Heritage Botany

Performance Report

31-33 Edgehill Avenue
BOTANY NSW 2019
Phone number: 02 9316 9544

**Commission ID:** 0519

**Provider name:** Heritage Care Pty Ltd

**Assessment Contact - Site date:** 23 February 2021 to 25 February 2021

**Date of Performance Report:** 13 April 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.

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# Overall assessment of this Service

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| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) |  Non-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)(e) | 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)(c) | Non-compliant |
| Requirement 4(3)(e) | Non-compliant |
| Requirement 4(3)(f) | Non-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) | 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)(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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Assessment Team’s Infection Control Monitoring checklist completed during the site audit.
* the provider’s response to the Assessment Contact - Site report received 22 March 2021 which consists of a letter of response, a plan for continuous improvement, a register of attachments and supporting documentation.

# 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

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.

Feedback and other information gathered through review of consumer care and service records, observations made and interviews with consumers and staff demonstrates whilst consumers are supported to exercise choice, some consumers are not being treated with dignity and respect and have not been supported to take risks to live their best life.

Information gathered shows that information has not been provided or not communicated in a way that is clear, easy to understand and enables consumers to exercise choice.

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’s report provided information that while some consumers (or a representative on their behalf) considered staff treat consumers with respect, some provided information considered the consumer’s dignity is not being upheld or the consumer is not always treated with respect.

Whilst some consumers said they have experienced improvements in the way staff treat them other consumers and representatives on their behalf provided examples of times where staff have not always respecting their requests, for example, in regard to clothing worn, keeping their bedroom doors closed for privacy and there has been a lack of provided and facilitated interactions with other consumers with similar culture and background.

The Assessment Team viewed the organisation has a dignity and choice policy to guide staff practices however this was not consistently applied in observed practices, for example, in relation to a consumer who had medication applied in a common area, another consumer who was not referenced to with respectful words and a representative who said they were not permitted to undertake a private visit in a dining room with their consumer, which was the consumers preference. Observations showed staff did not always knock or acknowledge consumer upon entering their rooms.

At the time of the assessment contact some consumers care plans did not adequately reflect their diverse needs, for example a consumer who is receiving services from the National Disability Insurance Scheme (NDIS) did not have these details referenced in their plan of care.

The approved provider has not refuted the issues stated by the Assessment Team for this requirement. The provider included a continuous improvement plan in their response to address the issues raised.

I have considered the Assessment Teams report and the approved provider response. At the time of the assessment contact not all consumers were treated with dignity and respect.

I find the requirement is Non-Compliant.

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

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

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

The Assessment Team provided information that found while some consumers (or a representative on their behalf) are supported to exercise choice and independence some provided information considered the service does not consistently demonstrate that each consumer is supported to exercise choice and independence to make decisions about their own care and the way care and services are delivered, particularly in regard to the timing of personal care for two consumers and for another consumer the ability to exercise choice to be out in the community.

The care staff gave examples of how they help consumers make day-to-day choices and maintain relationships, including maintaining intimate relationships. Do not disturb signs were observed to be available for consumers as required.

The approved provider’s letter of response includes clarifying information in relation to enabling decision-making in relation to supporting consumer choices with consumers provided with options to enable choice processes. The approved provider submitted a response that included an education and continuous improvement plan to address the issues raised.

In relation to consumers choice on the timing of personal care delivered the approved provider provided clarifying information that for the named consumers they exercised choice in making decisions about the timing and delivery of their personal care, which evidences care is delivered in line with the consumers preferences. For a consumer who chooses to walk in the community, I note whilst their choices were limited due to the COVID-19 restrictions they have returned to walking in the community at the time of the assessment contact.

I have considered the Assessment Teams report and the approved provider response. At the time of the assessment contact consumers were supported toexercise choice and independence in making decisions about their own care and services and to maintain relationships of choice.

I find this requirement Compliant.

### 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’s report includes information that whilst some consumers are supported to take risks other consumers are not always supported to live their best life in relation to areas of risk. The Assessment Team identified whilst care plans are in place that outline goals to enable consumers to live the best life they can, however for some consumers gaps were identified in in relation to enabling risks for smoking, nutrition and hydration.

The organisation was observed to have risk care plans for example, for smoking, restraint dietary preferences, and outings. The Assessment Team found a consumer raised a concern regarding their choice to smoke with staff stating the consumer was on a schedule and was limited by the supply of cigarettes they have available. Documentation for the consumer demonstrated a risk assessment and management plan was completed however the team found insufficient documentation of consultation occurring with the consumer and their representative.

The Assessment Team’s report includes examples of further gaps with the understanding and supporting of risk taking within the service, especially for consumers who were willing to take the risk in terms of their nutrition and hydration.

The approved provider’s letter of response includes clarifying information in relation to risk assessments which indicated risk assessments have been completed for all consumers post the assessment contact. In relation to the consumer who raised a concern on their smoking schedule the approved provider provided further clarifying information that showed case conferences occurred with the consumer and the representative and the service has been working with the medical officer to trial nicotine substitution therapy with the consumer. In terms of consumers with nutrition and hydration risks I note the approved provider did not demonstrate risks were consistently supported.

Review of the plan for continuous improvement submitted by the approved provider reflects planned improvements relating to this requirement are planned and have taken place in relation to areas of risk outlined in the assessment team’s report however, sufficient time is required to undertake the planned actions and to demonstrate their effectiveness.

I have considered the Assessment Teams report and the approved provider response and on the balance of the information provided some consumers have not been supported to take risks to enable them to live their best life.

I find this requirement Non-Compliant.

### 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. A consumer survey was last conducted in 2019 and meetings with consumers and their representatives are not routinely held to enable timely information sharing.

The Assessment Team provided information that whilst the management and staff described the different ways in which information is provided to consumers, including the menu and activity program, other information has not been communicated in a way that is easy to understand. Picture cards were observed in consumer’s rooms as a communication aid for consumers who does not speak fluent English and or have a cognitive impairment, however observed staff were not using the cards. Staff informing the Assessment Team they are not routinely using the picture cards as they are awaiting training on the use of picture cards as a communication aid.

The Assessment Team’s report outlines the regular consumer and representative meetings have not been held routinely each month over the past six months and this was confirmed by management.

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

I have considered the Assessment Teams report and the approved provider response. I did not find there was sufficient information provided to each consumer that is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables consumers to exercise choice.

I find this requirement Non-Compliant.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Although some consumers (or representatives on their behalf) feel like partners in the ongoing assessment and planning of their care and services, others did not, and these deficits were reflected in care planning documentation. For example:

* Assessments had limited consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services.
* The outcomes of assessment and care planning is not always communicated to the consumer and or their representative.
* While care and services plans are regularly reviewed this review is not always effective and does not account for when circumstances change or when incidents impact on a consumer’s needs, goals or preferences.

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 provided information that there are policies and procedures for assessment and care planning to guide staff. However, the team found the delivery of safe and effective care and services did not always occur due to individual risks not always considered and inconsistencies identified in some consumers’ care planning documents, for example in consumers sampled with a high risk of falls, risks associated with dietary choices and high-risk medications.

### The Assessment Team noted there has been no new consumers entering the service since the end of November 2020. Staff interviewed were able to outline the process of completing comprehensive assessments to inform a plan of care. Whilst the staff were able to articulate the processes in place to assess and re-assess the changing needs of consumers the staff provided inconsistent information in relation to the dietary needs and the falls risk assessments for the consumers sampled.

The Assessment Team found there has been changes to increase the level of key clinical personnel with the appointment of a new clinical care coordinator. Interviewed staff outlined the role of the clinical care coordinator included managing all admission documentation for new consumers to the service.

The approved provider provided clarifying information in relation to assessments and consent for a consumer prescribed high risk medications. I note in relation to the consumer prescribed a high-risk medication the psychotropic consent process was followed. The approved provider did not refute the findings in relation to inconsistencies in assessment and planning for consumer sampled with falls and other consumers with risks associated with dietary choices. The submitted response included an education and continuous improvement plan in relation to the issues identified in this requirement.

I have reviewed these findings and consider 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.

I find this requirement Non-Compliant.

### 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 provided information that while some consumers interviewed (or a representative on their behalf) thought they had been involved in a discussion on the consumer’s care and services, with a copy of the plan of care provided, others did not. Some consumers and or representatives interviewed said they did not know what the care plan is, with other representative stating they had requested a copy of the care plan during case conferences however this was not made available to them. While staff interviewed said meetings take place with the consumer and or their representative to communicate plans of care, two registered nurses interviewed did not understand the requirement to make the care plan readily available to consumers. Not all staff were able to demonstrate how to access the care plan for consumers in the electronic documentation system.

The management advised the Assessment Team that care plan reviews are conducted four-monthly at the service and for most consumers, a case conference is also held four-monthly.

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 considered the Assessment Teams report and the approved provider response and I find that at the time of the performance assessment the outcomes of assessment and care planning had not been communicated or provided to some consumers or their representatives.

I find this Requirement Non-Compliant.

### 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 provided information that while review of care plans and other clinical documentation occurs on a regular basis, it was found care and services are not reviewed in a rigorous way with observed care plans not always reflective of when circumstances change, or incidents occur, and did not always reflect current care needs of the consumers. Deficits identified in care provision have not resulted in effective review of care plans and improved outcomes for consumers. Incidents resulting in consumer harm or where there is potential risk to consumers have not always resulted in timely investigation of the cause of the incident. A review of the incident register by the Assessment Team identified several instances of open incidents for more than thirty days.

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

I have considered the Assessments Teams report and the approved provider response and I find that care and services are not consistently reviewed for effectiveness, particularly when circumstances change, or an incident had impacted a consumer care need.

I find this requirement Non-Compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Some sampled consumers (or representatives on their behalf) consider that they receive personal care and clinical care that is safe and right for them. Despite this there were gaps identified in the management of pain, falls, wounds and minimising the use of chemical restraint.

Feedback obtained and reviews of consumer care and service records, interviews with management and staff and review of other documents showed high-impact and high-prevalence risks associated with the care of the consumers sampled has not been effectively managed.

The service demonstrated that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, however feedback from consumers and consumer care and service records showed timely and appropriately referrals to other organisations and providers of other care and services have not been made for consumers sampled.

Observations made, review of key documents and interviews with management and staff showed there was policy and practice to support appropriate antibiotic use. However, infection related risks were not being minimised through implementation of standard and transmission-based precautions to prevent and control infection

The Quality Standard is assessed as Non-compliant as four 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 provided information that personal and clinical care delivered at the service is not always safe and effective with deficits relating to this requirement identified in the November 2020 assessment contact observed to be ongoing. While some consumers and their representatives found the care at the service was improving and considered they receive safe and effective care, other consumers interviewed did not think the care they received was effective or tailored to meet their needs or optimise their health and wellbeing Staff could describe the services policies and procedures in relation to personal and clinical care however, it has not been demonstrated that consumers are consistently receiving personal and clinical care that is based on best practice, nor is care tailored to consumers’ needs or to optimises their health and well-being. For named consumers this included pain, falls and wound management and the use of chemical restraint.

**Pain management**

A review of sampled consumers documented pain management charts showed pain is not always accurately identified with inconstancies observed in the documentation of pain. One representative said staff do not always apply a heat pack for the management of pain for their consumer and the representative voiced their concern that they need to ask staff to apply the heat pack when they see it is not being applied during their visits with the consumer at the service.

**Falls management**

The Assessment Team identified gaps in the delivery of personal and clinical care for a consumer who experienced frequent falls. A review of the consumers incident reports and care documentation identified care is not always tailored to individual needs with the proposed actions to be undertaken post falls not always sufficiently implemented to prevent falls from reoccurring.

**Wound management**

The viewed clinical indicator data report showed the service continues to report high incidences of new wounds and over the last three months the documentation showed that for most consumers, cause of skin injuries was listed as “unknown” or “medical condition” with investigations not always conducted to determine the cause.

In relation to a consumer with a stage three pressure injury a review of the consumers file identified gaps in the documented wound care including the wound photos are not always taken weekly, gaps occurred in the wound dressing regime and the pressure injury was not reviewed by a wound consultant as per the service’s procedure and best practice care for a stage three pressure injury. For another consumer, with documented skin conditions, these have not been effectively managed with the consumer unable to wear clothing of their choice due to the skin condition.

The management advised the Assessment Team there has been an appointment of a wound management and prevention nurse in February 2021 to oversee clinical care provided at the service.

**Chemical restraint**

Whilst the service has restraint minimisation policy and procedures in place a review of the psychotropic medications registers identified that the prescriptions of psychotropic medications have not been reviewed three-monthly by the medical officer for 11 consumers at the service. Registered nurses said whilst they administer psychotropic medications at the service they were not aware of any consumers currently prescribed chemical restraint. The information provided by the registered nurses was inconsistent with the Assessment Teams review of the services psychotropic medication register which demonstrated seven consumers were identified as having a prescribed chemical restraint.

The approved provider provided a response that included clarifying information to the Assessment Teams report. In relation to chemical restraint and psychotropic medication use, the approved provider provided further information that psychotropic consents are current and are uploaded into the electronic management system. The approved provider refutes the Assessment Teams findings in relation to not applying practices to minimise the use of psychotropic medicines and provided a report that included changes to medications in the last three months as evidence of minimisation of chemical restraint occurring at the service. Whilst the report provided evidences 13 medications were recently ceased there is also evidence of 11 new prescriptions of psychotropic medications occurring at the service. I note there is gaps in the documented indications for use and the report doesn’t support that consumers are prescribed medications for the intended use of the medications.

In relation to skin integrity the approved provider notes improvements in the provision of care including the recruitment of a registered nurse in a wound management and prevention role to increase the services focus on wound management. The report evidences wound wise education sessions have occurred for staff in January and February 2021.

In relation to a consumer with frequent falls the approved provider considers sufficient action is undertaken when falls occur however I note whilst the response evidences the physiotherapist has reviewed the named consumers and implemented strategies post fall the staff did not always implement the documented falls preventions strategies and a working sensor mat and call assistance aids were not always in place at the times falls occurred.

For another consumer, where pain management strategies were not observed to be in place to manage the consumers pain, the approved provider provided a response that included education has been provided to staff and case conferences have been held with the consumer and their representative to ensure care provided is optimal.

The approved provider submitted a response that included an education and continuous improvement plan to address the issue raised for the requirement.

I have considered the Assessment Teams report and the approved provider response and I find on the balance of the information provided at the time of the performance assessment the consumers sampled were not getting safe and effective personal care and clinical care.

I find this requirement Non-Compliant

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

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

The Assessment Team provided information that the effective management of high impact and high prevalence risks associated with the care of consumers was found to be ineffective. Whilst the service uses clinical indicators data to trend and analyse incidents that occur, the service does not have a risk register to highlight the management of consumers with high impact or high prevalence risks.

Whilst registered nurses could identify some of the high impact and high prevalence risk for consumers including falls, bruises and skin tears, the review of documentation identified systems are not always in place to monitor and adjust practices to effectively manage high impact and high prevalence risks. For consumers at the service the high impact and high prevalence risk included falls, wound management, managing medications safely and managing hydration and nutrition.

### Falls were identified as high impact or high prevalence risk for consumers with appropriate strategies not always in place, to alert staff when high risk consumers mobilise, or effective to minimise risk of falls in the consumers sampled. Refer to Requirement 3(3)(a).

Preventing and managing wounds and pressure injurieswere identified as high impact or high prevalence risk for consumers however strategies were not always effective, or in place, to manage wounds that occurred in the consumers sampled. Refer to Requirement 3(3)(a).

The Assessment team identified gaps in the management of medication safety with clinical indicators data showing the service has a high use of polypharmacy (nine regular medications or more) for consumers, however, no resident medication management reviews were completed from November to January 2020 with 29 consumer reviews last occurring in July 2019. There was no information provided to indicate if the medical officers were consulted, or asked, to refer consumers for medication review for the 29 consumers noted. The service has a policy for nurse-initiated medications (NIM) however, this had not been effectively applied in three consumers files sampled. The Assessment Team observed some liquid medications and inhalers prescribed for consumes did not have a date of opening and therefore there was no indication or date for when the medications are to be discarded.

The Assessment Team identified gaps in the effective management of weight loss with clinical indicators data showing several consumers had significant or consecutive weight loss over the last three months and feedback provided by representatives raised concerns on nutrition and hydration for consumers. Weight loss was not identified by registered nurses as a high impact and high prevalence risk for consumers.

In relation to nutrition and hydration the approved provider stated staff provide meal assistance as required and consider dietary preferences with dietitian and speech pathologist’s advice and intake charting implemented where indicated. Whilst weight loss was not identified by the clinical staff at the time of the assessment contact the approve provider in their response outlined for all consumers with weight loss, greater than three kilograms, their nutrition needs have been reviewed by a dietician post assessment contact.

In relation to the management of medication safety whilst I note the approved providers in their response states the guidance is for a RMMR to occur biennially I note the guidance also includes a review can occur annually when clinically indicated. The service did not provide sufficient evidence that a system is in place to monitor if an annual review was required or occurs for the consumers with polypharmacy.

The approved provider submitted a response that included an education and continuous improvement plan to address the issue raised for the requirement.

I have considered the Assessment Teams report and the approved provider response and I find the service does not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

I find this requirement Non-Compliant.

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

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

The Assessment Team found that the service demonstrated 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. Staff, including allied health professionals, have access to the consumer electronic documentation. Staff interviewed described when changes occur, they are able to get information from progress notes, message boards and handover documents. The Assessment Team found that for most consumers sampled, the progress notes and handover documents provided adequate information to support safe sharing of the consumer’s care.

I have considered the Assessment Teams report and I find that at the time of the performance assessment relevant information about the consumer’s condition, needs and preferences was documented and communicated within the organisation and with others where responsibility for care is shared.

I find this requirement Compliant.

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

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

The Assessment Team provided information that while some consumers (and representatives on their behalf) are generally satisfied with their access to medical officers and other allied health professionals other consumers were not satisfied that referrals were timely or appropriate for the consumers care needs. Whilst staff interviewed were able to describe the process for referrals to relevant health professionals’ deficits were found in the referral to specialists; wound care specialists and behavioural management services.

The approved provider provided a response that refutes some of the Assessment Teams findings and includes clarifying information in relation to the service having a process and a clinical care policy in place to guide staff in making referrals to health professionals and others who provide care outside the service. I note in relation to two consumers with behavioural management issues the approved provider provided clarifying information that the consumers have had received a timely and appropriate referral to a psychiatrist and to Dementia Services Australia. However, I also note an appropriate and timely referral did not occur for another consumer who had experienced frequent falls when their representative had requested a referral be made to a geriatrician in December 2020.

In relation to a consumer with a stage three pressure injury and for another consumer requiring an appointment with an external clinic I note there was no evidence that timely or appropriate referrals occurred.

I have considered the Assessment Teams report and the approved provider response and I find that at the time of the performance assessment timely and appropriate referrals to individuals, other organisations and providers of other care and services had not been made for the sampled consumers.

I find this requirement Non-Compliant.

### 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 identified while some precautions are in place to prevent and control infections, including policies in place for infection control and records demonstrating staff are provided with training, these precautions were not always applied in practice with deficits identified with the service’s infection control program. Observations across the service showed there were infection control breeches with staff inconsistently applying standard and transmission-based precautions to prevent infections.

The Assessment Team’s report includes interviews with nursing staff found the staff were aware of the need to minimise and support the appropriate use of antibiotics, with staff able to describe the appropriate practices to support optimal care and reduce the risk of increasing resistance to antibiotics. The management advised the service monitors infections within the infection register and the antimicrobial usage spreadsheet to trend and monitor infections. A review of the clinical indictors report demonstrates that the number of infections has remained relatively stable over the last three months.

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 considered the Assessment Teams report and the approved provider response and I find there is practices in place to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics, however at the time of the assessment contact infection related risks were not being minimised through implementation of standard and transmission-based precautions to prevent and control infection.

I find this requirement Non-Compliant.

# 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

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 interviewed (or a representative on their behalf) considered consumers were provided with safe and effective services and supports for daily living, however this did not occur for all consumers and the service showed a lack of effective programming occurred in response to feedback provided by consumers to tailor the program for individual needs and preferences for consumers well-being and quality of life.

Whilst some consumers actively participate in life at the service, and said they are well supported to maintain relationships and do things of interest, other consumers (and representatives on their behalf) said there is a lack of support shown for consumers to engage with members of their cultural community within the service environment. Information provided found the timely and appropriate referrals to individuals, other organisations and providers of other care and services is not always occurring.

Mixed feedback was provided by consumers and or representatives on the meals provided to consumers, whilst some consumers said they had observed some improvements in the meals provided, other consumers were not satisfied with the quality of the meals, particularly with the modified meals. The service has received feedback about the quality of meals, including the modified meals, however there is no evidence of this being addressed to bring about improvements for consumers.

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 provided information that daily living services and supports were not always safe or effective in meeting consumer needs, goals or preferences to optimise their independence, well-being and quality of life. Review of care planning documents show that while staff respect consumer’s choice not to participate in group activities, other forms of activities, including individual activities, are not always provided or documented in the consumers file. Care planning documents and the service’s activity calendar do not always reflect that consumers get to do what is of interest to them.

The Assessment Team described how the staff interviewed could identify what is important to consumers, what they like to do and how the staff work with consumers to maintain their independence and quality of life. The staff stated improvements are occurring, for example, the staff are in the process of completing story boards for each consumer to highlight the consumer’s story, hobbies and interests.

Observations and viewed documents showed whilst there is group activities and exercise classes run by the lifestyle staff, there is a lack of programming in response to feedback provided by consumers on individual needs and preferences for their well-being and quality of life. Staff interviewed were unable to provide information regarding how suggestions and feedback from consumers on lifestyle activities is systematically reviewed and utilised to inform the lifestyle program.

The approved provider submitted a response that included an education and continuous improvement plan relating to this requirement. Sufficient time is required to undertake the planned actions and to demonstrate their effectiveness.

I have considered the Assessment Teams report and the approved provider response and I find that at the time of the performance assessment consumers were not receiving safe and effective daily living services and supports to meet their needs, goals and preferences or to optimise their independence, health, well-being and quality of life.

I find this requirement Non-Compliant

### 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 provided information that consumers (and representative on their behalf) provided feedback that there are service supports to assist them to keep in touch with family and friends, especially during COVID-19, however some consumers and representatives said the service does not help them to participate in their community within the service’s environment. Not all staff interviewed were aware of how consumers participate or receive support from outside organisations and documents viewed showed such support is not always reflected in care plans.

Whilst some consumers actively participate in life at the service and said they are well supported to do things of interest to the other consumers (and representatives on their behalf) said there is a lack of support shown for consumers to engage with members of their cultural community. Whilst staff could explain community supports for individual consumers, observed care plans did not always reflect community supports consumes were receiving, for example support services for a consumer receiving NDIS.

The approved provider has not refuted the issues stated by the Assessment Team for this requirement with the provider including education to staff and a continuous improvement plan in their response to address the issues raised.

I have considered the Assessment Teams report and the approved provider response and I find that at the time of the performance assessment the daily living services and supports were not assisting consumers to participate in their community within and outside the organisation’s service environment and do things of interest to them.

I find this requirement Non-Compliant.

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

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

The Assessment team provided information that timely and appropriate referrals to individuals, other organisations and providers of other services did not always occur for consumers. The report includes information that some consumer care plans did not demonstrate the service documents collaboration with other organisations and providers to support the diverse needs of consumers. Staff interviewed were not able to describe the ways in which the service engages with external organisations to support consumers during the visitor restrictions that have occurred during Covid-19.

The Assessment team found while some consumers considered they had been provided with timely referral to other individuals and organisations, other consumer’s representative interviewed did not agree and stated referrals for religious organisations and providers of community visits has not occurred for their consumers.

The approved provider submitted a response that included clarifying information that the organisation has a policy and process in place to make referrals to individuals and providers outside the service. The approved providers response included a continuous improvement plan for the issues relating to this requirement.

I have considered the Assessment Teams report and the approved provider response and I find that at the time of the assessment contact it was not demonstrated timely and appropriate referral of consumers to individuals, other organisations and providers of other care and services was occurring.

I find this requirement Non-Compliant.

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

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

The Assessment Team identified meals are not varied or of a suitable quality for some consumers. Consumers interviewed, and representatives on their behalf, provided variable feedback on the meals provided, some consumers described how the meals have improved with sufficient meals and snack provided, whilst other consumers said the meals are sometimes cold and the modified meals provided by the service were monotonous and needed to improve in texture, quality and presentation.

The Assessment Team provided information that care plans reviewed mostly reflected dietary needs and preferences of consumers. The catering service knew the specific dietary needs of the consumers sampled and could describe how they meet them, however some consumer interviewed stated their food choices were not always followed and there were no menu choices for the modified meals served. This issue was observed in the current menu provided which shows some instances where the texture modified meal is substituted and is not a modification of the main meal.

There appears to be some consumer consultation in regard to the menu during consumer meetings and food focus group meetings which are scheduled to occur monthly. Consumers and staff interviewed gave examples of some recent changes to the menu in response to feedback provided, however the reviewed meeting minutes did not identify timelines to implement feedback with lack of actions undertaken to address issues raised in meetings. This issue was verified by some consumers who said the feedback they have provided on the menu at the food focus group meetings does not result in any changes to the menu or the food provided.

The approved provider submitted a response that included 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.

I find this requirement Non-Compliant.

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The consumers sampled, or a representative on their behalf, were not satisfied with the service environment is safe and comfortable and raised issues that the environment is not always welcoming, shared bathrooms are not clean, malodour occurs and some of the outdoor furniture is unclean and unsuitable. Review of documents showed there is delays in completion of some maintenance requests and with the scheduled preventative maintenance.

The observations made, interviews with staff showed there is a lack of dementia enabling design principles at the service including a lack of signage throughout the service to assist consumers with way finding. Whilst consumers have consented to their names to be displayed on their rooms this has not occurred at the service.

The service environment did not enable all consumers to move freely, including from indoors to 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 the service environment was not welcoming or easy to understand and did not optimises each consumer’s sense of belonging, independence, interaction and function. Observations by the Assessment Team showed the service environment to be noisy, malodours were present and not all consumer rooms are personalised with consumers names and belongings. While some of the consumers were observed to interacting with each other and staff in the communal areas, a number of consumers were observed to be alone in their rooms during the assessment contact and were not engaging with staff or other consumers. Feedback from some consumers and representative identified the environment is not always welcoming with shared bathrooms not clean and malodour detected.

The Assessment Team observed there is a lack of dementia enabling design principles at the service including a lack of signage throughout the service to assist consumers with way finding. Whilst consumers have consented to their names to be displayed on their rooms this has not occurred. Graffiti was observed inside the lift door and the Assessment Team observed limited access to private spaces for consumers to have private time or spend time with family and friends, with one room observed to be allocated to consumers and their families for this purpose.

The approved provider provided a response that included clarifying information to the report in regard to space for private visits and I acknowledge there is four private spaces availed at the service for consumers. The approved provider’s letter of response includes a continuous improvement plan that addresses some of the matters raised in the assessment team’s report.

I have considered the Assessment Teams report and the approved provider response, and whilst I acknowledge the improvements being undertaken by the approved provider I find at the time of the performance assessment the service environment is not welcoming and easy to understand, and did not optimises each consumer’s sense of belonging, independence, interaction and function.

I find this requirement Non-Compliant.

### 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 identified the service was observed to be mostly clean and well maintained however the building design does not enable all consumers on the top floor to move freely outdoors outdoor and the coded front door restricts the consumers ability to move freely indoors and outdoors At the time of the assessment contact the Assessment Team observed repairs were underway in a common walkway of the service to repair lights after a storm however the hazardous area was unsafe, it was not sign posted, or sectioned off with consumers observed to be walking close to the hazard.

Whilst consumers can move freely around on the ground floor consumers cannot leave the service unless they have been provided with the security code to unlock the entrance keypad doors. The management advised the Assessment Team that there was only one consumer who has been provided with this code. The service was not able to provide a list of consumers who have been given the code or a list of consumers who have consented for the environmental restraint.

Issues were identified relating to documentation displayed for fire safety, most of these issues had not been identified by the service but were addressed by management at the service after feedback was provided by the Assessment Team.

The Assessment Team identified not all the registered nurses interviewed could describe the process for logging a maintenance ticket on the electronic maintenance system. A review of the maintenance register shows non-completion or delay in completion of some maintenance requests while the preventative maintenance register shows some delay in the monthly fire and sprinkler checks at the service.

The approved provider submitted a response that included an education and continuous improvement plan relating to this requirement including the service is obtaining consumer consent for the environmental restraint. The approved provider has not refuted the issues stated by the Assessment Team.

I have considered the Assessment Teams report and the approved provider response and I find at the time of the performance assessment the service environment was mostly clean however it was not safe, well maintained and comfortable and didn’t enable consumers to move freely, both indoors and outdoors.

I find this requirement Non-Compliant

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

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

The Assessment Team identified the services furniture, fittings and equipment were not well maintained and suitable for each consumer. In particular, it was observed some internal and outdoor furniture was found to be stained and dirty. Whilst consumers said they feel safe with the equipment used to deliver care other consumer representatives considered outdoor furniture was unclean and unsuitable. Staff interviewed stated the outdoor furniture is cleaned, as time permits in their work priorities, however they stated the outdoor areas are not always routinely cleaned. Staff said they routinely clean share equipment and slings required for manual handling.

The Assessment team identified an environmental audit conducted in January 2021 has open actions remaining in the action plan. Observations of registers demonstrated there was delays in completion of some maintenance requests while the preventative maintenance register showed there has been some delay in the monthly fire and sprinkler checks at the service. The repairs underway at the time of the assessment contact that were due to storm damage were not reported on the register as a hazard. Refer to Requirement 5(3)(b).

The approved provider provided a response that included that included an education and continuous improvement plan relating to this requirement. The approved provider has not refuted the issues stated by the Assessment Team.

I have considered the Assessment Teams report and the approved provider response and I find at the time of the performance assessment that in relation to the organisations service environment furniture, fittings and equipment is not safe, clean, and well maintained for consumers.

I find this requirement Non-Compliant.

# 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

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.

Whilst most consumers considered they are encouraged and supported to give feedback and make complaints the service was unable to demonstrate that feedback and complaints have been reviewed and used to improving quality of care at the service.

Feedback from consumers and observations made showed some consumers were not aware of avenues for raising and resolving complaints, including advocacy and languages services. Some consumers and representatives were also unaware of any external avenues for complaints or said that they became aware only through their own research.

While consumers interviewed, and representatives on their behalf, said some action was taken in relation to complaints, they said they were not always satisfied with the outcome or action taken. Staff lacked an understanding of the open disclosure process and how to apply thiswhen things go wrong.

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

The Assessment Team provided information that demonstrated the service encourages and supports consumers and their family, friends, carers and others to provide feedback or make complaints about the care and services they receive. Consumers described how they have seen improvements reflected in the complaints management system at the service which has enabled them to feel safe, comfortable and supported to raise a complaint or provide feedback to staff.

The Assessment Team found staff interviewed were able to provide examples of how they support consumers to provide feedback or submit a complaint. The management confirmed the service the has an open-door policy and the service’s policy and procedure, in relation to feedback and complaints management, was observed to be proactive and resolution focused. The Assessment Team observed feedback boxes are well positioned around the service and are well stocked with feedback forms. The service’s consumer and family meeting, food focus meeting and activities meeting provides further opportunities for consumers to provide feedback.

I have considered the Assessments Teams report and I find consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

I find this requirement Compliant.

### 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 provided information that whilst some consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints, other consumers and representatives at the service were not aware of this or said that they became aware only through their own research. The service’s consumer handbook provides information on how to make complaints within the service, to the Commission and the advocacy services available. Brochures to engage external complaint organisations were observed to be displayed in the foyer of the service and are available in several languages.

Some staff could not describe how they would assist consumers in accessing advocates, language services and other methods for raising and resolving complaints. The management described the interpreter services available for consumers at the service and bilingual staff and family members can assist in facilitating communication with consumers.

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

I find this Requirement Non-Compliant.

### 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 identified appropriate action is not always undertaken when complaints have been made. While consumers interviewed, and representatives on their behalf, said some action was taken in relation to complaints, they said they were not always satisfied with the outcome. Not all staff could describe how to apply an open disclosure process or what was required of them in this process. Complaint records show a lack of actioning of the issues in the complaint.

The approved provider provided a response that included clarifying information to the report. I note the approved providers current complaints register demonstrates complaints were acknowledged and responded to in a timely manner, however for some complaints raised there was limited actions and evaluation of the complaint, particularly in regard to staff practices and clinical care.

The approved provider submitted a response that included an education and continuous improvement plan.

I have considered the Assessment Teams report and the approved provider response and I find appropriate action is not consistently taken in response to complaints and staff were not able to describe how to apply the services open disclosure process for when things go wrong.

I find this requirement Non-Compliant.

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

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

The Assessment Team identified whilst some consumers described the service as improving in reviewing complaints since the previous assessment contact in November 2020, other consumers interviewed, and representatives on their behalf, provided information that their feedback and complaints have not been reviewed and used to improving quality of care at the service.

Staff interviewed were able to give examples of how the organisation is using feedback and complaints to improve the quality of their care and service in regard to the environment and clinical care, however staff said not all feedback is reviewed and used to improve the quality of care and services provided.

Management said the complaints raised in relation to consumer representatives having appropriate access to staff to communicate care concerns is being addressed. The service is currently rolling out telecommunication improvements to address these issues raised. A system for recording feedback and complaints was observed, however it was unclear how information from the complaints system is reviewed and used to improve the quality of care and services provided. On review of the service’s continuous improvement plan, the Assessment Team identified that the majority of the issues identified for improvement were initiated by management and did not originate from other feedback such as consumer surveys, staff surveys, incident reports or audits.

The approved provider provided a response that included clarifying information to the report. I note the approved providers provided complaints register does not clearly outline processes the service has taken to use their feedback and complaints to improve the quality of care and services for the consumers. The approved provider in their response described how complaints are trended and discussed in lifestyle meetings however no further information was provided on where quality of care and clinical complaints are reviewed with staff to improve the quality of care delivered.

I have considered the Assessment Teams report and the approved provider response and I find feedback and complaints are not reviewed and used to improve the quality of care and services.

I find this requirement Non-Compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall consumers interviewed, and representatives on their behalf, considered there was insufficient staff to meet the needs of consumers and they provided information about the needs of consumers not being met. While most consumers and or representatives advised staff were kind, caring and respectful to consumers, some said they were not.

Some consumers (and their representatives) were unsure if staff are skilled and competent enough to meet the consumer needs. Whilst the service demonstrates that the workforce has the relevant qualifications, deficits identified in the delivery of care and services demonstrates that the workforce is not adequately equipped, trained or competent to effectively undertaken their roles in delivering the Quality Standards. Most staff interviewed said whilst they had received training for their role they don’t consider they are always supported in their role, for example some staff stated they are not comfortable to raise issues or concerns with the management of the service.

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 reviews.

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 provided information that consumers interviewed, and representatives on their behalf, considered there was insufficient staff to meet the needs of consumers with several consumers and representatives stating they did not think there was enough staff employed at the service to promptly respond to call bells and gave examples of individual personal care needs not being met. Some staff commented that they did not always have time to complete all their tasks across the catering, lifestyle and care staff of the service. The Assessment Teams report includes information on changes in personnel at the service, including a reduction in the allocated lifestyle team hours. A review of staff rosters identified that not all shifts were consistently filled for lifestyle staff over the past four weeks. During the assessment contact the general manger was on leave with the operations manager filling in for this role during the absence.

The management of the service advised the Assessment Team they considered the workforce is planned and enable for the current number of consumers. Since the previous assessment contact in November 2020 the management said improvements have been undertaken to improve the delivery of care and the visibility of staff in the units with a review of rosters occurring in line with consumer acuity and care needs. The manager advised that they usually monitor call bell times above 10 minutes and that random tests were conducted to check staff response times. Exception reports or trending documents were requested but not provided to the Assessment Team and several call bells were observed to be out of reach of consumers during the site assessment.

The approved provider in their letter of response refutes the Assessment Teams findings and considers the workforce planned in relation to the number of members of the workforce to enable the delivery and management of safe and quality care. The approved provider acknowledges the workforce is under review and this review is ongoing with advisors to the service. I note there are some improvements to deploy a planned and enabled workforce in the documents provided in the response however the response did not provide evidence to address the issues raised by the Assessment Team in regard to delays in call response times and the number of lifestyle workforce deployed.

The approved provider submitted response includes an education and continuous improvement plan for the requirement. Sufficient time is required to undertake the planned actions and to demonstrate their effectiveness.

I have considered the Assessments Teams report and the approved provider response and I find the workforce is not consistently 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.

I find this requirement Non-Compliant.

### 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’s report includes for most consumers interviewed, or a representative on their behalf, the staff were kind, caring and respectful, however not all consumers or representatives felt this way and staff were not observed be consistently acting in a kind, caring and respectful way towards consumers. Refer to Standards One to identify examples of concerns voiced by consumers and their representatives about staff behaving disrespectfully towards them. The service’s records identify that since the previous assessment contact in November 2020 further complaints have been raised from the consumers representatives about the conduct and attitude of some staff.

The approved provider’s letter of response considers the examples provided by the Assessment Team are historical issues and are resolved. Whilst I have considered the information provided in the response on reviewing the Assessment teams findings there are concerns voiced by consumers and/or their representatives and observations of workforce interactions with both management and staff that are not kind, caring and respectful.

I have considered the Assessment Teams report and the approved provider response and I find that at the time of the assessment contact workforce interactions with some consumers had not been kind, caring and respectful of their identity, culture and diversity.

I find this requirement Non-Compliant.

### 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 provided information that some consumers interviewed, or a representative on their behalf, provided information that some staff are not competent to perform their roles to meet the consumer care needs and this has impacted on the care delivered to their consumers. Staff interviewed described how they undertake orientation and specific training related to their roles with staff undertaking orientation, including buddy shifts, designed to equip staff to be competent and capable in their roles. Documentation reviewed confirmed that all new staff have completed induction and online mandatory training since commencing employment. Whilst the service demonstrates that their workforce has the relevant qualifications with training provided, deficits in competency in staff practices were identified across Standards Two and Three.

The approved provider submitted a response that included an education and continuous improvement plan to provide a competent workforce with qualifications and knowledge to effectively perform their roles. The approved provider and has not refuted the issues stated by the Assessment Team relating to this requirement.

I find this requirement Non-Compliant.

### 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 provided information that whilst most staff have undertaken mandatory training to support them deliver the outcomes required by these standards some staff have outstanding training including medication competencies, manual handling and fire safety. New staff training schedules have commenced to equip staff with skills to provide safe quality care and services. Most staff interviewed said whilst they had received training on recruitment and ongoing training they don’t consider they are always supported in their role, for example some staff stated they are not comfortable to raise issues or concerns or requests for additional staff with management. 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. Management stated they have expanded the roles of registered nurses to ensure closer supervision and train of staff delivering care.

The Assessment team identified the service did not have adequate processes in place to monitor if staff are trained, equipped and supported in their role. The service does not have a current staff training needs analysis to identify staff training needs and whilst a staff survey was conducted in 2020 the feedback has not been analysed to inform staff training needs. An education action plan for December 2020 to May 2021 was provided by the nurse advisor.

The approved provider in their response provided clarifying documentation that demonstrated most staff at the service have completed mandatory training. The approved provider response included an education action plan and a continuous improvement plan which reflects actioned and planned improvements relating to this requirement. Sufficient time is required to undertake the planned actions and to demonstrate their effectiveness.

I have considered the Assessment Teams report and the approved provider response and I find at the time of the assessment contact it was not demonstrated the workforce have been recruited, trained, equipped and supported to deliver the outcomes required by these standards.

I find this requirement Non-Compliant.

### 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’s report identified whilst some systems in place for performance management of members of the workforce these systems have not been effective to manage and monitor the performance of each member of the workforce. While the service has improved its processes to monitor staff performance annually, personnel records showed that the performance of each staff member is not regularly or consistently appraised to date. Not all staff interviewed could recall having a performance appraisal in the past 12 months with documentation identifying many staff were overdue for their appraisals.

The report includes the service has implemented a cultural change process to address staff performance issues, such as those arising from incidents, with several staff performance managed over the past two months, resulting in some resignations in the service.

The approved provider submitted a response that included a continuous improvement plan that includes a plan to complete annual staff performance appraisals. The provider has not refuted the issues stated by the Assessment Team.

I have considered the Assessment Teams report and the approved provider response and I find that at the time of the performance assessment regular assessment, monitoring and review of the performance of each member of the workforce was not occurring.

I find this requirement Non-Compliant.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The feedback from consumers and representatives sampled, interview with senior management and documents reviewed did not demonstrate that consumers are being genuinely engaged in ongoing development, delivery and evaluation of care and services.

Organisation wide governance systems in place are ineffective, in relation to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.

While the organisation has a clinical governance framework 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 provided information whilst the organisation’s strategic plan is developed in partnership with key stakeholders, including consumers from diverse backgrounds, there was a lack of documentary evidence of how consumers are supported to be engaged on an ongoing basis in the development, delivery and evaluation of the care and services. Monthly resident and relatives’ meetings have not occurred as scheduled. The service has improved its feedback process by providing new feedback forms to support consumers to raise complaints however complaints are not always managed effectively or utilised to inform improvements in the quality of care and services provided. The service has observed gaps in engaging consumers with a consumer survey not undertaken for over 12 months. Consumers or representatives are not actively or deeply involved in the development, delivery and evaluation of care and services.

The approved provider has not demonstrated an understanding of this requirement which is about actively engaging consumers in the development, delivery and evaluation of care and services across the service and for the organisation. The provider’s letter of response and supporting evidence do not reflect consideration has been given to practices which support co-design in aged care.

The approved provider submitted a response that included a continuous improvement plan. Whilst the approved provider has not refuted the issues stated by the Assessment Team the provider’s letter of response and supporting evidence do not reflect consideration has been given to practices which support co-design in aged care.

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

I find this requirement Non-Compliant.

### 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 provided information that whilst the organisation demonstrates effective financial governance systems the organisation’s governance systems lack effective organisation wide governance systems related to the following sub requirements: information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.

The Assessment Team provided the following information:

#### Information management

While staff interviewed confirmed that they can readily access the information they need, they face issues in finding the time to accessing up to date information. Several issues were identified across Standards 1-7 regarding information management, for example communication cues developed for consumers with poor English are not being used consistently by staff. (Refer Standard 4). Deficits were observed in staff knowledge of policies and procedures impacting on the information provided to consumers and representatives (Refer Standard 2 (3) a and d).

The Assessment Team provided information that the organising is currently appointing NSW support roles to assist the service in to improve communication, including monitoring and reporting, between the service and the organisation’s national office.

#### Continuous improvement

While action plans and improvement items have been implemented to address the finding of noncompliance identified in the assessment contact in November 2020 the Assessment Team identified that most opportunities for improvement have been management initiated, or in response to Commission reports, rather than feedback from complaints, incidents or audit systems. Issues identified, and planned actions do not always evidence evaluation of the effectiveness of actions occurs. Review of the continuous improvement plan showed ongoing deficits for several items marked as closed without an evaluation or a date of closure.

#### Financial governance

The organisation has a system to ensure delegations of authority for management and staff with the management interviewed demonstrating how they seek changes to budget or expenditure to support changing needs of consumers.

#### 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 records showed the organisation has a system for recording reportable assaults through the electronic care system which alerts the organisation’s quality team when reportable incidents are documented. Management is responsible for monitoring this system to ensure that all reporting requirements are met. The Assessment Team identified two compulsory reports have occurred to date in 2021 with both reported within the 24 hours in line with reporting requirements. Management advised that legislative changes are generally monitored through national office and passed on to service. Some observed contractual agreements were outdated with the management unable to provide evidence of the documentation at the time of the assessment contact.

**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 a continuous improvement plan to address the issue issues raised by the Assessment Team. I note the approved providers response outlines at the time of the assessment contact the organisation demonstrated an effective system for recording compulsory reporting in 2021 with two compulsory reports occurring in 2021 with both reported to the Commission in line with reporting requirements.

I note the planned improvements outlined in this report that the approved provider is undertaking in response to issues raised.

I have considered the Assessments Teams report and the approved provider response and I find there are not consistently effective organisation wide governance systems in relation to information management, continuous improvement, workforce governance and feedback and complaints.

I find this requirement Non-Compliant.

### 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 are in place relating to the sub requirements: managing high impact or high prevalence risks associated with the care of consumers and supporting consumers to live the best life they can. Refer to Standards 2, and 3 for further information. Whilst the service uses clinical indicators data to trend and analyse incidents that occur it does not have a risk register that includes consumers with high impact or high prevalence risks that can be monitored regularly.

The approved provider’s letter of response, in relation to managing high impact or high prevalence risks associated with the care of consumers, evidences the services risk management framework, however the letter of response does not specifically address management of high impact high prevalence risks for consumers. I note supporting consumers to live the best life they can remains an ongoing issue since the previous performance assessment in November 2020. Refer to Standards1, 2, and 3 for further information.

The approved provider submitted a response that included an education and continuous improvement plan.

I have reviewed these findings and consider that the organisation is not compliant with this requirement, there is not effective risk management systems to manage high impact high prevalence risks for consumer and not all consumers are adequately supported to live the best life they can.

I find this requirement Non-Compliant

### 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 provided information that an effective clinical governance framework is not in place including but not limited to the following: antimicrobial stewardship; minimising the use of restraint; open disclosure. The Assessment Team found that there has been a lack of clinical oversight for effective clinical governance.

There is a documented clinical governance framework and the organisation has policies for antimicrobial stewardship, minimising the use of restraint and open disclosure however some staff said had not all received training. A review of the services training program identified training has occurred in relation to elder abuse and compulsory reporting, open disclosure and antimicrobial stewardship. Clinical governance training is ongoing.

In relation to a clinical framework to minimise the use of restraint, restraint has not been identified or managed effectively at the service (Refer to Standard 3 Requirement (3)(a) and Standard 5 Requirement (3)(b).

The approved provider provided a response that includes an action plan implemented that includes improvements have been made to identify and manage the consents for environmental restraint at the service, however I note this was not in place at the time of the assessment contact.

The approved provider submitted a response that included an education and continuous improvement plan. This includes planned education on the clinical governance framework and the polices and procedure related to the requirement with improvements made to the clinical key performance indicators framework to improve the delivery of clinical governance at the service. I acknowledge the improvements made however sustainability of the clinical governance systems will require additional time to monitor to ensure their effectiveness.

I have considered the Assessments Teams report and the approved provider response and I find while the organisation has a clinical governance framework this has not been applied effectively.

I find this requirement Non-Compliant.

# 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.

The approved provider is required to:

Accreditation Standard 1: Consumer dignity and choice

* Ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* Ensure each consumer is supported to take risks to enable them to live the best life they can, including but not limited to nutrition and hydration risks.
* Undertake further staff training on the use of communication aids to ensure information provided to each consumer is current, accurate, timely, and communicated clearly, easy to understand and enables them to exercise choice.
* Attend to routine consumer and representative meetings as outlined in the services schedule to enable timely and ongoing information sharing.

Accreditation Standard 2: Ongoing assessment and planning with consumers

* Ensure 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.
* Review the processes for communicating the outcomes of assessment and planning to the consumer (or a representative on their behalf) and ensure the care and services plan readily available to them. This should include, but not be limited to, offering to provide consumers with the actual care plan.
* Undertake and document timely, multi-disciplinary investigation or root cause analysis of each consumer incident; and use the findings to update the consumer’s plan of care with the aim of preventing future incidents and mitigating the risk of harm or injury from future incidents.

Accreditation Standard 3: Personal care and clinical care

* Ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being, including but not limited to pain, falls and wound management and minimising the use of restraint.
* Ensure effective management of high-impact and high-prevalence risks associated with the care of each consumer.
* Undertake review of consumer psychotropic medication and complete the psychotropic medication self-assessment report to identify which consumers are being chemically restrained and to demonstrate restraint minimisation is being practiced.
* Ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services.
* Review and improve the processes for monitoring and correcting staff practice in relation to infection prevention and control as these have not been effective.

Accreditation Standard 4: Services and supports for daily living

* Ensure the lifestyle program provides each consumer with effective services and supports for daily living that meet the consumer’s needs, goals and preference and optimise their independence, health, well-being and quality of life.
* Complete the story boards for each consumer to highlight the consumer’s story, hobbies and interests.
* Ensure services and supports for daily living assist each consumer to participate in the community within and outside the organisation’s service environment, have social and personal relationships, and do the things of interest to them.
* Review leisure and lifestyle plans for individual consumers and for the service overall to ensure they reflect input from consumers about what is of interest to them, and ensure support is provided for those interests to be facilitated and met.
* Ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services for each consumer.
* Ensure meals provided are varied and of suitable quality and quantity, including but not limited to the modified meals provided.
* Review and improve the processes for gaining input and feedback from consumers about the variety and quality of the meals, the menus and about the dining experience, and demonstrate responsiveness to that input and feedback.

Accreditation Standard 5: Organisation’s service environment

* Ensure the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.
* Ensure the service environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.
* Complete an environmental audit as planned to use, but not limited to, a validated tool for dementia friendly design; and develop and implement a plan to address the identified deficits and improve the service environment so it is welcoming and easy to understand for all consumers and enables them to move freely.
* Ensure corrective maintenance is undertaken in a timely manner and preventative maintenance is planned and implemented accordingly in the current service environment.
* Ensure cleaning of all areas of the service environment is undertaken on an ongoing basis, including but not limited to outdoor areas and outdoor furniture.

Accreditation Standard 6: Feedback and complaints

* Ensure consumers are aware and supported to access to advocates, language services and other methods for raising and resolving complaints.
* Ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. This includes seeking to understand the issues from the complainant’s point of view and working collaboratively with them to resolve their complaint, including giving an apology and an explanation when things have gone wrong.
* Ensure feedback and complaints are reviewed and used to improve the quality of care and services.
* Review and improve the ongoing processes to regularly seek input and feedback from consumers and use this to inform continuous improvement as the processes have not been effective.

Accreditation Standard 7: Human resources

* Implement the management and staffing structure, number and skills mix as planned, formally evaluate the effectiveness of this with appropriate expertise and with input from consumers/representatives and make any further improvements to workforce planning and deployment as identified are needed. This means providing a workforce that is enough, skilled and qualified for safe, respectful and quality care and service delivery.
* Continue to implement the cultural change management program to bring about improvement in the way members of the workforce interact with consumers, so they are treated with kindness, care and respect.
* Ensure the workforce is competent and members of the workforce have the qualifications and knowledge to be competent and effective to perform their roles.
* Continue to review and adapt the staff education program in response to emerging areas of need to support the staff to effectively perform their roles and deliver the outcomes required by the Quality Standards.
* Ensure regular assessment, monitoring and review of the performance of each member of the workforce.

Accreditation Standard 8: Organisational governance

* Develop and implement measures to engage with consumers in the development, delivery and evaluation of care and services across the service and for the organisation with consideration given to guidelines about co-design in aged care.
* Ensure the action plan has actions to address all of the required improvements for compliance with the Quality Standards, and it has updates to reflect the progress made and current status of corrective actioning initiatives as these relate to the Quality Standards.
* Ensure effective organisation wide governance systems in relating to but not limited to information management, continuous improvement, workforce governance and feedback and complaints.
* Ensure effective risk management systems and practices, including but not limited to managing high-impact and high-prevalence risks associated with the care of consumers and supporting consumers to live the best life they can.
* Ensure use of a clinical governance framework including but not limited to antimicrobial stewardship, minimising the use of restraint, and open disclosure.