Heritage Botany

Performance Report

31-33 Edgehill Avenue   
BOTANY NSW 2019  
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**Commission ID:** 0519

**Provider name:** Heritage Care Pty Ltd

**Site Audit date:** 10 November 2020 to 13 November 2020

**Date of Performance Report:** 16 February 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | 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) | 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) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Non-compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the 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 11 December 2020.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Some sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose

For example:

* Consumers were observed to be sitting in the hallways or in their rooms for extended periods of time. They did not appear to be engaging in interactions throughout the Performance Assessment.
* Some consumers were aware of their rights and responsibilities but did not feel comfortable expressing their concerns to management. They did not feel safe and confident in the management but felt comfortable with the care staff members skills and knowledge when providing care and services.

Some sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. However, there were other sampled consumers who did not consider they are treated with dignity and respect, or are supported to maintain their identity, make informed choices about their care and services. All consumers sampled said it has been difficult to live the life they choose with COVID-19 pandemic active and the service in lockdown.

The Quality Standard is assessed as Non-compliant as three 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 the service does not demonstrate that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

The Assessment Team presented information that while some consumers and representatives are treated with dignity and respect, others at the service said they were not treated with dignity or respect. The Assessment Team observed that staff did not always respect the consumer by knocking before entering their rooms or being mindful of consumers personal presentation. The home had areas that smelled of urine, and while some rooms were personalised, most were not. Representatives claimed staff often spoke in other languages around their consumer and/or chewing gum and did not provide personal care for long periods without prompting.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

*Care and services are culturally safe.*

The Assessment Team found the service does not demonstrate care and services are culturally safe for each consumer.

The Assessment Team presented evidence that while some consumers say they can celebrate days that are meaningful to their culture or religion, and staff can give examples of cultural awareness in their everyday practice and how they recognise diversity to provide services that are meaningful to the consumer; some consumers and representatives claimed the service does not know what to do to make them feel respected, valued and safe. They feel that management and staff do not work with them to ensure they realise their needs are understood.

I have considered the information in the Assessment Teams report and I am content that consumers are involved in discussions with staff about their cultural beliefs, customs and family connections on entering the service. Care planning documents showed specific cultural needs and the services diversity and inclusion policy as well as the resident dignity and choice policy outlined what it means to provide care in a culturally safe way. I have considered the matters raised in the Assessment Team’s report about lack of meaningful activities and staff not behaving in a respectful way towards consumers in my decision in Standards 1, 2, and Standard 7.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

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

The Assessment Team found that the service does not demonstrate that each consumer is supported to exercise choice and independence, including to make decisions about their own care and the way care and services are delivered; and make decisions about when family, friends, carers or others should be involved in their care; and communicate their decisions; and make connections with others and maintain relationships of choice, including intimate relationships.

The Assessment Team provided information that consumers stated that they feel that they have very little say in the care and support that is provided to them. While the care staff can give examples of how they help consumers make day-to-day choices and help with access to any support the consumer needs to live their best life, records indicate that resident meetings and focus groups have not occurred for some time. There were no consumer survey reports provided to the Assessment Team. Some consumers did not believe they are supported to exercise choiceand independence and to maintain relationships of choice. Feedback from consumers and representatives said the COVID-19 restrictions have had a significant impact on the wellbeing of consumers and their ability to maintain relationships.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that each consumer is supported to take risks to enable them to live the best life they can.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### 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 provided to each consumer is not current, accurate and timely, and is not communicated in a way that is clear, easy to understand and enables them to exercise choice.

The Assessment Team provided information that consumers and their representatives, confirmed they did not receive accurate information that helps them make day to day decisions about their care and services. They also did not believe that the service provides them with information that is clear and easy to understand and helps them exercise choice. Consumer representatives were particularly frustrated with the lack of information the service has provided during COVID-19 restrictions. Staff were not able to describe the different ways / formats in which information is provided to consumers, in line with their communication needs and preferences.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that each consumer’s privacy is respected, and personal information is kept confidential.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

While most consumers and representatives interviewed considered that they feel like partners in the ongoing assessment and planning of consumer’s care, some of them expressed dissatisfaction about aspects of their assessment and care planning.

Consumers and representatives interviewed confirmed that they are involved in consumer’s care planning to some extent. Some of them confirmed that they are not always informed about the outcomes of assessment and planning, do not always have ready access to consumer’s care and services plan but could if they wish. One of the comments include:

* One representative said, “they can have a copy of the care plan, but no one ever explains anything to them”.

Care plans are not consistently individualised relative to the risk to each consumer’s health and well-being. Relevant assessments to identify pain in consumers diagnosed with dementia and challenging behaviour are not conducted as instructed. Care plans are also not consistently evaluated to reflect changes to consumer’s care.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found that the service does not demonstrate 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 provided information that consumers care planning documents does not always consider specific risks or reflect evidence of comprehensive assessment and planning for each consumer. Registered nurses are responsible for consumers assessments which are to identify consumers’ risks associated with their care and to direct safe and effective care. However, inconsistencies were identified in some consumers’ care planning documents.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### Requirement 2(3)(b) 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 the service demonstrates 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.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### 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.*

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

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### 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 outcomes of assessment and planning are not 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.

For most of the consumers and representatives, they said staff do not always explain relevant information about consumer’s care. They also confirmed they do not have a copy of consumer’s care and services plan. While care and services plans for most of the consumers were in a format that the consumer could understand; however, it is not readily accessible to most of the consumers and their representatives. Some representatives said during case conferences, the contents of the care plan, is not explained to them

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### 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 the service does not demonstrate 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 provided information that while care plans are generally reviewed following incidents; consumers' goals are not consistently reviewed when their condition or needs change. Comprehensive review does not always or immediately occur post incidents, such as contributing factors that are specific to the consumer are not always identified or considered, or strategies and/or involvement from allied health services in minimising future incidents**.**

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Most sampled consumers and representatives consider that consumers receive personal care and clinical care that is right for them, but they raised concerns about the impact of staff shortage on delivering care that is safe.

Most consumers and representatives interviewed confirmed that consumers get the care they need. However, some consumers said the staff's slow response to their call bell, at times, led them to having continence issues or experiencing pain for long periods.

For example:

* One consumer said they are satisfied with the care they receive.
* One consumer said at times they wait a long time for staff to respond to their call bell, and this has at times led them to be in pain longer than needed.

Assessment and care planning processes have not been consistently effective in ensuring positive consumer outcomes in clinical care.

Most consumers and representatives interviewed confirmed that consumers have access to a doctor and other health professionals when they need it.

Staff interviews, and documentation review does not demonstrate the service is ensuring each consumer gets effective personal/clinical care. There is ineffective clinical oversight and monitoring of consumers care, incidents, changes in health status and staff practices in infection prevention and control.

Review of care planning documentation identified deficiencies in the management high impact and high prevalence risks for the consumers. Care and other records indicate that each consumer does not always get the care that is safe or effective or optimises their health or wellbeing. Appropriate referrals are not always made in a timely manner. There has not been effective communication about changes in consumer’s care needs. Infection risks related practices are not always conducted in line with the principles of antimicrobial stewardship.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that the service does not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being.

The Assessment Team provided information that review of care documentation, including progress notes for consumers, do not always reflect individualised care that is safe or effective or tailored to each consumer’s specific needs and preferences. Consumer’s and representatives said that the staff's response to call bells is slow at times, and they often had to wait long periods and are sometimes left incontinent whilst waiting.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the service does not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team provided high impact or high prevalence risks identified in consumer care planning and other documents, were mostly related to skin integrity, pain, falls, behaviour, restraint and medication management. Evidence showed that risks are not effectively managed to enhance consumer’s health or wellbeing or minimise hospital admission. Registered nurses were unable to describe or provide examples of high impact high prevalence risks, or how they would manage them for the consumer. Care staff expressed concerns about being able to provide effective care with their workload.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the service demonstrated that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### 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 the service demonstrated that 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.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

The Assessment Team found that the service did not demonstrate that 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.

Documentation indicates there is some information about the care of, or the need of the consumer. However, staff are not always aware of consumers' needs and/or preferences, and at times information is not effectively documented and/or communicated. Although the organisation has a comprehensive suite of clinical monitoring charts, the Assessment Team identified the charts were not adequately completed and monitored by registered staff. For example, pain and pressure area charts. Care staff said they are not aware of how consumers care, and services information is communicated within the organisation. Paper documentation for consumers was challenging for staff to navigate, with staff not always readily able to locate information about a consumer.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the service did not demonstrate that timely and appropriate referrals to individuals, other organisations and providers of other care and services, occurs.

The Assessment Team provided information that consumer and staff interviewed indicated that consumers are mostly referred to appropriate services and specialists in a timely manner and in response to consumer needs. However, other referrals are not always evident when needed or are delayed. While there was evidence of referrals were considered for physiotherapists, optometrist, speech pathologists, and dietician, these were not always timely for some consumers. For consumers that are living with dementia, or has an identified need for other support services, and whose behaviours are impacting on them, and other consumers; it was identified that earlier intervention could have lessened the impact on these consumers.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found that the service did not demonstrate that minimisation of infection related risks occurs through implementing standard and transmission-based precautions to prevent and control infection; and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Assessment Team provided information from interviews with consumers, management and staff, the service does not have consistent monitoring of infection control practices ensuring staff are implementing standard precautions. Staff interviewed did not consistently demonstrate that they are adequately trained or equipped with the concept of antimicrobial stewardship or the minimisation of infection risks. Care staff were unable to demonstrate an understanding of how they minimise the need for, or use of antibiotics, and ensure they are used appropriately. Staff were unable to describe anti-microbial stewardship and what it entails.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

# STANDARD 4 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Some sampled consumers considered that they get the services and supports for   
 living that is important for their health and that enable them to do the things they want to do.

For example:

Most consumers interviewed confirmed that the service assists them to keep in touch with people who are important to them through window visits, but most would like to have more connection with their family.

Some consumers interviewed said they are happy with the activities available to them inside the service but would like to go on outside community activities, including bus trips. Other consumers and their representatives interviewed said staff do not have time to attend to the consumers lifestyle needs as they are too busy completing their care needs.

Care plans reviewed under this Standard demonstrated lifestyle assessments had been undertaken to determine the preferences of each consumer; however, there were some inconsistencies in the implementation of these plans.

The Assessment Team observed some activities being undertaken at the service during the performance assessment, including bingo, quizzes, and cultural activities. However, there were a significant number of consumers who were in bed for the large part of the day as well as some consumers sitting in corridors for extended periods of time without any activities available for them.

The food menu documentation and interview with hospitality staff demonstrated that food options are varied and cater to specific dietary and cultural preferences. However, the Assessment Team consistently observed throughout the four-day performance assessment. The consumers plates were after lunch, often left with large amounts of food on their plates. Food focus meetings and follow up from the service with feedback from consumers about their food preferences has not been undertaken for some time.

The Quality Standard is assessed as Non-compliant as four 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 each consumer does not receive 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 provided information that consumers found it difficult to explain how the service supports them to do the things they want to, and they do not believe the service modifies supports so they can continue to do the things that are of interest to them. While some consumers said they felt supported by staff to do things of interest to them, it was identified that some consumers have their interests and activities documented, however the service does not provide opportunities for these consumers to participate in their favoured activities.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the service demonstrates services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

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

The Assessment Team found that the service does not demonstrate services and supports for daily living assist each consumer to participate in their community within and outside the organisation’s service environment; and have social and personal relationships; and do the things of interest to them.

The Assessment Team provided information that service has attempted to tackle barriers preventing consumers from connecting socially, maintaining personal relationships, and doing what interests them. However, there has been some inconsistencies with the implementation of daily living activities to assist each consumer live a meaningful life. While some consumers say they have day-to-day control over what they take part in, how they take part and who they socialise with within the service, others reported that some of their family members and designated carers are not allowed to attend. Consumers said they miss the regular contact they had with family, friends, and the community, with some having a lot of contact, and others having next to none.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

The Assessment Team found that the service does not demonstrate that timely and appropriate referrals to individuals, other organisations and providers of other care and services, occurs.

The Assessment Team provided information that consumer care plans did not demonstrate the service collaborates with other individuals, organisations or providers to support the diverse needs of consumers. Management and staff were not able to describe ways the service engages with external organisations and providers to provide timely support for consumers. Visitor restrictions have made organising access to consumers problematic, but management and staff were unable to describe ways they compensate for this.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the service does not demonstrate consumer meals provided are varied and of suitable quality and quantity.

The Assessment Team provided information that they observed both consumers meals being left behind not eaten, and consumers for whom the main meal was not enough, having additional sandwiches to supplement their meal. Feedback from consumers was varied with some consumers saying food was good, with others saying they are unable to get enough food and snacks, and they purchase their own. Requests from consumers and staff to access additional food for consumers seemed inconsistent. Consumers requiring assistance to eat, presented feedback, and were observed waiting for that assistance, while their food got cold. The Assessment Team said that food focus groups used to assist develop menu’s, but that hasn’t been happening.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that where equipment is provided, it is safe, suitable, clean and well maintained.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Most sampled consumers to an extent considered that they feel they belong in the service and feel safe and comfortable in the service environment.

Some consumers interviewed said that they do not always feel at home and did not directly provide examples of what makes the service nice to live in:

Most of them raised concerns about the impact of not being able to receive or welcome their visitors.

Most consumers and representative interviewed raised concerns that the service is not always clean or well maintained.

While the service to an extent is welcoming, easy to understand although it does not adequately optimise each consumer’s sense of independence interaction or function.

The service environment was not adequately clean or well maintained. It does not enable each consumer to move freely both indoors and outdoors.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Non-compliant

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

The Assessment Team found that the service environment is not welcoming, easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

The Assessment Team provided information that the home has a pervasive malodour present on the upper floor, and the home had consistent lockdowns although the service is not located in a hotspot. Consumers have limited quiet, private spaces to access, and outdoor areas are also limited. Access for the mobility compromised throughout the service and between floors appears limited. Consumers were observed having difficulty in finding their way at the service.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

The Assessment Team found the service environment is not safe, clean, well maintained and comfortable; and does not enable consumers to move freely, both indoors and outdoors.

The Assessment Team observed the environment was not adequately clean or well maintained. They noted several areas appeared cluttered, damaged, scratched, dirty, dusty, cobwebs, mould, algae, and food debris/spills on walls and floors. Kitchen floors appeared dirty, and general ablution areas were appeared cluttered with various furnishings. While some consumers who are mobile were observed to move freely within the two levels of the service, others including consumers with cognitive and/or mobility impairment were not able to. Environmental audits conducted in August had many outstanding in October and November.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### Requirement 5(3)(c) Non-compliant

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

The Assessment Team found the service did not demonstrate that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

The Assessment Team noted that the service had recently employed a maintenance officer with a new reactive and preventative maintenance schedule. Various maintenance tasks with high priority since April had not been rectified, and it was unclear which tasks were to be completed by the maintenance officer or contracted. Various issues impacting on consumers had not been completed in a timely manner.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Most sampled consumers did not consider that they are encouraged and supported to give feedback and make complaints, or that appropriate follow up action is taken.

For example:

Some consumers and representatives interviewed raised with the Assessment Team that the service has a culture of suppressing complaints and were resistant to using the feedback to improve outcomes for consumers.

Some consumers interviewed did not feel they could make complaints as they did not feel safe to do so.

Most consumers interviewed felt that changes were not made at the service in response to complaints and feedback and they felt that they were constantly repeating themselves.

The Assessment Team reviewed the complaints and feedback register and found other complaints in other documents that were not included in the Complaints and feedback register.

Some consumers and representatives say when they give feedback or make a complaint, they do not feel comfortable and safe. They feel they are treated in a negative way because of their feedback or complaint. The service could not demonstrate timely or effective action is taken in response to complaints. There is no information demonstrating that there is an open disclosure practice within the service.

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

## Assessment of Standard 6 Requirements

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

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

The Assessment Team found the service does not demonstrate that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

The Assessment Team provided information that consumers and/or representatives say when they give feedback or make a complaint, they do not feel comfortable and safe. They feel they are treated in a negative way because of their feedback or complaint. Several representatives said the general manager is “rude to them.” Care staff interviewed had limited understanding of how to support a consumer to make a complaint. For example, they said they would let their registered nurse know, however, they were not able to describe other avenues where the consumer could make a complaint.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found the service was unable to demonstrate consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

The Assessment Team provided information that some consumers interviewed were not aware of how to make a complaint or provide feedback other than talking to the staff. Staff were also unable to describe how they could assist consumers in accessing advocacy or language services and could not provide examples on how they assist consumers with language difficulties or a cognitive impairment to make a complaint.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### 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 appropriate action is not taken in response to complaints and an open disclosure process is not used when things go wrong.

The Assessment Team provided information that consumers interviewed who had submitted a complaint indicated that it took an extended period of time before the service would respond to the complaint, if at all. Some consumers and representatives also said that they don’t recall a time where management or staff offered a sincere unprompted apology, held a discussion meeting, or expressed regret. The Assessment Team was provided examples of complaints, that were not contained within the service records.

While the service has open disclosure material, staff were not able to describe the services open disclosure flow chart nor were they able to describe the services complaints and feedback policy and how the policy is used in relation to complaints. Staff said they had not received training in open disclosure. They were not able to describe the open disclosure process or what was required of them in this process.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### 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 feedback and complaints are not reviewed and used to improve the quality of care and services.

The Assessment Team provided information that consumers and representatives consistently said that the service never listens to the feedback provided. The service has a significant communication issue and they do not believe that the service actively uses the feedback to improve the quality of care and services delivered. Consumers are not confident the organisation uses feedback and complaints to improve the quality of their care and services. Consumers and representatives stated they are increasingly frustrated that the service takes a long time and sometimes not at all to get back to them with follow up information. Staff said they have raised concerns or provided feedback in the past, but nothing is ever done to fix it, so they have given up.

The complaints register does not clearly outline what process the service has taken to use their feedback and complaints to improve the quality of care and services for the consumers. Feedback from complaints is inconsistently recorded and not all complaints are transferred to the feedback and complaints register. It is difficult for the service to then identify trends and the information used to improve care and services.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Some sampled consumers and representatives considered that the consumer get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Most consumers and representatives interviewed confirmed that staff are kind and caring.

Some consumers and representatives interviewed confirmed that staff know what they are doing.

Overall, consumers and representatives consistently provided feedback that they do not think the service have adequate staff numbers or staffing.

The service did not adequately demonstrate that the workforce is planned and deployed to provide quality care and services. Deficits identified in the delivery of care and services demonstrates that the workforce is not adequately equipped nor trained to effectively undertaken their roles. Core and mandatory training programs have not been adequately delivered and have not been effective in equipping the workforce to deliver quality care and services. While there are processes for monitoring and review of the performance of the workforce, several staff have not been formally appraised and are overdue to complete their performance review.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found the workforce is not planned to enable, and the number and mix of members of the workforce deployed does not enable, the delivery and management of safe and quality care and services.

The Assessment Team provided information that most consumers and representatives consistently raised issues regarding the adequacy of staffing and the impact on consumers’ care. They do not think there is enough staff at the service to promptly respond to call bells or attend to their individual personal care needs. Overall, staff consistently raised concerns regarding the adequacy of staff numbers to meet consumer’s needs.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### 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 observed staff interactions that were king caring and respectful. The Assessment Team found most consumers and representatives sampled responded positively when asked whether they find that staff are kind, caring and gentle when providing care. However, the Assessment Team found some staff are not always caring or respectful.

I have reviewed the Assessment Team’s findings in Standard 1,6, 7 and 8 in which there are concerns voiced by consumers and/or their representatives about both management and staff behaving rudely towards them. Consumers and/or their representatives describe staff and management acting in an intimidatory manner and refusing to listen to their concerns. There are also allegations of physical assault and rough handling made by consumers.

I have considered the information in this requirement as well as in other requirements in the Assessment Team’s report and have concluded that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the service does not demonstrate the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

The Assessment Team provided information that while the service demonstrates that their workforce has the relevant qualifications and knowledge, deficits in staff practices were identified across the Standards. The organisation has documented core competencies and capabilities for different roles however several staff have not completed them. Consumers and representatives said they do not know whether staff are well trained or skilled enough to meet the consumer care needs.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found the workforce is not recruited, trained, equipped and supported to deliver the outcomes required by these standards.

The Assessment Team provided information that many staff have not undertaken mandatory or core training to adequately support them deliver the outcomes required by these standards. While most consumers and representatives did not directly raise any areas where they think staff need more training, they were concerned about the lack of staff numbers, and its impact on the ability of staff to perform their roles. The general manager and director of nursing provided information showing how different staff were trained in relation to the new Quality Standards; however, this information was not up to date and did not include contracted staff.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found regular assessment, monitoring and review of the performance of each member of the workforce is not undertaken.

The Assessment Team provided information that while the service has processes to monitor staff performance, personnel records showed that the performance of each staff member is not regularly or consistently appraised. Staff were interviewed about the way that performance appraisals occur and some of the changes that have been made as the result of performance appraisals to support their development: Most of them said they had not seen any changes, they didn’t get feedback however some of them said they were rewarded with a staff of the month prize.

The organisation has a staff performance management framework which is reflected in the Staff Handbook. While some staff identified with performance issues have been performance managed, many staff are overdue for their appraisals.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Some sampled consumers and representatives did not consider that the organisation is well run or that they can partner in improving the delivery of care and services.

Most consumers could not provide examples of how they are deeply involved in the development, delivery and evaluation of care and services.

While the organisation has governance systems in place, they have not been effective in the delivery of care and services for each consumer.

There has not been effective management of high impact high prevalence risks for each consumer or that consumers are adequately supported to live the best life they can.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found consumers are not engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

The Assessment Team provided evidence that while there has been a one-off consumer and representative engagement when the service underwent significant refurbishment in 2019, supporting evidence was not provided to indicate that this level of engagement has continued. Monthly resident and relatives’ meetings have not occurred as scheduled and some consumers and representatives have not had the opportunity to participate in one. The Assessment Team did not observe meeting minutes available or displayed. Other than the general feedback and complaint mechanisms, the resident and relatives meeting, none of the consumers or representatives sampled said they are actively or deeply involved in the development, delivery and evaluation of care and services. There was little evidence that these inputs are considered when formulating strategies during development, delivery and evaluation of care and services.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

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

The Assessment Team found the service does not demonstrate effective organisation wide governance systems relating to the following: information management; continuous improvement; workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance; and feedback and complaints.

The Assessment Team provided the following information:

#### Information management

While staff confirmed that they can readily access the information they need, they said the biggest issues they face in accessing up to date information are heavy workload and running out of time to complete the tasks.

#### Continuous improvement

While action plans and improvement items have been completed to address the finding of noncompliance across the Standards in the July 2019 site audit, the Assessment Team during this performance assessment identified further deficits in all the Standards. Review of the action/continuous improvement plan showed ongoing deficits for several items marked as closed.

#### Workforce governance, including the assignment of clear responsibilities and accountabilities

Refer Standard 7 for further information regarding consistent feedback from consumers, representatives and others regarding issues around staffing.

#### Regulatory compliance

Review of the service compulsory register showed that while most incidents are reported within the 24-hour timeframe, some were not. Most of the incidents provided occurred in early 2020 including where a staff was witnessed to roughly handled a consumer, however, similar allegations have recently been made.

**Feedback and complaints**

Refer to Standard 6 regarding issues identified with the service’s complaints handling process.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment Team found that the service did not demonstrate effective risk management systems and practices, including but not limited to the following: managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can.

The Assessment Team provided information that while the service provided information evidencing a risk management framework, deficits identified in the July 2019 site audit report are ongoing. There has not been effective management of high impact high prevalence risks for each consumer or that consumers are adequately supported to live the best life they can. Refer to Standards 2, and 3 for further information.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

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

The Assessment Team found the service does not demonstrate they have a clinical governance framework, including but not limited to the following: antimicrobial stewardship; minimising the use of restraint; open disclosure.

The Assessment Team provided information that while the service provided information evidencing a clinical and risk governance framework, deficits identified in the July 2019 site audit report are ongoing. The organisation does not demonstrate that its systems and processes are effective in relation to antimicrobial stewardship, the use of restraint and complaints handling. Refer to Standards 1-7 for further information.

The approved provider submitted a response that included an education and continuous improvement plan and has not refuted the issues stated by the Assessment Team.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

# Areas for improvement

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

**Standard 1**

### Requirement 1(3)(a)

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

Ensure staff understand and display respectful conduct towards consumers and respect their wishes, identity, culture and diversity.

### Requirement 1(3)(c)

*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.*

Ensure consumers wishes and expectations are considered by staff in delivery of care and services. Ensure consumers are enabled to maintain contact with those they wish, especially during times of restricted access.

### 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.*

Ensure consumers are kept informed of day to day activities and reasons for any access restrictions in a way that is clear and easy to understand and enables them to exercise choice. Ensure staff and management demonstrate clear communication paths with consumers and representatives and follow up concerns and issues within appropriate timeframes. Ensure consumers and representatives are encouraged to communicate and feel safe to do so.

**Standard 2**

### 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.*

Demonstrate that assessment and planning considers all relevant information in relation to consumers and is incorporated into care processes to inform delivery of safe and effective care and services. Ensure this assessment and planning is conducted for all consumers.

### 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.*

Demonstrate that the results of assessment and planning are effectively communicated to consumers and the care and services plan is readily available to them.

### 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.*

Demonstrate that 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, including when clinical deterioration is noted or indicated or when strategies implemented are no longer effective.

**Standard 3**

### 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.*

Demonstrate that care is appropriate to each consumer’s needs, and that it is reviewed and evaluated in a timely manner. Staff are trained, equipped and supported in providing best practice care in relation to pain and skin/wound management, and relevant treatments and strategies are effectively documented.

### Requirement 3(3)(b)

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

Demonstrate that high impact and high prevalence risks are identified and monitored with staff equipped and supported in providing best practice care in relation to managing pain, medication, behaviour, pressure area care and wounds.

### 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.*

Demonstrate information is captured and communicated resulting in individualised care and services being delivered in accordance with consumers condition, needs and preferences.

### Requirement 3(3)(f)

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

Demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services occurs to assist staff provide effective care.

### Requirement 3(3)(g)

*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.*

Demonstrates minimisation of infection related risks through standard and transmission-based precautions. Demonstrate practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics

**Standard 4**

### 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.*

Demonstrate all consumer’s get safe and effective services and supports for daily living that meet their needs, goals and preferences. Ensure this care optimises their independence, health, well-being and quality of life.

### Requirement 4(3)(c)

*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.*

Demonstrate services and supports for daily living, participation in the community within and outside the organisation’s service environment; and social and personal relationships are maintained for all consumers at the service. Ensure consumers are enabled and encouraged to participate in activities that are of interest to them.

### Requirement 4(3)(e)

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

Demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services occurs to assist staff provide effective care.

### Requirement 4(3)(f)

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

Ensure meals are varied and of suitable quality and quantity. Ensure consumers are engaged and responded to in relation to their choices and supported to eat and enjoy their meals.

**Standard 5**

### Requirement 5(3)(a)

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

Ensure all consumers are enabled to interact and experience the service environment and are enabled to enjoy all its features. Consumers are encouraged and able to personalise their own spaces to enhance their sense of belonging and supported to easily navigate the environment. Ensure the service environment is clean, tidy and smells welcoming.

### Requirement 5(3)(b)

*The service environment:*

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

Ensure the service environment is safe, clean and comfortable. Ensure all consumers are enabled to travel through the facility, both indoors and outdoors, and encouraged to engage with their environment.

### Requirement 5(3)(c)

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

Ensure maintenance tasks are resolved in appropriate time frames. Ensure preventative schedules are developed and maintained to enable the smooth operation of the facility and improve the consumer’s experience.

**Standard 6**

### Requirement 6(3)(a)

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

Demonstrate that all consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. Ensure consumers and other stakeholders feel comfortable to provide feedback, and confident that it will be considered and acted upon.

### Requirement 6(3)(b)

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

Demonstrate that all consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Ensure service has involved advocacy services and community groups, which represent the diversity of its consumers.

### Requirement 6(3)(c)

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

Demonstrate that all feedback is captured, investigated, and resolved appropriately and feedback is provided to the appropriate person utilising open disclosure processes. Ensure feedback is part of the service’s continuous improvement processes.

### Requirement 6(3)(d)

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

Demonstrate that all feedback and complaints are reviewed and used to assist the service improve the quality of care and services. Ensure trends are identified and strategies developed to address feedback and complaints.

**Standard 7**

### Requirement 7(3)(a)

*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.*

Demonstrate the workforce is supported, and the correct number and mix of staff are available to deliver safe and quality care and services to consumers.

### Requirement 7(3)(b)

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

Ensure workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity by ensuing management demonstrate the desired behaviours and monitor staff do likewise.

### Requirement 7(3)(c)

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

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

### Requirement 7(3)(d)

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

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

### Requirement 7(3)(e)

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

Ensure staff appraisals are conducted for all staff in line with policy, and these appraisals assist management in managing and educating staff.

**Standard 8**

### Requirement 8(3)(a)

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

Demonstrate the organisation actively seeks consumer involvement and consumers are supported in that engagement. Ensure that consumers are engaged in the development, delivery and evaluation of care and services.

### Requirement 8(3)(c)

*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.*

Demonstrate effective governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.

### Requirement 8(3)(d)

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

Demonstrate effective risk management systems and practices, including but not limited to the following, managing high impact or high prevalence risks associated with the care of consumers, and supporting consumers to live the best life they can.

### Requirement 8(3)(e)

*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.*

Demonstrate the clinical governance framework is effective in ensuring good quality care in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.