Illawarra Multi-Cultural Village Hostel

Performance Report

1 Eyre Place   
WARRAWONG NSW 2502  
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**Commission ID:** 0325

**Provider name:** Multicultural Aged Care Illawarra Ltd

**Review Audit date:** 30 October 2020 to 5 November 2020

**Date of Performance Report:** 7 January 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) | Non-compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Non-compliant |
| Requirement 4(3)(f) | 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) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | 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 Review Audit conducted 30 October to 5 November 2020; the Review Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Review Audit report received on 2 December 2020.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The consumers/representatives sampled considered that staff had maintained consumer privacy. However, some provided information about consumers who had not been treated with dignity and respect, had not been provided with culturally safe care and services, had not been enabled to make decisions or to exercise choice, and had not been supported to take risks to live their best life.

This information from the consumers/representatives and other information gathered through observations made, records reviewed and interviews with staff showed overall that consumer privacy had been respected and consumer personal information had been kept confidential.

However, the information from the consumers/representatives and other information gathered through records reviewed, interviews with management/staff, and observations made showed:

* Some consumers had not been treated with dignity and respect.
* Some consumers had not felt valued and culturally safe care and services had not been provided to them.
* Some consumers had not been supported to make decisions about their own care and services or about others they wanted involved in their care and services.
* Some consumers had not been supported to maintain relationships of choice.
* There was not a system to effectively support consumer risk taking and some consumers had not been supported to take risks to live their best life.
* Information provided to consumers/representatives was not all current and accurate and was not all communicated in ways that had been easy to understand by consumers and enabled choice to be exercised.

The Approved Provider’s response refuted the findings in relation to the five requirements which the team considered to be not met. It included additional information and supporting evidence. However, overall this did not demonstrate the five requirements were met at the time of the review audit.

The Quality Standard is assessed as Non-compliant as five 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 includes feedback from some consumer representatives about staff not treating the consumer with respect with examples provided. It has information about staff knowing the background of some consumers and having regard for their life experiences and personal journey, but not for others. The report includes information from care and service records about some consumers not being treated with dignity or respect. The report reflects the team observed most interactions between staff and consumers supported consumer dignity and respect, but one did not. It includes there is relevant organisational policy, but it lacks detail to guide implementation by management/staff.

The Approved Provider’s written response includes they refute the team’s findings. It includes some resident satisfaction survey results however, none specifically relating to this requirement. The response has additional information in relation to some of the consumers sampled. It also includes that relevant education has been provided to the staff.

The provider’s response does not overcome or negate the evidence gathered by the team about some consumers not having had their dignity upheld or not having been treated with respect.

I find this requirement is Non-compliant.

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

*Care and services are culturally safe.*

The Assessment Team’s report includes while consumers did not raise concerns about cultural safety, some consumer representatives did including about overly cautious visiting arrangements and the consumer not being valued. It reflects a diversity plan and policy/procedure about cultural safety were not in place, and information promoted about cultural specialisation on My Aged Care was not reflected in practice at the service. Also, there was a lack of information translated into relevant community languages for consumers.

The report includes information about the ethnicity of some consumers being recognised, celebrated and supported, however staff not being aware of the individual cultural background of some consumers. It includes that meals provided cater to the diversity of consumers and there were some aids for staff to use in communicating with consumers who speak a language other than English.

The Approved Provider’s written response includes they refute the team’s findings. It includes they were not overly cautious with precautionary COVID-19 pandemic visiting arrangements rather were responsive to health advice, but the other negative feedback from consumers/representatives is not addressed. It includes there is policy/procedure incorporating cultural safety, however supporting evidence was not provided; and that there has been relevant staff education. The provider writes there have been no issues with cultural safety at the service.

The provider’s response includes 53% of consumers speak English, many of the staff speak a language other than English and can communicate with non-English speaking consumers. It reflects consumers have access to television programs in other languages, but this does not address that staff interviewed by the team were unaware of this. The response includes a newspaper is provided in one non-English language spoken by some of the consumers, but does not reflect newspapers in other relevant community languages being made available for consumers. It includes in addition to the menus there was some other information in relevant community languages, but not that key documents had been translated into relevant community languages for consumers.

The provider’s response does not overcome or negate the evidence gathered by the team about cultural safety not being understood or supported in the day to day care and service delivery for some consumers.

I find this requirement is Non-compliant.

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

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

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

The Assessment Team’s report includes feedback from a consumer and some consumer representatives about not being supported to make and communicate decisions about the consumer’s care and services or about involving others in their care; and about not being supported to maintain relationships of choice. It reflects it was not demonstrated through review of care and service records and staff interview there was a system for identifying and documenting who the consumer wants involved in their care or for clearly documenting who can make decisions on their behalf. There was a lack of assessment of consumer decision-making capacity, including to inform the need for supported or alternative decision-making; and lack of staff understanding of a consumer’s alternative decision-making arrangement.

The Approved Provider’s written response includes visiting arrangements had to be restricted due to the COVID-19 pandemic. It includes information about videoconferencing and in-person visits behind a perspex screen being implemented to enable consumers to maintain relationships of choice. The team’s report includes an observation that the visits behind the perspex enabled visual communication, but did not support aural communication, and there was consumer representative feedback to the team about this. The provider in their response acknowledges a perspex screen is not ideal however, does not include information about how this was evaluated and adjustments made to better meet the needs and preferences of consumers and their representatives.

The provider’s response includes a statement that consumers have had input to their care planning and it has information about some of the consumers sampled, including about their decision-making capacity and consultation having occurred. Most of the care and service record excerpts provided reflect the consumer representative being informed of a matter relating to the consumer or about staff responding to a request made by a consumer representative. This does not demonstrate the service’s staff actively engage the consumer (or a representative on their behalf) in ongoing assessment and care planning. Some information shows a lack of understanding of supporting a consumer to exercise choice.

The provider’s response includes there are various places in the consumer’s care and service records where information can be documented about who the consumer wants involved in their care and who can make decisions on their behalf, and this information is in their advanced care plans. The provider writes that information about the consumer’s decision-making capacity is in progress notes, hospital discharge summaries and aged care client record reports. This does not establish that the information had been identified and documented by the service for each consumer noting the relevance of this information extends beyond advance care plans and needs to be readily accessible to staff. The provider’s response includes a named consumer does not have an alternative decision-maker as reported by the team in their report, which is acknowledged.

The provider’s response includes that it is usual in aged care for case conferencing to occur after the initial assessment period around four months after admission, unless needed sooner. The Quality Standards encompass partnering with the consumer in initial and ongoing assessment and care planning.

The provider’s response does not overcome or negate the evidence gathered by the team that consumers have not been supported to exercise choice and independence in relation to making and communicating decisions about their own care and services and others they want involved; or that consumers have not been supported to maintain relationships of choice.

I find this requirement is Non-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 there was not a system to identify, manage or effectively mitigate risks to enable consumers to live the best life they can. It has an example of a consumer taking a risk with a risk waiver but not a risk management approach implemented; and an example of a consumer’s risk assessment not being updated and reflecting the current risk situation. The report includes staff were unable to explain how they support consumers to take risks to live their best life.

The Approved Provider’s written response does not address the lack of a system to support consumers to take risks to live their best life. It includes in relation to both consumers information about the risk, but does not reflect how the consumers have been adequately supported to take these risks and does not address that the risk assessment for one of the consumers was not up-to-date. The response includes the provider believes the feedback to the team by staff is incorrect.

Elsewhere in the team’s report there is information about consumers taking risks and the provider’s responses. For example, a consumer manages an aspect of their own specialised nursing care and the related documentation did not reflect all relevant details for effective risk management. The provider’s response was people manage this specialised nursing care need in their own home. The provider has not recognised the responsibility to effectively manage risk in a residential aged care setting.

The team’s report also includes information from consumer representatives about restricted visiting arrangements, and the provider’s explanation for these. This information has not been taken into account under this requirement.

The provider’s response does not overcome or negate the evidence gathered by the team that there is not a system for risk identification and effective management and that some consumers have not been supported to take risks to enable them to live their best life.

I find this requirement is 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’s report includes feedback from consumers and representatives that they are not provided with the information they need and want, including to enable them to exercise choice. It reflects there is a lack of information in relevant community languages for consumers and that some key documents include inaccurate or out of date information, including about consumer rights. It also reflects in the service environment there is a lack of information for consumers/ representatives about complaint mechanisms and COVID-19 precautions.

The Approved Provider’s written response refutes the feedback from some of the consumer representatives, including about their own experiences of a lack of information provision. It includes the key documents named by the team had current information and a statement that the team’s report did not include information about non-currency, whereas the team’s report clearly shows information about non-currency. The provider goes on to explain the version of the resident handbook reviewed by the team was out of date, there being a newer version.

The provider’s response has minimal information about key documents being translated into relevant community languages for consumers who need this. It includes consumers/representatives have been provided with information about complaint mechanisms and in a resident satisfaction survey 100% of respondents reported they knew how to communicate a complaint, however this does not address that consumers/representatives sampled did not know this. It includes there is information about COVID-19 precautions throughout the service environment in community languages, however the photograph provided does not support there is a range of relevant signage and information.

The provider’s response does not overcome or negate the evidence gathered by the team that information provided to each consumer is not current, accurate and timely and does not enable them to understand this easily and exercise choice.

I find this requirement is Non-compliant.

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

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

The Assessment Team’s report includes information about most consumers/ representatives saying staff were respectful of consumer privacy, but two consumer representatives saying they were not. It includes staff knew of the importance of consumer privacy and understood ways to maintain this, and the team’s observations were consistent with this in relation to consumer personal privacy. However, some observations showed consumer personal information is not always kept secure and confidential. Overall the team found this requirement was met.

The approved provider did not provide any information further to this.

I find this requirement is Compliant.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Most consumers/representatives sampled did not consider they had been a partner in ongoing assessment and care planning for the consumer. They did not confirm they had been informed of the outcomes of consumer assessment and care planning or that the care plan had been made readily available to them.

This information from the consumers/representatives and other information gathered through records reviewed, interviews with management and staff, and observations made showed:

* Assessment and care planning did not include risks associated with the care of some consumers sampled and had not informed safe and effective care delivery for them.
* Assessment and care planning did not identify and address the needs, goals and preferences of some consumers sampled, including in relation to advance care and end of life.
* Assessment and care planning had included others such as doctors and allied health professionals, but had not been based on ongoing partnership with the sampled consumers (or a representative on their behalf).
* The outcomes of assessment and care planning had not been effectively communicated to the consumer (or a representative on their behalf) and the care plan had not been made readily available to them.
* Consumer care and services had been reviewed regularly however those reviews were not effective for the consumers sampled and reviews had not taken place when the sampled consumers’ circumstances changed or incidents occurred impacting their needs, goals and preferences.

The Approved Provider’s response refuted the findings. It included additional information and supporting evidence. However, overall the information did not demonstrate the requirements were met at the time of the review audit.

The Quality Standard is assessed as Non-compliant as five 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’s report reflects that consumer assessment and care planning was not comprehensive or individualised to the consumer, including in relation to risks to their health and well-being. Registered nurses did not have an understanding of assessment processes. Staff spoke of challenges with the computerised assessment and care planning system and with the care plans, and of having lack of time to refer to consumer care plans. The information gathered about consumers sampled did not demonstrate assessment and care planning was timely or has informed the delivery of safe and effective care and services to them.

The Approved Provider’s written response includes statements about each consumer having initial and ongoing assessment and care planning, including in relation to risks to their health and well-being, and describes processes to support this. It has detail about assessment and care planning for the named consumers. However, most of the information shows review of the consumer has taken place and not that assessment and care planning occurred or that it encompassed and was responsive to all relevant risks.

The provider’s response does not overcome or negate the evidence gathered by the team that consumer assessment and care planning is not comprehensive or individualised to the consumer, including in relation to risks to their health and well-being.

I find this requirement is Non-compliant.

### 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’s report reflects there was minimal end of life assessment and care planning for consumers sampled, and assessment and care planning did not identify and address other needs of some consumers sampled. It includes information about a consumer on a palliative pathway and a lack of planning to address their comfort care needs.

The Approved Provider’s written response includes that advanced care and end of life care assessment and care planning had occurred, and that consumer assessment and care planning identified and addressed other needs of the consumers sampled.

The provider’s response does not overcome or negate the evidence gathered by the team that there was minimal end of life assessment and care planning for consumers, and assessment and care planning did not identify and address other needs of some consumers.

I find this requirement is Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

### The Assessment Team’s report has information about some consumers/ representatives not feeling like partners in care and not having been involved in assessment and care planning for the consumer. It includes registered nursing staff were not familiar with processes for partnering in care with consumers. The report shows consumers/representatives were informed of matters but not actively engaged in consumer assessment and care planning. However, it shows others such as doctors and allied health professionals were involved.

### The Approved Provider’s written response includes statements that consumer progress notes reflect consultation, that some of the named consumers have had a case conference and a resident satisfaction survey result is that 86% of respondents were able to participate in care planning. It includes the records of case conferencing and regular resident focus days were available to the team but did not seem to have been reviewed by them. However, the team has written about these elsewhere in their report noting they were accounts of conversations and dealings in relation to particular issues but did not reflect active and ongoing engagement in assessment and care planning. Supporting evidence, other than a screen shot of some progress note overview information which lacked detail of actual partnering in care, was submitted.

The information in the team’s report and provider’s response reflects others are involved in assessment and care planning for the consumer. However, the provider’s response does not overcome or negate the evidence gathered by the team that some consumers (or a representative on their behalf) have not been engaged as partners in ongoing assessment and care planning.

I find this requirement is 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’s report reflects the outcomes of assessment and care planning are not effectively communicated to the consumer and care plans have not been made readily available to the consumer (or a representative on their behalf). It reflects most consumers/representatives interviewed did not know the consumer had a care plan. Staff provided information about consumers/representatives being able to access the care plan during regular resident focus days, but explained these commenced recently in May/June 2020.

The approved provider’s written response includes reference to the information reported, and commented on, above under Standard 2, Requirement (3)(c) regarding the records of case conferencing and regular resident focus days. The provider queries the terminology used by the team in interviewing consumers/representatives about assessment and care planning, and suggests use of different terminology would have elicited different information. The provider queries the validity of other evidence gathered by the team. However, information or supporting evidence was not submitted by the provider to demonstrate all consumers/representatives sampled have been made aware of the outcomes of assessment and care planning and they have had ready access to the care plan.

### The provider’s response does not overcome or negate the evidence gathered by the team that some consumers/representatives have not been made aware of the outcomes of assessment and care planning and have not had ready access to the care plan.

### I find this requirement is 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’s report reflects care plans are documented as having been regularly reviewed, but they were not updated to reflect the consumer’s needs, goals or preferences at those times or when the consumer’s circumstances changed or incidents occurred. It includes a senior clinician advised many care plans had not been reviewed when due and they had worked to address this. The report reflects some consumer assessments, and therefore care plans, were missing or out of date; and incident investigation to inform strategies to prevent reoccurrence of incidents was not demonstrated, even when there was injury to the consumer and potential risk of future incidents. It also reflects clinical audits were requested but not provided.

The approved provider’s written response includes statements that assessments and care plans are reviewed, they refute a lack of incident investigation and query the validity of other evidence gathered by the team. However information, or supporting evidence, was not submitted by the provider to demonstrate assessment and care planning had been reviewed and updated with current information about the needs, goals and preferences of all consumers sampled. The provider writes there is a suite of clinical audits and provides a list of these, however this is indicative of key performance indicator data collation and not auditing of clinical systems, processes and outcomes for consumers.

The provider’s response does not overcome or negate the evidence gathered by the team that assessment and care planning has not been reviewed and updated with current information about the needs, goals and preferences of some consumers.

I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Most consumers/representatives sampled provided information about personal and clinical care not having been safe and right for the consumer. This included information about care delivery inconsistent with best practice, risks associated with the care of consumers not having been effectively managed, and staff not having effectively communicated information about the consumer’s needs.

This information from the consumers/representatives and the information gathered through records reviewed, interviews with management and staff, and observations made showed:

* Some consumers had not received care that was safe and effective, best practice, tailored to needs or which had optimised their health and well-being.
* Some consumers had not had high-impact and/or high-prevalence risks associated with their care managed effectively.
* The needs of some consumers nearing end of life were not recognised and addressed, including to maximise their comfort and preserve their dignity.
* Deterioration in the condition of some consumers had not been recognised and responded to in a timely manner.
* Information about the condition of some consumers had not been effectively communicated among staff.
* While timely and appropriate referrals for care and services had been made for some consumers, they had not been made for other consumers.

The information gathered also showed standard and transmission based precautions had not been consistently used to prevent and control infection, there was a lack of COVID-19 outbreak management preparedness, and implementation of antimicrobial stewardship was not demonstrated.

The Approved Provider’s response refutes the team’s findings. It includes additional information and supporting evidence. In relation to infection control and outbreak management preparedness it includes some information about actions taken or completed since the review audit. However, overall the information does not demonstrate the requirements were met at the time of the review audit.

The Quality Standard is assessed as Non-compliant as seven 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’s report has information and feedback from some consumers/ representatives about personal and clinical care not being safe and right for the consumer, and review of consumer care and services documentation showing for the consumers sampled care has not been best practice or tailored to needs and has not optimised health and well-being. It includes a senior clinician was not able to explain the gaps in care and service delivery for individual consumers and they acknowledged some of the gaps.

The Approved Provider’s written response includes they disagree with the team’s findings. The response has information about the provider rejecting the team’s analysis or conclusions drawn and it has additional information, including about the consumers sampled. However, this does not show that personal and clinical care for all of the consumers sampled was best practice, tailored to individual needs or had optimised health and well-being.

For example, a consumer had a pressure injury wound which deteriorated. The team’s report and the provider’s response reflect while there was some monitoring, review and assessment of the wound by the service’s staff and a general practitioner, expert advice was not sought at the earliest opportunity and the wound deteriorated. The consumer’s health conditions and the many factors inhibiting wound healing heightened the need for expert advice to inform best practice wound management. When the wound deteriorated, the general practitioner requested the service’s staff seek advice from a wound care specialist service but this did not occur.

The provider’s response demonstrates in relation to some consumers and some aspects of personal and clinical care delivery, a lack of understanding of what is best practice.

For example, medications were found on at least three occasions which had been given by staff to a consumer but not ingested by the consumer. The provider writes these were recorded as adverse events and the consumer’s doctor was informed. This consumer was also having medications secreted in their food. The provider’s response is this was approved by the consumer’s family and general practitioner and is mostly effective. The response does not include other information to show these poor practices were recognised and addressed. Staff leaving medication with the consumer and secreting medication in the consumer’s food is not best practice medication management.

For example, care staff were making the decision to give consumers as needed medication which requires clinical assessment and judgement skills that they do not have. The provider writes there is no legislative requirement for care staff to consult with a registered nurse about this. This shows a lack of understanding of the Quality Standards and this requirement, which sets out that care must be safe and consistent with best practice. It is not safe or best practice medication management for care staff to decide whether to give a consumer as needed medication.

For example, consumers have psychotropic medication ordered without a related diagnosed mental disorder, a physical illness or a physical condition and this is not recognised and managed as chemical restraint. The provider has written the team did not understand when psychotropic medication constitutes chemical restraint and purports the consumers had relevant diagnoses. This was not demonstrated for all consumers sampled. Restraint is not being recognised and managed consistent with best practice.

For example, a consumer slid off a chair and was lowered to the floor. They were not assessed by a registered nurse at the time but had some vital signs and neurological observations undertaken by other staff. The provider writes staff acted appropriately in assessing the consumer and as the consumer only slid off the chair they were followed up the next day by a registered nurse. This does not show ongoing management and evaluation of the consumer carried out by appropriately qualified health professionals and it does not show clinical care that was best practice.

I find this requirement is 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’s report includes care and services records showed for the consumers sampled showed there was not effective management of high-impact and high-prevalence risks associated with their care. It includes staff recognised falls as such a risk, but not other risks found by the team.

The Approved Provider’s written response includes they disagree with the team’s findings and has additional information, including about the consumers sampled. However, this does not address many of the issues raised or illustrated by the team in their report and does not demonstrate effective management of high-impact and high-prevalence risks associated with the care of each consumer sampled.

For example, there have been staff practice related medication errors which have resulted in consumers not receiving medication or receiving the wrong medication. The provider addresses these individually rejecting the statements or conclusions drawn by the team noting an adverse event reports was logged and/or there was no impact on the consumer. The provider has failed to recognise and address the pattern of poor staff practice. This is ineffective management of high-prevalence risk associated with the care of consumers.

For example, care staff were giving high risk medications to consumers including by injection from a syringe. The provider challenges the team’s view this is inappropriate writing the service’s model of care involves staff giving these medications to consumers and the prescriber believes the staff can do so safely. This is despite care staff not have relevant qualifications or skills to undertake this task safely and effectively. This is ineffective management of high-impact risk associated with the care of consumers.

For example, consumers have been having falls and strategies for falls prevention are ineffective but alternative strategies are not trialled. A consumer who had known falls risk had eight found on floor/falls incidents from April to August 2020. The provider has submitted information about the consumer for context and about actions taken following the incidents. This shows while some immediate actions were taken and there was physiotherapist referral or review of the consumer after some of the falls, the strategies employed were not effective in preventing falls. The information does not reflect alternative falls prevention strategies were trialled, rather existing ineffective strategies were reinforced. This is not effective management of a high-impact and high-prevalence risk associated with the care of some consumers.

For example, a consumer had a choking episode after being served and eating food which was not of a consistency recommended by a speech pathologist. This is not effective management of a high-impact risk associated with the care of this consumer. The provider’s response does not address the circumstances which gave rise to this incident.

I find this requirement is Non-compliant.

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

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

The Assessment Team’s report includes information about care for consumers nearing end of life not recognising and addressing their needs and not maximising their comfort or preserving their dignity. It includes detailed examples of this for three consumers. The report has information about lack of on-site registered nursing staff to monitor and manage consumer care in the lead up to and after death, and about concerns by staff that some consumers have to wait for pain relieving medication.

The Approved Provider’s written response includes they refute the team’s findings and the provider writes a consumer’s feedback to the team about having terrible pain is “incorrect”. It has additional information about each of the consumers sampled. This does not address all of issues raised or illustrated by the team in their report.

For example, a consumer identified as receiving palliative care and showing behaviours of concern was given psychotropic medication. The team notes despite the consumer having a deep pressure injury and these behaviours of concern, which could indicate pain, the consumer was last assessed as having no pain and there had been no recent pain monitoring. The provider’s response includes a non-verbal pain scale assessment was completed regularly, however the screenshot provided shows a single score was recorded on three days with two of those being a month apart. This is not consistent with guidance about how to implement this pain scale. The provider’s response does not recognise that while staff ruled out some other factors possible contributing to the behaviours, they did not rule out pain through assessment before giving the psychotropic medication.

I find this requirement is Non-compliant.

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

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

The Assessment Team’s report includes information about deterioration in the condition of some consumers not being recognised and responded to in a timely manner. It includes detailed examples of this for one consumer and while feedback from their representative was positive there was information from the representative indicating concerns about care provision for the team. The team in their report refer to information about three other consumers who have experienced clinical deterioration recorded under other requirements. The report has information about lack of on-site registered nursing staff and lack of staff overnight to support the identification of signs of consumer deterioration, and lack of access to external expertise to optimise consumer care and prevent deterioration.

The Approved Provider’s written response includes the refute the team’s findings. It has additional information about each of the consumers sampled. This does not address all of issues raised or illustrated by the team in their report.

For example, a consumer who had been unwell had three falls in a few days and then experienced a sudden deterioration in their condition. While the information from the provider shows there were some progress note entries made by staff about the consumer and the general practitioner reviewed the consumer, the progress notes do not show the consumer’s condition was closely monitored and reviewed by registered nursing staff as claimed. The response does not include information to show any other monitoring of the consumer’s condition took place to identify and enable early escalation of the deterioration.

I find this requirement is Non-compliant.

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

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

The Assessment Team’s report includes feedback from some consumer representatives about staff not communicating consumer information effectively and not actioning this; and information from staff interviews about ineffective communication regarding consumer care. It includes the documentation reviewed showed a lack of effective handover of consumer information and actioning of this for safe and effective care delivery. The report also reflects staff were not communicating effectively with the registered nursing staff.

The Approved Provider’s written response includes they refute the team’s findings and it has information in response to the feedback from the consumer representatives. The response does not adequately explain or address some of the information in the team’s report.

For example, the team’s report includes a consumer was not given their medication as the staff member was not familiar with the consumer’s medication regime and this omission had an adverse effect on the consumer. The provider’s response has information about the medication, that the medicines information includes to skip the dose missed and give the next dose when due, and that the error was identified and reported. This does not address that the staff member responsible for giving medication to the consumer was unfamiliar with their needs.

I find this requirement is Non-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’s report includes the system for referral to the physiotherapist has improved and some consumers sampled have been referred for other care and services, but that other consumers sampled not having had timely and appropriate referrals made. This includes feedback from some consumer representatives about a lack of referral, review of care and service records for some consumers sampled showing lack of timely and appropriate referral, and information from a senior clinician confirming this for some of those consumers.

The Approved Provider’s written response refutes the team’s findings and has additional information, including about referrals having been made to a provider of other care and services which was not in the team’s report.

The provider’s response does not overcome or negate the evidence gathered by the team that there has been a lack of timely and appropriate referral for other care and services for some consumers sampled.

I find this requirement is 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’s report includes information about standard and transmission based precautions not consistently used to prevent and control infection, and a lack of COVID-19 outbreak management preparedness. It also includes there was a lack of information to demonstrate antimicrobial stewardship was being practised for some consumers sampled and an example is provided.

In relation to the team’s findings the Approved Provider’s written response includes information to refute some of them, additional information about some of them, details of actions taken or completed since the review audit in relation to some of them; and does not include a response in relation to other findings. In relation to the team’s example of antimicrobial stewardship not being practiced in relation to a consumer, the provider presents different information to the team but has not submitted supporting evidence for this.

The provider’s response includes the service’s outbreak management plan met the requirements of the NSW Health Local Health District (LHD) when their personnel recently assessed this. It is noted the letter from the LHD embedded in the provider’s response includes some positive feedback about the service’s outbreak management plan and infection control, but also some areas for priority consideration and improvement.

The provider’s response does not overcome or negate the evidence gathered by the team that at the time of the review audit standard and transmission based precautions were not consistently used to prevent and control infection, there was a lack of COVID-19 outbreak management preparedness, and antimicrobial stewardship was not demonstrated.

I find this requirement is Non-compliant.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Most consumers and all representatives interviewed considered there was a varied menu and said the consumer likes the meals. Some consumers/representatives sampled considered the consumer had received other daily living service and supports, but others consumers/representative provided information about this not having occurred. This included a lack of emotional and psychological services and supports, a lack of support to maintain relationships and do things of interest to the consumer, and a lack of spiritual support.

This feedback from consumers/representatives and other information gathered through observations made, records reviewed and interviews with staff showed that meals for consumers were varied and of suitable quality.

However, the information from the consumers/representatives and other information gathered through records reviewed and interviews with management/staff showed:

* Some consumers had received services and supports for daily living which optimised their independence, well-being and quality of life, but others had not.
* Some consumers had received services and supports for daily living which promoted their emotional, spiritual and psychological well-being, but others had not.
* Some consumers had received services and supports which assisted them to have social and personal relationship and do things of interest to them, but others had not.
* While some information about the consumer’s condition, needs and preferences relating to services and supports for daily living had been shared within the organisation, this had not consistently occur.
* Timely and appropriate referrals to other providers of services and supports for daily living had been made for some consumers, but had not been considered or made for others.

The information also did not demonstrate the service had provided suitable equipment for the delivery of some daily living services and supports to consumers.

The Approved Provider’s response refuted the team’s findings in relation to the six requirements which the team considered to be not met. It had additional information and supporting evidence. However, overall the information did not demonstrate the requirements were met at the time of the review audit.

The Quality Standard is assessed as Non-compliant as six 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’s report includes information from two consumer representatives about the consumers not getting services and supports which support independence and quality of life. It has information from the care and service records of a sample of consumers about a lack of support for consumer independence, well-being and quality of life. The report reflects information from staff about how they provide daily living services and supports to some consumers, but also about the lack of formality of some of the systems for this and lack of supports for some consumers.

The Approved Provider’s response includes they refute the team’s findings, including feedback from a consumer and from the staff, and it has additional information. The response includes statements refuting some of the other evidence, even though it is strong. For example, the provider asserts a consumer is safe to undertake an activity involving risk whereas the team’s report includes a clear example of this consumer being observed undertaking the activity and it not being safe.

The response does not show recognition of the service’s role in ensuring each consumer gets the daily living services and supports they need and want. For example, in relation to:

* Counselling services for a consumer with a complex background and terminal diagnosis, the provider writes it is probable this was not the consumer’s preference.
* Spiritual support, that church services and visits by the priest have been suspended due to the COVID-19 pandemic and there is little that can be done about this.

The team’s report shows some consumers sampled have not gotten daily living services and supports for independence, well-being and quality of life consistent with their needs and preferences. The provider’s response shows a lack of understanding of this requirement and does not overcome or negate all of the information in the team’s report.

I find this requirement is Non-compliant.

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

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

The Assessment Team’s report, under this and other requirements, includes information from some consumers/representatives about deterioration in the consumer’s emotional well-being and a lack of emotional and spiritual support consistent with consumer needs and preferences. It includes information from care and services records of consumers sampled and interviews with relevant staff about minimal support in recent times to meet consumer spiritual needs and preferences and lack of support for their emotional well-being.

The Approved Provider’s response refers to information provided earlier in the response, including as outlined above under Standard 4, Requirement (3)(a). It includes a resident satisfaction survey result that 96% of respondents felt supported when feeling down or upset.

The provider’s response includes a broad statement about telehealth based mental health and counselling services being offered, but that many consumers refuse this. It is not clear whether this is a general observation or is information about what has actually occurred at the service. The provider writes these interventions should not be forced on consumers, but has not established they have been considered or offered to consumers.

The response does not show recognition of the service’s role in ensuring daily living services and supports promote each consumer’s emotional, spiritual and psychological well-being. For example, it includes the service was required to restrict visiting to consumers due to the COVID-19 pandemic consistent with health advice. However, other than some alternative communication methods the response does not include information about the emotional impact of this on consumer well-being being recognised or addressed.

The team’s report shows daily living services and supports for emotional, spiritual and psychological well-being have not been promoted to some consumers. The provider’s response shows a lack of understanding this requirement and does not overcome or negate all of the information in the team’s report.

I fine this requirement is 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’s report includes feedback from some consumers/ representatives about a lack of activities for consumers to engage in or lack of stimulating activities, and information about one of those consumers being bored. Review of records of consumer engagement in activities showed some were well supported, but others were not. It includes there are consumer bus outings and, prior to the COVID-19 pandemic, there were visiting volunteers and community groups.

The Approved Provider’s response includes they disagree with the team’s findings. It includes they refute the feedback from the consumers/representatives and some of the feedback to the team by staff. It has additional information about each of the consumers sampled, including that a compliment was made by the representative of one of those consumers, and confirms there have not been visiting volunteers and community groups due to precautions for COVID-19.

The response does not show recognition of the service’s role in ensuring daily living services and supports assist consumers to have social and personal relationships or to do things of interest to them. For example, the team’s report has information about a consumer who has had limited participation in activities and has not had visits due to the precautionary COVID-19 visiting restrictions.

The provider’s response includes information provided by a representative of the consumer, who while happy with the care, had concerns about not being able to see the consumer and explained communication by telephone or videoconference does not work well for the consumer. The provider writes their response to the representative was they understand their concerns, further information would be available soon and the representative was informed of the consumer’s condition and increased care needs.

The team’s report shows daily living services and supports have not assisted some consumers to have social and personal relationships or to do things of interest to them. The provider’s response does not overcome or negate all of the information in the team’s report.

I find this requirement is Non-compliant.

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

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

The Assessment Team’s report includes information about consumer attendance at exercise classes being dependent on the consumer getting them-self to where the class is held; this does not show communication about consumer preferences among staff to facilitate attendance. Across other requirements there is information about staff responsible for coordinating and delivering daily living services and supports to consumers not being aware of their backgrounds, needs and preferences.

The Approved Provider’s response includes they refute the team’s findings, however does not provide information about the exercise classes. It includes the staff cannot be expected to know detailed information, such as all of the lifestyle interests, of each of the consumers and this is why there are assessments and care plans. However, the team’s report includes information about related gaps in assessments and care plans for some of the consumers sampled.

I find this requirement is 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’s report includes information from some consumer representatives about deterioration in the consumer’s emotional well-being and lack of referral for related services and supports. It includes information about some consumers having been referred to relevant providers of other care and services. It also includes a consumer had not been referred for smoking cessation support and a consumer with a terminal illness had not been referred for emotional and psychological support. The report includes there is not a formal system to refer consumers for spiritual or pastoral support.

### The Approved Provider’s response includes they refute the team’s findings, including the information from the consumer representatives. It has additional information about some of the consumers sampled having been referred for services and supports, however this does not demonstrate for one of the consumers there was referral for smoking cessation support. The response includes broad statements about consumers being referred for spiritual and pastoral supports and, due to the sensitive nature of this, it may be done verbally and not documented. The information provided does not demonstrate a system for making the referrals.

The provider’s response does not overcome or negate all of the information in the team’s report about timely and appropriate referrals to providers of other care and services not being made for some consumers and the lack of a system to support this in relation to spiritual and pastoral support.

### I find this requirement is Non-compliant.

### Requirement 4(3)(f) Compliant

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

The Assessment Team’s report includes there is a varied menu for consumers and that consumer dietary needs and preferences are catered for. It reflects consumers/ representatives confirmed this and most said the consumer likes the meals.

The approved provider did not provide any information further to this.

I find this requirement is Compliant.

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

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

The Assessment Team’s report has information about equipment for the delivery of services and supports for daily living suitable for consumers not being available. This included cultural resources for consumers who communicate in a language other than English, and the lack of a device to amplify verbal communication to support the in person visits between consumers and their family/friends behind a perspex divider.

The team’s report includes information about a lack of other equipment and some furniture to support consumer comfort and care provision. This has been taken into account under Standard 5, Requirement (3)(c).

The Approved Provider’s response includes, in relation to the matters under consideration for this requirement, reference to information outlined earlier in their response. Review of this information shows the provider writes in relation to:

* Cultural resources, consumers prefer to have their own memorabilia, some provide their own resources and they have access to television programs in other languages at the service.
* A device to amplify verbal communication, other avenues for communication were introduced. This does not specifically address enhancing communication during in person visits behind the perspex divider.

The provider has not demonstrated to the team or in their response that the service is providing suitable equipment for the delivery of some daily living services and supports to consumers.

I find this requirement is Non-compliant.

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The consumers sampled did not compliment or raise concerns about the service environment being welcoming and easy to understand, however some consumer representatives raised concerns about this. Some consumers/representatives raised concerns about cleanliness, safety and comfort in the service environment.

This information from the consumers/representatives and the information gathered through observations made, interviews with management/staff, and records reviewed showed:

* The service environment was not welcoming and easy to understand for some consumers.
* Consumers living in most areas of the service environment were enabled to access the outdoors, but consumers in one area were not able to do so easily and freely.
* Some aspects of the service environment were not safe, clean, well maintained or comfortable for consumers.
* Some furniture and equipment was not safe, clean, well maintained or suitable for consumers.

The Approved Provider’s response included discussions are underway with consultants about a re-design of the dementia specific units to optimise them for consumers living with dementia. It included capital expenditure projects had been planned and are due to commence, noting some unavoidable delays due to COVID-19. The response also incorporated an action plan to address some of the service environment gaps identified by the assessment team in their report. The response did not include information to address the systems issues illustrated in the team’s report and to avoid a reoccurrence of some gaps, including in relation to safety, cleanliness and equipment replacement.

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’s report includes observations made about some areas of the service environment being welcoming, but about other areas not being welcoming and not optimising consumer belonging, independence, interaction and function. The report includes consumers did not compliment or raise concerns about the service environment, however some consumer representatives raised concerns.

The Approved Provider’s response includes information about being in discussion with consultants to ensure a re-design of the dementia specific units is optimised for consumers living with dementia. It has an action plan for some of the gaps identified by the team to be addressed.

At the time of the review audit some areas of the service environment were not welcoming and did not optimise consumer belonging, independence, interaction and function. Work to enhance the service environment is planned or being planned, and time is needed for implementation and evaluation.

I find this requirement is 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’s report includes information from some consumer representatives about the service environment not being clean and not supporting consumer safety. It reflects that consumers in most areas of the service environment have access to the outdoors, however this was not easily and freely accessible to consumers in one area. The report includes information and examples of the service environment not being safe, clean, well maintained or comfortable for consumers.

The Approved Provider’s response, in addition to that outlined above under Standard 5, Requirement (3)(a), includes there is a planned approach to improving the service environment and while there have been some unavoidable delays due to COVID-19, some capital expenditure projects will commence shortly. Information to address the lack of identification, assessment and management of safety and cleanliness deficiencies in the service environment was not provided.

At the time of the review audit consumers in one area of the service environment did not easily and freely have access to the outdoors, and aspects of the service environment was not safe, clean, well maintained and comfortable for consumers. Time is needed for implementation and evaluation of improvements.

I find this requirement is 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’s report includes the service does not have a reliable call bell system and a faulty call bell continually sounding had disturbed a consumer; and some other equipment used for the safety of consumers often does not work. It has information about equipment not able to be used with consumers and lack of suitable furniture for consumers. The report includes there was not a formal system to identify when equipment needed to be replaced. It has information about adverse impact on consumers due to lack of suitable, well-functioning equipment.

Elsewhere in the team’s report there is information about some consumers not having an electric bed, and about limited equipment to support use of the call bell system and for falls prevention.

The Approved Provider’s response, in addition to that noted above under Standard 5, Requirements (3)(a) and (3)(b), includes the service has in place assessed needs for equipment, there is an asset register and a capital expenditure program. The response does not establish there is an effective system to identify when equipment is needed by a consumer or when equipment needs to be replaced. The response includes the need for some of the furniture and equipment in the team’s report has not been established for consumers, and refers to information provided earlier in the provider’s response.

At the time of the review audit some furniture and equipment was not safe, clean, well maintained and suitable for consumers. Time is needed for implementation and evaluation of improvements.

I find this requirement is Non-compliant.

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

None of the consumers sampled were aware of formal processes for raising complaints. Consumer representatives sampled who had made a complaint provided information about not receiving a response to their complaint, at all or which was satisfactory to them; and about improvements not being made to care and services relating to their complaint.

This information from the consumers/representatives and the information gathered through records reviewed, interviews with management and staff, and observations made showed:

* Some consumers/representatives had not been encouraged and supported to make complaints.
* Some consumers/representatives had not been made aware of other methods for raising and resolving complaints.
* Appropriate action was not taken in response to complaints made by some consumers/representatives and open disclosure was not being used.
* Some complaints had not been reviewed and used to improve care and services.

The Approved Provider’s response refuted the team’s findings. It included some additional information and supporting evidence. However, overall the information did not demonstrate the requirements were met at the time of the review audit.

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’s report includes none of the consumers sampled were aware of formal processes for raising complaints. It has information reflecting some consumer representatives had not been informed of complaint processes and information indicating they did not feel supported or encouraged to make a complaint based on a recent experience of having done so. It includes there is relevant policy/ procedure, but other than some relevant material on display in the service environment it was not demonstrated the policy/procedure was being implemented.

The Approved Provider’s written response includes that across the team’s report there is information about complaints being made indicating consumers/ representatives are aware of how to make a complaint. It includes the service’s web-site and key documents have information about complaint processes. It is noted the information on that web-site as at 4 December 2020 included that feedback and complaints were welcomed and encouraged and had the name of the Chief Executive Officer, physical and email addresses and a telephone number.

The provider’s response also includes they disagree with feedback from the consumers/representatives interviewed by the team. In support of this they provide results from a resident satisfaction survey showing 100% of respondents knew how to communicate feedback or a complaint and 100% felt staff listened to their suggestions and ideas. This does not address that the consumer/representatives sampled were not aware of how to raise a complaint. The response includes information about some of the complainants sampled and about a consumer advocate.

The provider has relevant policy/procedure, has made some material available to consumers and others about ways to give feedback and make a complaint, and some consumers who responded to a survey knew how to give feedback, make a complaint and felt listened to in this regard. However, the information gathered by the team shows for the consumers sampled they had not been encouraged and supported to give feedback and/or make a complaint. The provider’s response does not include information or supporting evidence to demonstrate that beyond providing written material they have been supporting and encouraging consumers in relation to complaints.

I find this requirement is Non-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’s report includes information that one of the consumer representatives sampled knew of the external aged care complaints mechanism. It includes information about a consumer who is a consumer advocate being unclear about how to fulfil their responsibilities and not having been made aware of how to do so by service management/staff.

Their report includes staff knew how to assist consumers to put forward their concerns if they could not do so using English. It reflects some relevant material was observed on display in the service environment, but this was limited or not in relevant community languages. The report includes management said there was information about advocacy and complaints in meeting minutes and newsletters, but this was not seen in the meeting minutes and newsletters reviewed by the team.

The approved provider’s written response includes information and a photograph about external aged care complaints documentation being available to consumers in community languages. The provider writes there is information across the report about translator services, National Disability Insurance Scheme and guardianship personnel; and there is information about advocacy services in the key documents and information about resident meetings is promoted. The provider refers to information they provided earlier under Standard 6. The response includes the team was given the meeting minutes and newsletters; it is noted the provider has not submitted these as supporting evidence to show they included information about methods for raising and resolving complaints.

While the provider’s response demonstrates there was information available to consumers and others about an advocacy service, language services and other methods for raising and resolving complaints, it does not address the team’s evidence about most of the consumers/representatives sampled being unaware of these. Furthermore, it has not been demonstrated those topics were raised during resident meetings held or promoted in newsletters issued.

I find this requirement is 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’s report includes information about consumers and representatives who had made a complaint saying they had not received a response to their complaint, at all or which was satisfactory to them; and has five detailed examples. The report includes complaint documentation did not show appropriate action was taken in response to complaints and this is despite senior management saying the organisation had been responsive to complaints. It includes the organisation did not have policy/procedure about open disclosure and while the care manager knew about open disclosure, other staff sampled did not.

The Approved Provider’s written response includes details from a resident satisfaction survey showing 90% of respondents said staff follow-up all or most of the time when they raise things and 100% were confident staff would deal fairly with any concerns raised. This is acknowledged, however does not address that some of the consumers/representatives interviewed by the team who had made a complaint felt their complaint had not been addressed.

The response includes information from the provider about individual complaints made. In relation to some of the complaints there is an acknowledgement they had not been actioned at the time of the review audit. In relation to other complaints the information overall does not demonstrate an understanding of best practice complaint handling and does not show the organisation is committed to satisfactorily resolving complaints through ongoing communication with the complainant and by evaluating the effectiveness of actions taken in achieving the desired outcome.

The response includes there is information about open disclosure in the complaints policy, however this was not provided as supporting evidence. It includes there is an open disclosure culture at the service. However, the information which follows does not demonstrate an understanding of open disclosure.

It has not been demonstrated that at the time of the review audit appropriate action had been taken in relation to some complaints or that open disclosure had been used in relation to complaints.

I find this requirement is 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’s report includes that consumers/representatives sampled provided information about changes not having occurred as a result of their complaint. It reflects records do not show complaints have been addressed and do not include details of all complaints for trending purposes. It includes senior management provided information about some actions taken in response to complaints, but did not show completion of the continuous improvement cycle through evaluation of the actions taken to confirm they had been effective in achieving the desired outcome.

The Approved Provider’s written response has reference to resident satisfaction survey results, that performance management of a staff member was undertaken and this addressed a complaint, information about other individual complaints having been addressed at the time of the review audit, and that complaints about staffing were addressed through a major analysis of the workforce and expansion of staff hours and skills mix.

The provider’s response includes a named consumer representative did not make a complaint, rather asked to the speak with the board; it is noted the team has clearly documented the consumer representative told them they had made complaints. The response includes the provider refutes the team’s finding there were no related entries in the continuous improvement plan, but does not provide supporting evidence to demonstrate there were.

The provider’s response includes information to show actions taken in relation to some consumer/representative complaints. However, it does not show related improvements were made or that other complaints had been actioned and opportunities for improvement identified at the time of the review audit.

I find this requirement is Non-Compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The consumers/representatives sampled consistently provided feedback that staff were kind and caring to the consumer. Consumers thought staff were competent in their roles and the consumer representatives said they were unable to comment on this. However, consumer representatives considered there was a lack of staff and a lack of appropriately skilled staff to meet the needs and preferences of consumers, and provided information about adverse impact of this on the consumers.

This information from the consumers/representatives and other information gathered through observations made, records reviewed and interviews with staff generally showed that staff interactions with consumers were kind and caring and mostly respectful.

However, the information from the consumers/representatives and other information gathered through records reviewed, interviews with management/staff, and observations made showed:

* The workforce was not planned to enable, and had not enabled, the delivery and management of safe and quality care and services for consumers.
* There was a lack of appropriately qualified, knowledgeable and competent staff to deliver the outcomes required by these Quality Standards.
* While some action was taken to manage the performance of some staff when a significant conduct issue arose, there had not been regular assessment, monitoring and review of the performance of some staff sampled.

The Approved Provider’s response refuted the team’s findings in relation to the four requirements which the team considered to be not met. The provider asserted some of the points made by the team were erroneous, however this view this showed a lack of understanding of some of the requirements under this Standard. The response included additional information about four of the requirements, however this did not demonstrate they were met at the time of the review audit.

The Quality Standard is assessed as Non-compliant as four 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’s report includes all consumer representatives sampled considered there was a lack of staff and a lack of appropriately skilled staff to meet the needs and preferences of consumers, and they provided information about adverse impact of this on the consumers. It has feedback from staff about a lack of staff affecting their workload and difficulties they had experienced accessing registered nursing staff.

The report includes information about some rostered shifts not being covered, staff turnover and complaints made to the service regarding staffing. It has information about adjustments which were made to the roster, however it was not demonstrated the roster reflected staffing commensurate with the needs and preferences of the consumers. The report showed there were times when a registered nurse was not rostered to be on site and was not on-site. It is noted this is despite the team’s report including information about the complex care needs of the consumers sampled.

The Approved Provider’s written response includes they disagree with the team’s findings, the board has undertaken a major analysis of the workforce and has expanded rostered hours and skills mix commensurate with the changing needs of consumers. It also includes information and supporting evidence about the board considering a further increase in registered nursing hours, and that the organisation is undergoing a restructure and has engaged consultants to assist with this.

The provider refutes the feedback from most consumer representatives and points out one of the consumer representatives did not reply to any surveys conducted in 2020, which has not been given weight as the consumer representative is free to provide feedback or not and in the way/s they choose. The provider also refutes the feedback from staff.

The provider’s response has additional information and documentation clarifying some matters in the team’s report, but not others. For example, the information includes shifts have been covered and there has been a team leader on each shift, however the documentation provided was limited to five days whereas the team wrote about many more shifts not covered. While the documentation shows some staff replacement it also shows one of the shifts was not covered, another shift was partially covered and it does not demonstrate a team leader was on each shift as asserted.

The provider’s response refers to information provided earlier in the response under Standard 3 about the consumers sampled. As noted in this performance report that information did not demonstrate personal and clinical care was safe and right for all consumers sampled.

At the time of the review audit this requirement was not met. Time is needed for the planned restructure to take place and its effectiveness to be evaluated.

I find this requirement is Non-compliant.

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

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

The Assessment Team’s report includes information about consumers/ representatives consistently reporting staff were kind and caring to consumers, and observations of staff interactions being kind and caring to consumers. Some information gathered showed staff interactions were not always respectful of consumers.

The approved provider did not provide any information further to this.

I find this requirement is 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’s report includes consumers thought staff were competent in their roles and consumer representatives said they were unable to comment on this. It includes some staff in a range of positions did not have qualifications and/or experience relevant to their roles, including a recent senior appointment. The report has information about care staff being responsible for duties which they do not have the qualifications or knowledge to perform safely and effectively. It includes that while senior clinicians are trying to change this, some care staff are not fully co-operating.

The Approved Provider’s response includes they disagree with the team’s findings. It includes there are no legislative requirements for some position holders to have certain qualifications, training or competency assessment. The provider questions the value of competency testing staff and asserts in the absence of clinical indicators showing a need for this that it is not best practice.

The provider’s response refutes some of the information in the team’s report, asserts some of the points made by the team are erroneous and has additional information. The latter includes that staff have had some relevant training and some competency assessments. The response also includes the organisation is undergoing a restructure and has engaged consultants to assist with this.

At the time of the review audit this requirement was not met and time is needed for the planned restructure to take place, for other actions to be taken to address staff qualifications and knowledge, and for the restructure and other actions to be evaluated for effectiveness.

I find this requirement is 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’s report includes while there has been some staff training and competency assessment, some staff had not attended the mandatory training or had not complete a required competency assessment and a system was not in place to effectively monitor this. It includes feedback from a care staff member that they had been administering medication to consumers, but had not completed the training consistent with organisational expectations.

The Approved Provider’s response includes a resident satisfaction survey result that 92% of respondents thought staff knew what they were doing all or most of the time. The response includes minimal other information to address the team’s findings.

The provider’s response does not overcome or negate the evidence gathered by the team that some staff had not been trained, equipped and supported to deliver care and services consistent with the Quality Standards. At the time of the review audit this requirement was not met.

I find this requirement is 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 includes information about staff not taking direction, not performing their roles effectively and not conducting themselves appropriately. It includes information about recent performance management of some staff, but that overall it was not demonstrated there had been effective staff performance management in a timely manner. The report includes it was not demonstrated there was a performance appraisal system, and five of six staff personnel files reviewed did not include records of a performance appraisal conducted in the previous 12 months.

The Approved Provider’s response questions the value of staff performance appraisals asserting that real time conversation with staff is more effective, but does not provide information or supporting evidence showing the latter had occurred regularly with staff other than in relation to some significant conduct issues. The provider refutes much of the management/staff feedback in the team’s report.

The provider’s response includes a statement that the staff culture described by the team no longer exists as the staff responsible have had their employment terminated, but no detail is provided about whether this was before or after the review audit in relation to the registered nurses. The response includes some supporting evidence to show one of the staff conduct issues was being addressed through performance management, but not the outcomes. It includes the other staff who had been or were being performance managed left the service.

While the provider demonstrated some performance management of staff when significant staff conduct issues arose, it was not demonstrated there had been regular assessment, monitoring and review of each member of the workforce sampled by the team.

I find this requirement is Non-compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Information gathered through interviews with governing body and management representatives, staff, consumers and representatives and review of documentation showed a lack of organisational governance. Specifically:

* Consumers had been minimally engaged in the development, delivery and evaluation of care and services.
* The governing body had not promoted or been accountable for a culture of safe, inclusive and quality care and services.
* There had not been effective organisation wide governance in information management, continuous improvement, financial governance, workforce governance, regulatory compliance, or feedback and complaints.
* The organisation did not have a documented risk management framework. Risk management systems and processes had not been implemented effectively for managing high impact and high prevalence risk associated with the care of consumers, identifying and responding to abuse of consumers, or supporting consumers to live the best life they can.
* The documented clinical governance systems had not been implemented effectively in relation to antimicrobial stewardship and restraint minimisation; and in relation to open disclosure there was a lack of policy/procedure, staff training and implementation.

The Quality Standard is assessed as Non-compliant as five 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’s report includes that management advised consumers are engaged in the development, delivery and evaluation of care and services through resident meetings and a family and friends committee; no other means were put forward. The report has information about the team being advised a consumer chairs the resident meetings, but other information gathered by the team showed this was not the case. Key documents reviewed by the team did not show intent to engage consumers in the development, delivery and evaluation of care and services.

The Approved Provider’s response includes they refute the team’s findings. It includes consumers have also been engaged through resident satisfaction surveying which is acknowledged, and the organisation’s strategic plan reflects a focus on the needs and preferences of the consumers and working in partnership with them. The excerpt from the strategic plan provided shows this, but does not show other than through surveying an intent to engage consumers in the development, delivery and evaluation of care and services. Later in the response there is a statement about the new Quality Standards requiring a shift in terms of consumer engagement and this coming to a holt due to the COVID-19 pandemic. Also, a plan to engage consumers in the re-design of the dementia specific units.

At the time of the review audit this requirement was not met.

I find this requirement is Non-compliant.

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

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

### The Assessment Team’s report includes the organisation’s strategic plan 2017-2020 has not been updated in response to the new Quality Standards and work had not commenced to develop a new plan. It includes the organisation was slow to respond to the new Quality Standards and there had not been any communications from the governing body to consumers, representatives or staff about them. It also includes senior management could not recall any changes made by the governing body in the past six months in response to consumer feedback.

The team’s report includes that some information and data was being presented to the governing body about service performance relevant to the Quality Standards, however there was a lack of trend analysis and information about consumer critical incidents. It includes board reports showed the need for increased registered nursing staff coverage was identified, discussed and the hours were increased, however it was not demonstrated the effectiveness of the coverage had been or was being evaluated. The report included a member of the governing body believed the coverage was reasonably effective as there had not been any major issues.

A culture of safe, inclusive and quality care and services is not evident in the team’s findings elsewhere across their report, including in relation to consumer care and service delivery and the conduct of some staff.

The Approved Provider’s response includes they refute the team’s findings. It includes that work on the organisation’s strategic plan has been delayed due to the COVID-19 pandemic and will recommence in early 2021. The provider’s response includes board, staff and resident meeting minutes, newsletters, education and signage reflect information about the new Quality Standards and there was receipt of relevant policy/procedure works around 1 July 2019, however no supporting evidence was provided.

The provider’s response includes that some clinical data is benchmarked, but the provider does not specify whether this is escalated to the governing body and they do not address the issue in the team’s report about a lack of information to the governing body about consumer critical incidents. The provider also writes they have addressed earlier in their response issues relating to registered nursing staff coverage and consumer care and services.

The provider’s response does not overcome or negate the team’s findings and demonstrate the governing body promoted and was accountable for a culture of safe, inclusive and quality care and services.

I find this requirement is 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’s report includes a statement and supporting evidence about effective organisation wide governance systems not having been demonstrated in relation to any of the six sub-requirements. This includes, but is not limited to, new policy/procedure not being tailored for the organisation/service and not being effectively implemented; lack of quality assurance/self-assessment processes to support continuous improvement; lack of financial support for adequate registered nursing staff coverage at the service; lack of responsiveness to key regulatory changes for aged care; and lack of oversight for effective workforce governance and governance in relation to feedback and complaints.

The Approved Provider’s response includes they disagree with the team’s findings. It includes broad statements of disagreement with a lack of supporting evidence, and includes reference to information provided earlier in the response.

The provider has written they do not understand the team’s statement about the service’s compulsory reporting register not having been collated and they write the team’s statement about compulsory reporting incidents not always being reported lacks detail. This is despite the team detailing numerous incidents of consumer to consumer reportable assaults which had not been recognised, escalated and dealt with appropriately as elder abuse reportable assaults and the team detailing those that did not appear in the service’s compulsory reporting register.

The provider’s response does not overcome or negate the evidence gathered by the team that there has been a lack of effective organisation wide governance.

I find this requirement is 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’s report includes a statement and supporting evidence about effective risk management systems and practices not having been demonstrated in relation to any of the three sub-requirements. This includes, as outlined earlier in their report, information about the lack of critical incident reporting and management, elder abuse reportable assaults not being managed effectively, and lack of monitoring of the effectiveness of lifestyle programs for consumers. It also has information about the lack of effective risk management systems and practices more broadly, including the lack of a documented risk management framework.

Elsewhere in the team’s report is information about high impact and high prevalence risks associated with the care of consumers not having been effectively managed, and care and service delivery not optimising consumer well-being or supporting them to live their best life.

The Approved Provider’s response includes they refute the team’s findings and refers to information provided earlier in the response. This does not include a response to the team’s information about the lack of a documented risk management framework for the organisation.

As noted across this report the provider’s responses has not overcome or negated the evidence gathered by the team across the report, as referred to by the team and the provider in relation to this requirement. Effective risk management systems and practices have not been demonstrated broadly or for any of the three sub-requirements.

I find this requirement is 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’s report includes there is a documented clinical governance system, however it has not been tailored to the service or implemented and there has been a lack of clinical oversight for effective clinical governance. This includes a lack of clinical governance in all three sub-requirements with supporting information and evidence about a lack of antimicrobial stewardship, restraint not being minimised, and the lack of open disclosure policy, staff understanding and implementation.

The Approved Provider’s response includes they refute the team’s findings. It includes they have provided information earlier in the response about this.

As noted across this report the provider’s response has not overcome or negated the evidence gathered by the team across the report, as referred to by the team and the provider in relation to this requirement. The clinical governance systems were not demonstrated to have been implemented with effect in relation to the three sub-requirements.

I find this requirement is 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.

**Standard 1: Consumer dignity and choice**

Required improvements

* Ensure staff consistently treat each consumer with dignity and respect.
* Ensure there is culturally safe care and services for each consumer.
* Ensure each consumer is enabled to make decisions about their own care and services and about when others are involved in their care; and that consumers are enabled to communicate these decisions.
* Review and improve the support available for consumers to maintain relationships of choice, including communication with their family and friends while there are precautionary COVID-19 visiting restrictions.
* Ensure each consumer is supported to take risks to live the best life they can, balancing choice and dignity of risk.
* Ensure information provided to each consumer is current and accurate and is communicated in a way that is easy to understand and enables choice. This would include but not be limited to making key documents available to consumers in relevant community languages.

**Standard 2: Ongoing assessment and planning with consumers**

Required improvements

* Ensure assessment and care planning identifies and address the current needs, goals and preferences and any risks associated with the care of each consumer; and that these are reviewed regularly and when consumer circumstances change or incidents occur. This includes reviewing interventions which have not been effective and developing and trialling new interventions.
* Ensure assessment and care planning identifies advance care planning and end of life planning for each consumer who elects to discuss and document this.
* Ensure assessment and care planning is based on ongoing partnership with the consumer and others they wish to be involved in their care; and outcomes of assessment and care planning are communicated to the consumer. This encompasses in discussion with those consumers (or a representative on their behalf) who elect to be involved, understanding preferences and setting goals, planning care and services delivery commensurate with these, and evaluating the effectiveness of the care and services and whether the goals have been met.
* Ensure each consumer is informed they can access their care plan and that the care plan is readily available to them.

**Standard 3: Personal care and clinical care**

Required improvements

* Ensure the provider/service has adequate guidance about best practice in personal and clinical care in the residential aged care setting, and that this is understood by management and staff.
* Ensure personal and clinical care is safe and effective, best practice, tailored to individual needs and optimises health and well-being for each consumer.
* Ensure high impact and high prevalence risks associated with the care of each consumer are effectively managed.
* Ensure the needs, goals and preferences of consumers nearing end of life are recognised and addressed, their comfort is maximised and their dignity preserved.
* Ensure consumer deterioration is recognised and responded to in a timely manner.
* Ensure information about each consumer’s condition, needs and preferences is documented, easy to access and communicated effectively among staff.
* Ensure timely referral to providers of other care and services is made for each consumer.
* Ensure staff implement standard and transmission based precautions to prevent and control infection.
* Review and update the COVID-19 outbreak management plan and improve COVID-19 outbreak preparedness.
* Ensure practices are implemented to promote appropriate antibiotic prescribing and reduce the risk of increasing resistance to antibiotics for each consumer.

**Standard 4: Services and supports for daily living**

Required improvements

* Ensure the provider/service has adequate guidance about the requirements of this Standard, and they understand and implement these.
* Ensure each consumer gets daily living services and supports, which:
* Optimises each consumer’s independence, well-being and quality of life.
* Promotes each consumer’s emotional, spiritual and psychological well-being.
* Assists each consumer to have social and personal relationships.
* Assists each consumer to do things of interest to them.
* Ensure information about each consumer’s condition, needs and preferences is documented, easy to access and communicated effectively among staff.
* Ensure timely referral to providers of other care and services is made for each consumer. This includes but is not limited to establishing systems for referrals.
* Ensure suitable equipment is available for daily living supports and services to consumers. This includes but is not limited to reviewing the equipment available for effective communication between consumers and their visitors during in-person visits behind the perspex divider.

**Standard 5: Organisation’s service environment**

Required improvements

* Undertake a review using a validated tool and/or person/s with appropriate expertise to identify opportunities to make service environment welcoming and easy to understand for consumers, and to optimises their sense of belonging, independence, interaction and function. This would include but not be limited to the dementia specific units.
* Implement the action plan documented in the provider’s response for Standard 5.
* Implement systems for the ongoing identification, assessment and management of safety and cleanliness in the service environment.
* Implement systems to identify when equipment is needed by a consumer and when equipment needs to be replaced, and provide or replace the equipment.

**Standard 6: Feedback and complaints**

Required improvements

* Ensure consumers (and representatives on their behalf) are encouraged and supported to give feedback and make complaints, and they are made aware of and have access to other methods for raising and resolving complaints.
* Ensure the provider/service has adequate guidance about best practice in complaint management, and that this is understood and implemented by management and staff.
* Ensure appropriate action is taken in response to complaints. This would include but not be limited to resolving complaints through ongoing communication with the complainant and by evaluating the effectiveness of actions taken in achieving the desired outcome.
* Ensure there is guidance for management and staff about open disclosure in relation to complaints, and that they understand and implement this.
* Implement a system for the ongoing review of complaints and the identification and analysis of trends. Make related improvements to the quality of care and services and document these in the service’s plan for continuous improvement.

**Standard 7: Human resources**

Required improvements

* Undertake a review of the organisational structure and the roster and take actions to ensure that planning enables the delivery and management of safe and effective care and services. This would be informed by an understanding of what is required for compliance with the Quality Standards, and would include but not be limited to:
* Ensuring appropriately qualified health professionals carry out initial assessment and care planning for consumers and provide ongoing management and evaluation of consumer care which reflects best practice.
* Using a change management approach to assist staff to understand and adjust to new ways of working, including limitations on the scope of the work they undertake and the need for effective communication with colleagues such as registered nurses.
* Ensure management and staff have the relevant qualifications, experience, knowledge and skills to perform their roles effectively and to deliver the outcomes required by the Quality Standards.
* Implement regular assessment, monitoring and review of the performance of each member of the workforce.

**Standard 8: Organisational governance**

Required improvements

* Develop and implement a consumer engagement strategy to ensure consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. This would include consideration of the Commission’s consumer engagement resources, but not be limited to this as best practice reference material.
* Provide education to members of the governing body about the Quality Standards.
* Undertake a review of the skill sets of members of the governing body for effective organisational governance, and undertake skills development and/or recruitment as needed.
* Develop key governance documents, such as a strategic plan and risk management framework, which reflect an understanding of the Quality Standards and a commitment to a culture of safe, inclusive and quality care and service.
* Ensure the governing body promotes its commitment to a culture of safe, inclusive and quality care and services to key stakeholders including consumers, their representatives and the staff.
* Review and improve the ongoing quality assurance/self-assessment systems for monitoring compliance with the Quality Standards as they have not been effective.
* Review reporting to the board to ensure it includes information about relevant and critical matters concerning care that is safe and effective for consumers and about ongoing service performance against the Quality Standards.
* Ensure policy/procedure is tailored to the organisation and service and is implemented, including with education for staff about the key policies and procedures relating to their role.
* Ensure there is a system for the effective management of high impact and high prevalence risks associated with the care of consumers for the service as a whole.
* Ensure there is a system for the effective identification and response to consumer reportable assaults.
* Implement an antimicrobial stewardship program at the service.
* Ensure there is a system for the identification and minimisation of restraint of all types across the service.
* Ensure there is guidance for management and staff about open disclosure not only in relation to complaints but also in relation to consumer accidents/incidents, and that this is understood and implemented.