk to the consumer are formally assessed, monitored, evaluated or reviewed. Care planning documents did not describe areas in which consumers are supported to take risks 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 that 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 planning documents reviewed did not include individualised details of consumers’ identity and culture.

In their response the Approved Provider provided care plans which substantiated in a limited way that they identify consumers background. However, they did not provide adequate information about how care is adjusted in line with sampled consumers identity. It was not evident at the time of the performance assessment or in the Approved Providers response that staff knew what was important to consumers. I acknowledge that case reviews and updated care plans have been developed following the assessment of performance.

Information provided by the Approved Provider in their response also de-valued the contributions to their own care of consumers living with Dementia and suggested that their views are not valued. I acknowledge that information obtained from consumers living with Dementia needs to be corroborated to ensure factual accuracy at times. This does not mean their views are not valid in assessing the Service.

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 consumer, representative and staff feedback did not support that staff understood what cultural safety is and that care planning documents do not contain details of how to provide care and services that are culturally safe.

While the response of the Approved Provider disagrees with the assessment team about staff being able to describe what it means to provide culturally safe care to sampled consumers, they did not provide any information to confirm that staff do know how to adjust care in line with consumers identity and background. Alleging that the assessment team had incorrectly characterised consumers background is not evidence of providing culturally safe care for these consumers.

The Approved Provider did not submit any information to support that their clinical care manager or staff have received training and understand what culturally safe care is. They confirmed that staff interviewed at the time of the assessment did not describe how they adjusted care to address needs of the sampled consumers.

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 consumers and staff interviewed did not provide confirmation that consumers are supported to take risks to enable them to live the best life they can. The service does not have a tool where activities of risk to the consumer are formally assessed, monitored, evaluated or reviewed. Care planning documents did not describe areas in which consumers are supported to take risks to live the best life they can.

In their response, the Approved 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 a description of one example provided by the Approved Provider of actions taken by staff for a consumer, however there was no detail about what the risk was, or how they determined the appropriate strategies to implement.

I am not persuaded that the Approved Provider demonstrated that consumers at the Service are supported to take risk.

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 information about food services and formal activities are not readily available to consumers and representatives. The service does not provide consumer or representative meetings for this service. There are no resident or relative meetings. Names of participants and minutes are not recorded for carer support group meetings.

In their response Approved Provider confirmed that the menu and activities calendar for January were not on display during assessment of performance. Also, that meetings with consumers and representative were infrequent prior to the assessment of performance. They did not provide adequate information in their response about alternate methods for how information was provided to consumers which was accurate and easy to understand to enable them to exercise choice.

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 and representatives confirmed that they feel like partners in the ongoing assessment and planning of consumer’s care and services.

For example:

* Most consumers and representatives interviewed confirmed that they are involved in consumer’s care planning to some extent however consumer’s care is not always delivered according to their documented preferences. Most representatives and consumers sampled commented that staff are not well trained to manage the needs of consumers living dementia. Some of them also indicated they would prefer more allied health input into consumer’s care and service.
* While most consumers and representatives interviewed confirmed that they are informed about the outcomes of assessment and planning, they said they do not have ready access to consumer’s care and services plan if they wish. Most of them confirmed discussion about consumers palliative care and end of life care are not addressed with them.

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. Consumer’s goals, needs and preferences are not always individualised or addressed relative to the risks to each consumer’s health and wellbeing. Palliative care and end of life wishes are not proactively considered or addressed as part of the consumer’s overall care assessment and planning. Care planning review and/or updates do not always occur when consumer’s condition change or when incident occur.

The Assessment Team identified deficiencies in care planning and assessment documentation including: physiotherapy assessments not conducted or delayed for consumers who have sustained falls; medical reviews not promptly sought or undertaken following incidents or when required; relevant reassessments and evaluations are not promptly conducted or carried out as per the service policy or when required.

 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 to reflect and address risk to consumers and as their needs change. Risks 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.

As referred to in Standard 1(3)d, there was no completed suite of assessments provided to the decision maker by the Approved Provider in their response for sampled consumers to substantiate that comprehensive assessment and planning took place. The Approved Provider acknowledged that some of the care plans reviewed by the Assessment Team did not contain detailed information to address a consumer’s health and wellbeing.

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

While the response from the Approved Provider demonstrates that they document Care plans and provided examples to Decision Maker, these confirm that goals are not documented. Despite describing in their response that comprehensive assessments had occurred to identify needs, goals and preferences, the Approved Provider did not verify this with supporting information or dates for when these assessments occurred for sampled consumers. I acknowledge that a pain assessment chart was submitted for a sampled consumer however this was dated after the commencement of the assessment.

The Approved Provider acknowledges in their response that information is missing from sampled consumers care plans. I am of the view that this confirms that current needs cannot be substantiated.

From the approved providers response, it is apparent that consumers do not have the choice to palliate in place as a preference at Waldegrave House if this is their wish. 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) Non-compliant

The organisation demonstrates that assessment and planning:

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

The assessment team found that while representatives said they are actively involved in consumer’s care some of them indicated they would prefer the physiotherapist to be more involved in consumer’s care and service. While the service refers some consumers to specialist and other external dementia support services such as, this is not utilised for each consumer living with dementia and/or with behaviour related issues impacting on other consumer’s life at the service.

I am of the view that while it is apparent that there is some partnership with the consumer and others in their ongoing assessment and planning through care conferences, it is also evident that there are opportunities for improvement in this area.

In their response, the Approved Provider acknowledges that consumers representatives are not always aware of physiotherapy reviews that have occurred and have committed to communicate this better in future. In their response, the Approved Provider provided general information about processes they would use in addition to using a physiotherapist to review falls and supports that others partner in the care of consumers, however there was no specific information provided which verifies that this was the case for the sampled consumers.

While the Approved Provider asserts in their response that it is not a requirement to have specialist Dementia services involved in the development of care plans for all consumers living with Dementia, the assessment team found that staff at the service could not describe appropriate actions to take, to address the care needs for the sampled consumers. This would suggest that additional specialist advice may improve assessment and planning for these consumers.

The approved provider does not comply with this requirement as the organisation didn’t adequately demonstrate how consumers and representatives and other organisations are partners in their care.

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

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

The assessment team found that the care and services plan reviewed by the Assessment Team that is generally accessible to most of the consumers sampled. It included most information that is relevant to the consumers’ needs and is available to the consumers and their representatives on request. The majority of the consumers and representatives sampled, said staff have explained relevant information about consumers care and services and can generally access consumers care plan when they want to.

As mentioned in context of Standard 2(3)a, & b there is evidence of missing information from care plans and the outcomes of assessments have not been substantiated. The Approved Provider accepts in their response that there are improvements required concerning the documentation of missing information in care plans. Further, the approved provider acknowledges that representatives have not been aware of the outcomes of physiotherapy assessments. I am persuaded that the outcomes of assessment and planning are not effectively communicated at the service in a care and services plan where care and services are provided.

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) 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 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.

The Approved Provider submitted information in their response relating to the sampled consumers which confirms that care and services was regularly reviewed for effectiveness when circumstances change.

The approved provider complies with this requirement as it demonstrates that it reviews care and services regularly for effectiveness when circumstances changed.

# 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 requirement, 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. Representatives consistently commented that staff are not well trained to manage consumers living with dementia and/or with challenging behaviours.

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.

Consumers identified as having high impact high prevalent risks have not been consistently managed; Risks relating to falls and behaviour are not consistently managed and/or minimise. Consumer’s wellbeing is not always optimised, and their comfort not consistently maximised. Reassessments and reviews are not always undertaken when incident occur. Referrals to appropriate specialist and/or external support services are not always conducted and/or undertaken in a timely manner.

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

### Assessment of Standard 3 Requirements

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

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

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

The assessment team found 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. Records indicate an increased trend for both acute and chronic wounds.

I accept the Approved Providers information 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 GPs at the Service currently meets expectations of the Rules.

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.

Information was provided by the AP to substantiate that pain was assessed at the time of falls for sampled consumers.

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 that are not consistently addressed or properly managed. Medication and insulin management are not consistently undertaken or managed as per instructions.

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.

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, medication and insulin management 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 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 the service does not proactively identify and or address consumers palliative care and or end of life care needs and preferences as part of consumer’s care assessment, planning and care delivery. For the consumers sampled and requiring high care needs, their comfort are not consistently maximised for each of them.

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 in the condition of a consumer. Despite not having consumers receiving end of life care, the service demonstrated how they changed their care to maximise comfort for consumers.

The approved provider complies with this requirement as it demonstrated it ensured comfort was maximised for consumers for whom deterioration was identified.

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

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

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. Records also indicate that changes to consumer’s condition or decline is not consistently responded to in a timely manner. Medical reviews and physiotherapy assessments are not promptly conducted to address changes to consumer’s physical condition and capacity.

The Approved Provider submitted information in their response which demonstrated that they identified a change and deterioration in the condition and health for the sampled consumers. They also provided information which supports that they responded in a timely manner.

The approved provider complies with this requirement as the demonstrated that they recognised decline in the condition of consumers 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 for the consumers sampled, the care documents (e.g. progress notes or handover documents) generally provide adequate information to support effective and safe sharing of the consumer’s care. However, care plans are not always updated or evaluated when changes or incidents occur. Most of the consumers and representatives feel that their needs and preferences are effectively communicated between staff, although they do have to repeat information to advise staff of changes in care. However, some representatives raised communication as an ongoing issue.

The Approved Provider acknowledges in their response that for sampled consumers they did not always have contemporaneous and accurate care plans. I am of the view that while needs and preferences are documented on some occasions, information about consumers current condition, needs and preference is not always 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 out 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 and 3 demonstrates referral to specialist Dementia care services, geriatricians, podiatrists 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.

# 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 always align with consumer feedback and care plans. Relevant policies have not been updated to reflect requirements in the Quality Standards.

Care plans, progress notes and handover documents 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 that are 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.

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 have limited knowledge of what is important to consumers to support their 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.

The Approved Provider acknowledges that there was inadequate information in care plans for sampled consumers relating to emotional, spiritual and psychological well-being and this has been updated following the assessment of performance.

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 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.

In their response the Approved Provider acknowledged that care plans for sampled consumers were not updated in line with the schedule and didn’t reflect information about the consumers condition needs and preferences concerning supports for daily living. While the Approved Provider has taken actions to address this since the assessment of performance, at the time of the assessment, they did not demonstrate compliance with this requirement.

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 also said they are welcomed and agree the service has a home like feeling and that the environment is maintained and kept clean. 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 reception foyer is spacious and has a lounge area with petitions. Both cottage wings are designed to be homely and there are two large garden areas specifically designed for people with dementia. 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 or raise them at the carers support group 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 other 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.

An open disclosure process is not always used when things go wrong. Consumers’ complaints are not always recorded on the electronic complaints system. 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.

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. Complaints and feedback information for management to review is limited as appropriate action does not always take place when complaints are made, they are not always recorded or resolved in a timely manner.

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 an open disclosure process is not always used when things go wrong. Consumers complaints are not always recorded on the electronic complaints system. 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.

In their response, the Approved Provider 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 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 assessment team found that feedback and complaints are not always reviewed and used to improve the quality of care and services. No examples were provided to the assessment team specific to this service. Survey information has not been used to implement improvements since 2018. Complaints and feedback information for management to review is limited as appropriate action does not always take place when complaints are made, they are not always recorded or resolved in a timely manner.

In their response, the Approved Provider did not provide any details concerning the outcome of specific complaints that had occurred prior to the assessment of performance and how these complaints have been reviewed, nor were they able to provide details of what has changed as a result of reviewing feedback.

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 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

Some sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Other consumers expressed concern that not all staff recognise the identity and culture of consumers and support them to live the best life they can.

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 not sufficient staff to meet the needs of consumers, expressing 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.

* Staffing in Waldegrave House is based on a household model of care. The consumers in Waldegrave House are living with dementia and rely on care staff to provide a range of daily support including preparing all meals and snacks and a safe environment to live in. Staff said they are very busy and are not always able to complete their tasks. Management was able to demonstrate how they can increase or decrease staffing in the service to meet short term increases in consumer needs.

Some care staff have not completed mandatory training, food safety training and dementia essentials training, where they are expected to provide all care and services for the consumers, in an environment with high falls incidents and incidents of consumer to consumer aggression. Staff do not demonstrate adequate knowledge and skills to effectively investigate consumer incidents and falls and to develop preventative strategies. Staff do not adequately assess and monitor consumers wellbeing and identify clinical risks. For example, changes in emotional health, pain, continence management and the impacts on consumer’s behaviour and falls risk. Some staff do not demonstrate an understanding of cultural awareness.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-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 service 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, in their response 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) Non-compliant

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

The assessment team found that while staff are kind and caring towards consumers, however, they were unable to demonstrate an understating of the background, identity and culture of consumers and how this is shown in their interactions with consumers.

Issues relating to cultural safety and diversity have been addressed in the context of Standard 1, requirement (3)b. In their response the Approved Provider did not provide any contrary information to that of the assessment team relating to this requirement to substantiate that workforce interactions with consumers are kind, caring and respectful. I am persuaded that they have provided insufficient evidence to find them compliant.

The approved provider does not comply with this requirement as there is insufficient 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 Care staff who have not completed mandatory training, food safety training and dementia essentials training are providing services to consumers in an environment with falls incidents and incidents of consumer to consumer aggression. Staff do not demonstrate adequate knowledge and skills to effectively investigate consumer incidents and falls and to develop preventative strategies.

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 service 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. They also provided a plausible explanation for the staff who had not attended mandatory training. 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 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 high number of falls, behaviour related incidents, high use of psychotropic medications, and lack of engagement in activities, indicate that the service’s systems and processes are not effective in providing an environment where consumers can live the best life they can.

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 not all incidents are reported. The number of falls, behaviour related incidents and high use of psychotropic medications the systems and practices 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)(c)** *The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*
* The service must demonstrate that consumers representatives aware of physiotherapy reviews that have occurred and the specific outcomes.
* The service must demonstrate that it includes other organisations and individuals and providers of other care and services where relevant, particularly in relation to managing challenging behaviours.

**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 prescribing practice of GPs 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.

**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.

**Requirement 7(3)(b)** *Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

* The service must demonstrate that interactions between staff and consumers shows a knowledge of consumers identity, culture and diversity and care is adjusted to reflect this.