IRT Shoalhaven Court

Performance Report

Culburra Road
CULBURRA BEACH NSW 2540
Phone number: 02 4447 7100

**Commission ID:** 0431

**Provider name:** Illawarra Retirement Trust

**Site Audit date:** 29 March 2021 to 1 April 2021

**Date of Performance Report:** 7 May 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | 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) | Non-compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment conducted 29 March to 1 April 2021, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 3 May 2021.

# 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.

The Assessment Team found that overall sampled consumers did not consider that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

The Assessment Team identified that the service demonstrated that consumers are supported to take risks to enable them to live the best life they can and maintain relationships however, consumers reported that they were not treated with respect and their privacy was not respected.

A consumer reported a staff member had shouted at him, blamed him for things he did not do and constantly spoke to him in a rude manner. He said that this occurred at least five times and expressed feeling abused. It was reported to the care manager.

While there were no culturally diverse consumers at the service during the site audit, the service had a lack of culturally safe activities and care which management acknowledged and were working towards rectifying.

While consumers sampled said the service supported them to make choices and the service has information that is designed to enable consumers to exercise choice not all consumers were receiving this information, or the information provided was not current and accurate.

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

## Assessment of Standard 1 Requirements

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

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

The Assessment Team found that sampled consumers provided mixed feedback regarding the way the staff treat them. One consumer said the staff were great and had felt respected and valued. Three consumers expressed the staff made them feel unintelligent, stupid and abused. Staff spoke about consumers respectfully and most were observed interacting with the consumers respectfully.

The Assessment Team spoke to several consumers who were unhappy with the way that they were treated. One consumer advised that the staff are often condescending and underestimate the consumer’s intelligence another consumer advised the Team that there had been several instances where staff had assisted with personal care only using water, whilst another consumer noted that staff had documented they were lazy. The Assessment Team reviewed the mandatory reporting records for the last two years and none of the incidents were seen documented. The Assessment Team notified management who followed up with the consumer and then completed the mandatory reports. The staff member was stood down pending an investigation.

The Assessment Team found that care staff, registered nurses, lifestyle staff and management all consistently spoke about consumers in a way that indicated respect and a general understanding of their personal circumstances. Staff were able to demonstrate they are generally knowledgeable of consumers’ backgrounds and their preferences that influence the day-to-day delivery of their care.

The Assessment Team observed that most staff were observed interacting respectfully with consumers throughout the site audit however, one consumer was observed asking a staff member for some assistance and the staff member responded, “I’m busy” and walked away.

The approved provider responded to the Assessment Team report and advised that they had consulted with staff to reinforce appropriate types of conversations with the consumer and to advise that further education has been scheduled. A targeted learning and development plan has been developed for all staff with key education topics as communication, complaints and environment, areas of focus during these sessions are respectful communication, ensuring consumer choice, diversity, privacy and confidentiality.

I have acknowledged that the approved provider is committed to ensuring that the staff treat the consumers with respect and dignity, however I find the approved provider is not compliant with this requirement as the service did not demonstrate that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

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

*Care and services are culturally safe.*

The Assessment Team found that through consumer feedback, staff interviews, documentation reviewed, and observations made show that care and services are not always culturally safe. Consumers expressed feeling upset by derogatory or stereotypical comments made by staff about their religious beliefs or sexual discrimination. The activities calendar did not include any cultural activities and no posters or brochures about culture and diversity were observed at the service.

The Assessment Team spoke to management who acknowledged that currently there was a lack of cultural services and care provided at the service. They said the organisation are working towards having a more inclusive and cultural menu and activities which would include celebrating the different cultures on their special days. The food manager provided an email showing the days already listed on the schedule such as the day of happiness as well as more common days such as ANZAC Day, Remembrance Day and Australia Day.

The approved provider’s response to the Assessment Team report stated that currently there was minimal need for cultural services and care to be provided at the service due to the current consumer cohort makeup. The approved provider also advised that the Assessment Team reviewed a sample of the activity programs from 2020 to 2021, however the cultural theme days schedule had only been implemented in February 2021.

I have acknowledged that the approved provider has initiated cultural theme days with activities, menus and celebrations for the consumers, however I find that the approved provider is not compliant with this requirement as the feedback from consumers is that comments made to them from some staff does not demonstrate that care and services are culturally safe for all consumers.

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

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

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

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

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

### Requirement 1(3)(e) 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 the service has information that is designed to enable consumers to exercise choice however not all consumers were receiving this information, or the information provided was not current and accurate. Staff were able to describe the information they provide to the consumers and where it is placed however notice boards were noted to be missing posters or information such as the activity calendar.

The Assessment Team spoke with consumers who said they do not receive a copy of the menu or occasionally there is no menu available when they go to look.

The Assessment Team observed that although copies of the activities calendar were in the newsletter handed out to consumers there were no copies of the calendars on the notice boards in Banksia or Shoalhaven Court.

The approved provider’s response to the Assessment Team’s report included that monthly activity programs are placed on the notice boards in each section of the service and delivered to each consumer at the end of each month and that an additional menu board was to be installed in Shoalhaven Court, so the consumers can view the menu each day.

I have found that the approved provider is not compliant with this requirement, as at the time of assessment , it was noted by the Assessment Team that notice boards did not always reflect information including activity calendars and menus were always available to consumers and that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

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

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

The Assessment Team found that the service has policies and procedures to guide staff in ensuring a consumer’s privacy is maintained however this is not always followed. Consumers reported staff entering their rooms before they were ready and leaving doors unlocked making them feel unsafe. Staff described how they respect and maintain a consumer’s personal privacy.

The Assessment Team interviewed sampled staff who advised their personal privacy was of the upmost importance to them. Three consumers said that not all staff were respectful of their personal privacy. Consumers spoke of staff knocking, however not waiting before entering the room or talking to them whilst they were using the bathroom.

The Assessment Team observed the delivery of care and services was respectful of consumer privacy however a consumer was observed having their blood taken in the dining room reserved for consumers living in the co-located section of the service. Other consumers were in the area and could watch from where they were seated.

The approved provider ‘s response to the Assessment Team report, included that the abovementioned planned training would focus on ensuring that consumer’s privacy and confidentiality is maintained at all times. The service has followed up with pathology to reinforce correct protocols when they attend the service that consumers must be seen in their rooms.

I acknowledge that approved providers response that they will reinforce privacy and confidentiality with staff in their upcoming training, however I find that the approved provider is not compliant at the time of assessment as the service did not demonstrate that each consumer’s privacy is respected, and personal information is kept confidential.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team found that most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Team interviewed consumers who were not aware of care planning documentation, they confirmed they are involved in the planning of their care to some extent. One consumer said they were confident they could have access to their clinical documentation and care and services plan if they wished. One consumer representative said they were informed by the service when there were changes to the consumer’s condition or management.

The Assessment Team found that most consumers said what is most important to them is their independence, and some said they shower themselves. One consumer said they self-medicate, and the service supports them by bringing the medication administration packs to them and checking if they have taken their medications.

While the service has a system in place for comprehensive assessment on entry to the service which populates care planning documentation, review of consumers documentation showed assessment has been inconsistent and assessments are not always completed.

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 reviewed care planning documentation and identified that admission assessments are prompted by the computerised clinical documentation system and includes a preadmission checklist. This is designed to guide compliance with the assessment process and lists assessments to be completed during the first 20 days. The process is monitored by the care manager who receives a report after 20 days with assessments commenced, completed or not done, however this process has been found to have gaps.

The Assessment Team identified that in the sampled consumer’s care planning documentation, there were a number of assessments that had been commenced, however they had not been completed. In some instances, there were some assessments that had not been commenced, this included a consumer who sustained an injury. The injury and hospital instructions were not documented in the consumer’s care plan or incident report. In some instances, case conferences had not been held.

The approved provider’s response to the Assessment Team report acknowledged that at the time of the site audit there were overdue care evaluations, which the team had an action plan in place to complete. The approved provider advised that they continue to monitor completion of care evaluations via regular internal audits to ensure information is current for staff to provide adequate care to consumers. A review has taken place and whilst care evaluations were overdue for completion at the time of the site audit, the information within remains current and reflects consumers current care needs.

I acknowledge the approved providers response to the Assessment Team report and their review of the plans since this time, however, I find that the approved provider is not compliant with the requirement at the time of assessment as the approved provider did not demonstrate that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services or that all staff have the current information to use appropriate interventions in providing care including pain and medication management.

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

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

The Assessment Team reviewed care plans and found that consultation with consumers generally does occur and their goals and preferences are identified and that consumers were generally content that their preferences were considered when their care was delivered. However, palliative care planning is minimal and not undertaken for some consumers in a timely manner when a palliative care pathway is considered.

The Assessment Team identified that ten of thirty consumers were listed as having Advanced Care Directives. One consumer’s Advanced Care Directive reviewed by the Assessment Team was not documented on the list, it was found that in the vital information documents that the advanced care directive indicates full resuscitation, however, other documentation indicates conservative care. This consumer’s Advanced Care Directive was not reviewed in the recent care evaluation. Another consumer’s care plan did not indicate if there was an Advanced Care Plan as it was not completed in the care planning documentation. Another consumer who recently passed away did not have a palliative care plan.

The approved provider’s response to the Assessment Team report acknowledged that the service had already identified through internal audits that improvement was required in Advance Care Planning, this was discussed during the audit by the Senior Clinical Manager. It was also discussed that all consumers’ palliative care plans including Advanced Care Directives, were to be reviewed and discussed with each consumer to reflect their current wishes.

I acknowledge the approved provider’s commitment to identifying and reviewing the Advance Care Plans and Advanced Care Directives, however I find that the approved provider is not compliant with this requirement at the time of assessment as the service did not demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes*.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

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

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

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

The Assessment Team found that care and service plans are not readily available to consumers in a format they can understand. This has been discussed with management who acknowledged that the organisation is developing a process regarding sharing this information with consumers and their representatives which is readily available, and, in a format, they can understand.

The Assessment Team found that some consumers did not know about care plans and had never seen then.

The approved provider’s response to the Assessment Team’s report was that they are currently reviewing this as one of IRT’s project streams. The aim is to improve on the existing care plan platform for consumers and families. The outcome is for consumers and their representative to have access to the care plan at their leisure without requiring staff to print the care plan for them in paper form.

I find that the approved provider is not compliant with this requirement as the service has not demonstrated that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

### Requirement 2(3)(e) 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.*

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team found that some sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Most consumers said they get the care they need. However, two consumers had concerns with their medications, including time, dosage and method of administration.

The Assessment Team interviewed consumers who confirmed they have access to a doctor or other health professional when they need it. One consumer representative said the doctor comes in regularly. One consumer said they tell the staff when they would like to see the doctor and the doctor will come to see them.

The Assessment Team found that each consumer does not receive effective personal care and clinical care tailored to their needs and that optimises their health and well-being, in relation to pain management, and medication management.

The Assessment Team identified that the service has some systems in place to manage high impact high prevalence risk to consumers, however the systems are not effective in identifying key concerns that are leading to deficiencies in care and oversight of consumers with high falls risk and consumers who are experiencing pain. Also risks identified in medication administration by the reporting of errors are not managed and reviewed effectively to ensure they are providing a safe medication service to consumers.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that not all consumers are receiving personal and clinical care that is best practice, tailored to their needs and optimises their health and wellbeing.

The Assessment Team observed during their site audit a consumer who was calling out for two hours and following review of the progress notes, it was identified that the consumer has been experiencing pain which has not been monitored or managed effectively. Another consumer’s progress notes reviewed, identified that pain and medication charting documentation indicated the pain has not been managed effectively. The Assessment Team observed that there is a current pain management policy that is currently under review. The Team observed that some practices were inconsistent with policy in relation to identification, notification, implementation and documentation of strategies, monitoring effectiveness of interventions and evaluating strategies for consumer’s pain.

The approved provider responded to the Assessment Teams report and furnished additional information which has been implemented in relation to pain management and medication administration. I acknowledge that the provider is committed to addressing the issues raised in the Assessment Team’s report, however I find at the time of the assessment that the approved provider was not compliant with this requirement as they did not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: is best practice; and is tailored to their needs; and optimises their health and well-being.

### 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 noted on review of care planning documentation that interventions were in place in some instances to manage falls however the Assessment Team were unable to find evaluation of the effectiveness of these strategies.

The Assessment Team spoke to the service and the care manager who are aware of high impact and high prevalence risks at the service and these are being addressed. However, while one consumer’s care plan identifies the risk of falls this does not identify the related and ongoing risk of incorrect administration of medication, including being administered at the right time, given the right dose and instructions to administer the medication correctly. These errors in medication administration may affect the consumer’s condition which are noted as increasing the risk of falls. The incidents have continued to occur after interventions have been implemented with the registered nurse to check the medication packaging prior to administering it.

The approved provider responded to the Assessment Team’s report and advised that they have systems in place where medication incidents are identified via IRT Incident and Serious Incident Reporting processes. There is a range of alerts and processes that are then followed to ensure staff are aware of new incidents and incidents under management. The Senior Clinical Manager monitors these alerts and provides oversight, monitoring for trends, deterioration and serious incident escalation as required. The approved provider however did not respond to the medication incidents and the related and ongoing risk that increase the risk to consumers having falls.

I acknowledge the approved providers response and their commitment to improvements identified by the Assessment Team’s report, however I find that the approved provider is not compliant with this requirement at the time of assessment, as it was evident that after interventions had been put in place, incidents still occurred, which does not show the effectiveness of the strategies and does not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

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

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

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

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

### 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.*

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found most consumers said they are supported by the service to do things they like, and they are supported to keep in touch with people who are important to them. The consumers provided feedback about how they do things within the service and how they keep in touch with people important to them is largely positive. Consumers spoke positively about their opportunities to participate in the community inside and outside the service.

Generally, consumers (or representatives on their behalf) said they were supported emotionally by staff. Care and service records support that consumers emotional and psychological wellbeing is assessed, monitored and is provided, consistent with the organisation’s expectations.

The Assessment Team found that while some consumers/representatives interviewed provided information about the meals being of suitable quality, some consumers provided information about the meals not being of suitable quality and variety. Review of resident meeting minutes shows some consumers have not been happy with the meals.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

The Assessment Team found the consumers sampled provided varied feedback regarding the meals provided. While some consumers were happy with the meals provided others expressed dissatisfaction with the temperature, quality and variety of the food. Consumer feedback included food being tough to eat, hard to chew, overcooked and burnt. Dietary information provided by the consumers was not always reflected in the care planning documents.

The Assessment Team interviewed consumers who said there are no mid meal snacks available except for coffee and a biscuit. They buy their own snacks or mid meals which they keep in their rooms or they don’t eat until the main mealtimes. Management acknowledged that this was an issue they were trying to rectify.

The Assessment Team reviewed sampled consumers care planning documents, which included information about their dietary requirements and preferences however it was not always reflective of feedback provided by consumers. The care plan for a consumer with irritable bowel syndrome showed a normal diet not a FODMAP diet.

The Assessment Team observed that staff were in attendance in the main dining room during meal service and provided one to one assistance with consumers as required. On day two of the site audit the Assessment Team noted there were no staff were in attendance in the Banksia dining room. This was raised with management who said they would ensure staff were in the Banksia dining room during meals. On day three of the site audit it was noted that there was still no staff in the Banksia dining room during the mealtime.

The approved provider responded to the Assessment Team’s report and advised that the service is working on improving the variety and meal time experience for consumers and have now also installed snack fridges for mid meal snack options for consumers. They will also introduce a 12-month education calendar which will include modules of reheating and presentation of food so that there is more consistency with quality and taste.

I acknowledge the approved providers response and their considerations to improve the variety of the menus, however I find that the approved provider is not compliant with this requirement at the time of assessment as the service did not demonstrate that where meals are provided, they are varied and of suitable quality and quantity.

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

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

The Assessment Team observed equipment used to provide, or support lifestyle services is not safe, suitable, clean and well maintained, this included rusted gardening tools, a four-wheel walker covered in dust and cobwebs, a commode and pedal exerciser were covered in dirt and a wheelchair covered in dust with a cushion which was covered in mould.

Some consumers stated that their personal equipment is regularly cleaned and tested however one consumer stated that their personal equipment is never cleaned and tested and said staff only clean items that belongs to the service and not personal items.

The approved provider responded that cleaning is currently being reviewed across the organisation including the development of cleaning specifications for all areas. Duty Statements have been revised to include cleaning of consumer’s personal equipment to ensure consumers personal equipment and room tidies are checked and actioned on each shift. Items identified during the site audit as being ‘covered in dust’ have been thoroughly cleaned and added to duty lists.

I acknowledge the providers efficacy in addressing the issues raised by the Assessment Team report, however I find that the approved provider is not compliant at the time of assessment as they did not demonstrate that where equipment is provided, it is safe, suitable, clean and well maintained.

# 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 Assessment Team found that overall sampled consumers did not consider that they feel they belong in the service and feel safe and comfortable in the service environment, however confirmed that they are able to move freely within the service environment if they wished to.

The Assessment Team interviewed consumers who provided information about the service environment being unclean and poorly maintained. Consumers spoke about the constant problems with spiders and cobwebs. The consumers also provided information about furniture, equipment and areas where there are fittings that are unclean and poorly maintained.

The Assessment Team observed that parts of the service environment are welcoming, has communal spaces for socialisation and outdoor areas for consumers to receive guests. However, there was limited navigational aids for consumers with cognitive impairments, the reception area was small, there was broken, or rusted furniture and the external buildings were covered in, dust, cobwebs and spiders.

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

## Assessment of Standard 5 Requirements

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

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

The Assessment Team found that overall, observations made, feedback from consumers and staff, interview with management showed that consumers do not feel at home at the service, the environment does not reflect the dementia enabling principles of design except in the top garden which is only accessible through the co-located section of the service.

The Assessment Team observed that the reception area is small and dark and there is no space for any seats. The main dining room was dark, and three lights were not working. There were no navigation aids to show where the different sections of the service were and there was no signage at the front of the service to indicate that it was a residential aged care facility.

The Assessment Team interviewed management who confirmed that currently there were no features in the environment designed to support functioning of people with a cognitive impairment. Management said the service was supposed to undergo a massive refurbishment, but it had to be postponed due to COVID. Management said that the top garden is currently the area where combined activities are held, however not many consumers from the service go there as it is a bit far to get to.

The approved provider responded to the Assessment Team report and advised that the service has commenced a program to install multiple navigational aids throughout the Shoalhaven Court/Banksia/Waratah areas through the use of artworks, paint colours and directional signage.

I find that the approved provider is not compliant with this requirement as although there are current plans to enhance and support an easier understood environment, the service does not currently demonstrate that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

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

*The service environment:*

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

The Assessment Team found that overall, through observations made, feedback from consumers and staff, interview with the maintenance manager and review of a sample of maintenance records shows the service environment is not clean, safe and is poorly maintained. While consumers were seen moving freely around the service several doors were unable to be opened preventing consumers from accessing outdoor areas. Maintenance issues were not always logged into the system or completed in a timely manner.

The Assessment Team observed that the service environment was not safe, clean and was poorly maintained. Observations included, the exterior of the buildings were covered in cobwebs and spiders, gutters full of branches and leaves, several fly screens were out of place, one had a large hole in it, four 5L bottles and one 10L bottle of chemicals were left out in the back garden. One bottle of phosphoric acid was noted to by lying on its side in the garden and had changed colour.

The Assessment Team observed inside the building that hand sanitisers were covered in dust; drip trays had dead insects in them, hand washing stations were covered in dust and dirt, several doors were unable to be opened or opened without force and paint was chipped in various places throughout the service. Several fire sprinklers were covered in cobwebs and mould and two fire extinguishers did not have signage above them, one sign was observed to be broken and placed on a nearby sink and an emergency light was observed to be attached to the ceiling with scotch tape.

The approved provider responded that all the issues identified by the Assessment Team would be followed up and actioned with a regular program in place to monitor.

I have found that the approved provider is not compliant with this requirement at the time of assessment as the service did not demonstrate that the service environment: is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.

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

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

The Assessment Team found that overall through observations made, feedback from consumers and staff, interview with the maintenance manager and review of a sample of maintenance records shows furniture, fittings and equipment is unsafe, unclean, poorly maintained, and unsuitable for consumers. Maintenance issues are not always logged or completed in a timely manner.

The Assessment Team observed that furniture, fittings and equipment were dirty and appeared unsafe and poorly maintained. This included tables and chairs in the banksia dining room had crumbs and food particles on them, outdoor tables and three-seater lounge were covered in bird droppings. Linen trolleys outside the laundry were noted to be rusty and broken.

The Assessment Team interviewed consumers who consistently provided information about furniture, equipment and areas where there are fittings being unclean and poorly maintained.

The approved provider responded to the Assessment Team report and advised following the site audit the service has replaced the equipment and new dining equipment and food preparation equipment had been ordered.

I find that the approved provider is not compliant with this requirement as although these issues identified have been attended to, at the time of the assessment the service did not demonstrate that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team found that overall, most sampled consumers did not consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

The Assessment Team interviewed consumers who were all confident raising complaints directly to management or staff members. However, consumers interviewed were not aware of access to advocates, language services and other methods for raising and resolving complaints. Some consumers interviewed said that if they had a complaint, they would raise it with staff or at resident meetings. Others said nothing changes and therefore would not say anything. One consumer said you do not receive feedback and/or responses to your complaints.

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

## Assessment of Standard 6 Requirements

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

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

The Assessment Team found that consumers were not aware of ways to make an anonymous complaint or feedback. Four consumers and/or representatives said that other than talking to staff or going directly to management, they do not know how to provide feedback or make a complaint. Two consumers said they wouldn’t feel comfortable going to management with a complaint. One consumer said she fears things could get worse for her if she made a complaint.

The Assessment Team found that other than talking to staff or going to the resident meetings, no consumers were able to identify any other method of providing feedback or complaints. One representative advised they are aware of the Commission as an external body where they can raise complaints.

The Assessment Team interviewed staff who were able to explain how they would support consumers to provide feedback. However, staff were unaware where feedback forms and suggestion boxes are located and were unable to explain the process to assist consumers to make formal complaints.

The Assessment Team did not identify in the service’s register any complaints that were raised anonymously in the past three months. The Assessment Team reviewed the complaints log and noted there was a small amount of complaints last year. Management advised this is due to not having a system in place to ensure complaint documentation. The complaints that were identified, consumer and representative feedback advised they did not receive a response after the complaint was made.

The approved provider responded and advised that further education to all stakeholders over the coming months is being implemented on the revised Feedback and Complaints policy and procedure to embed the protocols. The changes were in the early stages at the service at the time of the audit hence some confusion on the process.

I have found that the approved provider is not compliant with this requirement at the time of assessment as the service did not demonstrate that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

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

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

The Assessment Team found that consumers and/or representatives interviewed were not aware of how to access advocates, language services and other methods for raising and resolving complaints. Two representatives said they did not know how to lodge an external complaint. Information about these services, including language services, was limited to the reception area.

The Assessment Team interviewed staff who were not able to identify any advocacy services or how they would support a consumer to access these services. Two care staff could not provide examples of how they would support consumers in raising a concern if they had one.

The approved provider responded to the Assessment team’s report and advised that OPAN brochures are displayed on each notice board and in the foyer of the service, however the Assessment Team noted that information about these services and language or translation services were only available to consumers in the reception area and consumers are not aware of the information.

I have found that the approved provider is not compliant with this requirement as the service has not demonstrated that consumers are made aware of or have access to advocates, language services and other methods for raising and resolving complaints.

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

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

#### The Assessment Team found that the service was unable to demonstrate that appropriate action is taken, and open disclosure is used when things go wrong. Staff demonstrated a lack of knowledge on open disclosure and consumers and/or representatives were unhappy with the lack of follow up and actions regarding complaints raised at the service.

The Assessment Team interviewed sampled staff who did not have a clear awareness of open disclosure and were not able to discuss open disclosure processes without prompting. While two staff could not explain anything about open disclosure.

The approved provider responded and advised that an education plan through multiple channels is scheduled for employees, consumers and families to create awareness for all stakeholders around the revised Feedback and Complaints Policy over the coming months. This will also include the principles of open disclosure.

I find that the approved provider is not compliant with this requirement as although the provider has recently endorsed and published a revised version of the Feedback and Complaints policy, the service has not demonstrated that there is knowledge of the open disclosure policy or that this process is used when things go wrong or appropriate action is taken in response to complaints.

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

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

The Assessment Team found that while the service has a compliments, complaints and feedback register and a complaints management process, the Assessment Team did not see evidence of how the service uses this to identify trends and improve the quality of care and services for consumers.

The Assessment Team interviewed consumers and their representatives who said they have raised complaints and were unable to identify a change made at the service as a result of their feedback or complaint.

#### The Assessment Team spoke to management who identified issues related to the exterior of the service and advised there has been complaints from consumers. However, these complaints were observed to not documented on the complaints/feedback system. Management were able to provide information on how they dealt with complaints and feedback from consumers and/or representatives. However, were unable to identify how complaints are reviewed to improve the quality of care and services.

The approved provider responded that the revised Complaints and Feedback system, alerts management to enable the service and the organisation to monitor and identify trends and provide a flow of information into the continuous improvement process.

#### I find that the approved provider is not compliant with this requirement as the service was unable to demonstrate that complaints were documented on the complaints/feedback system or identify how complaints are reviewed to improve the quality of care and services.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found that consumers said they felt staff were knowledgeable about their care needs. Some consumers said they felt safe when staff had used equipment to assist them as they were being re-assured by the staff throughout the process. Consumers generally felt there were enough staff as they did not have a long wait for staff to attend if they used their call bell. One consumer advised the Assessment Team that staff need more training in communication and manual handling.

The Assessment Team identified that there is a system in place for assessment, monitoring and review of performance of staff members. This occurs on an annual basis or as issues related to performance are identified.

Consumer feedback indicates that staff interactions with consumers are kind, caring and gentle. However, observations made by the Assessment Team identified interactions with consumers were not always respectful of the identity, culture and/or diversity.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

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

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

The Assessment Team observed interactions with consumers to be mostly respectful however, the Assessment Team observed an interaction between a staff member and consumer, the consumer had asked the staff member for assistance with something in their bedroom, the staff member was observed to tell the consumer ‘I’m busy’ and walked away. The Assessment Team also observed progress notes that state a consumer was ‘being rude’ for not wanting to participate in conversation.

The approved provider responded and advised that a targeted education plan has been developed for the service and will commence from 3 May to 30 June 2021 with education topics to rotate on different days each week to best capture all employees.

Whilst I acknowledge that the approved provider has developed training for staff to ensure that interactions with consumers are respectful. I find that the approved provider is not compliant with this requirement at the time of assessment as the service did not demonstrate that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

### Requirement 7(3)(c) Compliant

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

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

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

#### The Assessment Team found that most consumers said staff know what they are doing with one consumer saying staff need more training in communication and manual handling. Staff said there was a lot of training at the service however most could not recall training on the new Quality Standards and associated areas like that of antimicrobial stewardship, open disclosure and risk.

#### The Assessment Team interviewed some staff who could not explain open disclosure, comments and complaints, antimicrobial stewardship or risk. However, they said they understood restraint and said the service does not use physical restraint. One care staff interviewed mentioned that some staff need more manual handling training as they are not used to the machine.

The approved provider responded and advised that staff had completed most training in 2020, however there were some training modules that were required to be put on hold due to Covid 19 restrictions, however a targeted education plan had been developed for the service.

I acknowledge that there have been restrictions with Covid 19 and a targeted education plan has been developed however I find that the approved provider is not compliant with this requirement as there were gaps identified in knowledge and training and the service does not demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

### Requirement 7(3)(e) Compliant

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team found that overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. The sampled consumers said they receive quality care from caring and knowledgeable staff. Consumers felt they are involved in the service planning to the level they wish to be.

The Assessment Team interviewed two consumers who said they do not know how they would take part in how things are run or how they might suggest improvements however thoughts things needed to improve.

While there are organisation wide governance systems, these systems have not been effective in relation to information management, continuous improvement, workforce governance and feedback and complaint systems. The service did not provide the Assessment Team their self-assessment or continuous improvement plan after prompting.

The Quality Standard is assessed as Non-compliant as two 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 review of evidence drawn from discussions with management, and through interviews with consumers demonstrates the service has some opportunities for consumer engagement in the development, delivery and evaluation of care and service. However, consumers feedback indicates their feedback is not listened to and is not actioned.

The Assessment Team interviewed sampled consumers who were not aware of ways they could have input into the development and delivery of care and services for the organisation or across the service.

Review of resident meeting minutes and consumer feedback records show consumers have given feedback and raised concerns but did not identify anything to reflect what was done or did not reflect actions taken were effective in bringing about improvement.

The approved provider responded that the Aged Care Centres Leadership Team Meeting Governance Structure has recently been implemented across all care centres and includes feedback and complaints as a standard agenda item for all resident/relative meetings to create awareness of protocols, inform attendees of current status of the service and to provide an opportunity for residents/relatives to provide feedback. This will also give consumers an opportunity to provide feedback on redesign and redevelopment plans for the service.

I acknowledge that the approved provider has recently implemented a new Governance structure to engage with consumers, however I find that the approved provider is not compliant with this requirement at the time of assessment as the service did not demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

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

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

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

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

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

#### The Assessment Team found that the service has organisation-wide governance systems in the key areas of information management, financial governance, workforce governance and regulatory compliance. There are local governance systems that feed into and are supported by the overall organisational governance framework and accountability structure. However, management were unable to provide the Assessment Team with the continuous improvement plan or demonstrate these systems are effective.

#### The Assessment Team requested a copy of the continuous improvement plan. Management advised they would follow it up, however, the Assessment Team were not provided this. Review of documentation and discussions with organisational and service management show that while some opportunities for improvement are being identified, not all are; and where they are identified it is not consistently demonstrated that actions are taken.

The Assessment Team also identified gaps in other governance systems including complaints and feedback, where staff and consumers had limited knowledge of processes. The service was also unable to demonstrate that interactions with consumers were always respectful of their identity, culture or diversity. Training records provided to the Assessment Team reflect gaps in staff knowledge, and staff were unable to identify information on their training. The organisation has an electronic system for monitoring staff records including compliance. This includes monitoring staff files for the currency of police checks, visas and registrations including medical officers, allied health staff and nursing staff. The services management team follows up on any compliance issues with staff, however gaps were identified within these systems in place, as the service was unable to demonstrate they are effective, particularly with the consumer who felt abused by the staff member.

The approved provider responded by advising that the service accepts that during the audit the local continuous improvement plan was not in place due to a number of management changes over the past twelve months.

A full investigation of this process failure is in progress which includes communication to all stakeholders on what and how continuous improvement is implemented within the service.

I find that the approved provider is not compliant with this requirement as the service did not demonstrate that there were effective organisation wide governance systems in all areas.

### Requirement 8(3)(d) Compliant

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

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

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

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

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

# Areas for improvement

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

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

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

The approved provider must demonstrate that:

* Staff are trained in key education topics as communication, complaints and environment, including focus on respectful communication, consumer choice, diversity, privacy and confidentiality.
* Management review staff interactions with consumers.

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

*Care and services are culturally safe.*

The approved provider must demonstrate that:

* All staff respect and value the consumer’s cultural background.
* Staff encourage culturally safe care and services to all consumers.
* Staff participate in training for culture and diversity.

**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 approved provider must demonstrate that:

* Information is current and available to consumers and their representatives through various means.
* Menus and activities are current and placed in areas for all consumers to access.

**Requirement 1(3)(f) Non-compliant**

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

The approved provider must demonstrate that:

* All clinical care is conducted in consumer’s room away from other consumers.
* Staff respect consumer’s privacy and be respectful when entering consumers room.

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

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

The approved provider must demonstrate that:

* All consumers care plans are reviewed for completion of assessments.
* All consumers care plans and are monitored for regular review to address current and changing circumstances.

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

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

The approved provider must demonstrate that:

* Staff review, consult with and document consumers Advance Care Planning and Advanced Care Directives, including palliative care plans, to reflect the consumer’s wishes.

**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 approved provider must demonstrate that:

* All consumers and their representatives have access to their care plan in a format that is easy to read and understand.

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

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

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

The approved provider must demonstrate that:

* Staff recognise and act when consumer is experiencing pain and interventions are evaluated for effectiveness.
* Pain management policy that is currently under review is effectively communicated to all staff.

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

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

The approved provider must demonstrate that:

* Consumers receive medication at the appropriate time to prevent adverse risks and effects.
* Interventions to manage falls and other high impact or high prevalence risks are evaluated to demonstrate the effectiveness of these strategies.
* Strategies are put in place to ensure that medication incidents do not occur.

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

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

The approved provider must demonstrate that:

* Consumers are consulted on menu choices and a variety for their dietary requirements.
* Staff are available to assist consumers with their meals.

**Requirement 4(3)(g) Non-compliant**

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

The approved provider must demonstrate that:

* Regular maintenance and monitoring are implemented to ensure equipment is safe, suitable and clean.

**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 approved provider must demonstrate that:

* Navigational aids are installed throughout the service to ensure they meet the Dementia Training Australia design principles.
* Consumers have input into the service environment to optimise their sense of belonging, independence, interaction and function.

**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 approved provider must demonstrate that:

* A regular cleaning regime is programmed and monitored to ensure that the service environment is safe, clean and well maintained.
* A regular maintenance program is programmed to ensure that doors can be easily opened so consumers can move freely inside and out.

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

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

The approved provider must demonstrate that:

* Regular maintenance program is implemented to ensure that all furniture, fittings and equipment are safe, clean, well maintained and suitable for consumer’s use.
* A regular monitoring of maintenance program is conducted.

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

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

The approved provider must demonstrate that:

* All consumers and their representatives are made aware of ways to provide feedback and complaints.
* Feedback and complaints boxes are made accessible throughout the service.

**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 approved provider must demonstrate that:

* Current Commission signage for making a complaint are installed throughout the service.
* Signage about accessing advocates, language services are installed throughout the service.
* All consumers, representative and staff are made aware of how to access advocate and language services.

**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 approved provider must demonstrate that:

* Staff are trained in open disclosure and able to take appropriate action.
* The revised complaints and feedback policy are communicated to consumers, representatives and staff.

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

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

The approved provider must demonstrate that:

* All complaints and feedback are documented with action taken to address issues recorded.
* Evaluation of complaints and feedback is conducted to improve the quality or care and services for consumers.

**Requirement 7(3)(b) Non-compliant**

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

The approved provider must demonstrate that:

* All staff have can demonstrate their practical knowledge of the targeted education program.
* Staff are respectful to consumers, representatives and all stakeholders of the service.

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

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

The approved provider must demonstrate that:

* Staff can demonstrate their practical knowledge of manual handling, the Quality Standards, Antimicrobial Stewardship, open disclosure and risk.

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

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

The approved provider must demonstrate that:

* Consumers are engaged and have input into service delivery.
* Consumer’s feedback reflects actions taken to bring about improvement.

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

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

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

The approved provider must demonstrate that:

* A local continuous improvement plan is in place and is evaluated for delivery.
* Staff are trained in all aspects of their work and delivery of care and services to consumers.
* Mandatory reporting is completed when regulatory compliance issues arise.
* Feedback and complaints are actioned and evaluated for effectiveness.