Illawarra Multi-Cultural Village Hostel

Performance Report

1 Eyre Place   
WARRAWONG NSW 2502  
Phone number: 02 4276 3212

**Commission ID:** 0325

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

**Site Audit date:** 27 April 2021 to 30 April 2021

**Date of Performance Report:** 21 June 2021

# Publication of report

This Performance Report **will 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) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | 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) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 26 May 2021.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall, consumers interviewed by the Assessment Team considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The Assessment Team found consumer cultural diversity is being respected and maintained, and staff respect and maintain consumer personal privacy during care and service delivery. Overall it was demonstrated information is provided to enable consumers to exercise choice about matters affecting them and about day to day care and service delivery.

However, some consumers are not assisted to be as independent as they prefer, and their choices are not always respected. In addition, some consumers sampled are not being supported by the service to take risks to live their best life.

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

## Assessment of Standard 1 Requirements

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

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

The Assessment Team found consumers and representatives believe they are treated with dignity and respect with their identity and diversity valued. This was confirmed by staff interviews, review of documentation, and observations by the Assessment Team. Staff interviewed by the Assessment Team showed an understanding of consumer backgrounds, diversity and history. Numerous staff speak languages common to the consumers and staff were observed conversing with consumers utilising these language skills. Staff were also observed interacting with consumers respectfully.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

The Assessment Team found that improvements had been made at the service to demonstrate that care and services are culturally safe. The organisation has a documented commitment to cultural safety. Consumer assessments, care plans and documentation recognise cultural diversity and acceptance. Consumers with culturally specific dietary needs are provided with services to meet these needs. Staff were familiar with the cultural diversity of the consumers. The wellness officer advised the service has visiting bilingual volunteers speaking with consumers in first languages such as Greek, Macedonian, Italian and Spanish.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that care and services are culturally safe.

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

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

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

The Assessment Team found that most consumers interviewed provided information about being able to make connections with others and maintain relationships of choice. Some consumers provided feedback about being able to make decisions about their own care and services and maintain their independence. They also provided information about being able to make connections with others and maintain relationships of choice. Staff demonstrated good knowledge of the background of some consumers, of some of their choices and preferences, and of the relationships of importance to the consumer.

However, review of documentation and discussion with management and staff showed for some consumers a decision maker has not been identified or unclear. The Assessment Team found the capacity for informed decision making had not been assessed for some consumers. In addition, there was some confusion when there are joint enduring guardians or Public Guardianship as to who is notified and informed of incidents and signing for the use of psychotropic medications.

The Approved Provider submitted information in relation to specific consumer cases outlined in the Assessment Team’s report and provided further evidence in noted documents to provide clarity around representative decision making and the assessment of consumers to make informed decisions. This information generally demonstrated appropriate substitute decision making specifically relating to Public Guardianship and for consumers living with dementia. This clarification from the Approved Provider, combined with the Assessment Team’s findings that most consumer feedback was positive in relation to decision making and maintaining their independence, demonstrates that generally each consumer is supported to exercise choice and independence.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that each consumer is supported to exercise choice and independence including to make decisions about their care and services, communicate their decisions and make and maintain relationships.

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

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

The Assessment Team found that consumers and representatives sampled were not aware of how consumers are being supported to take risks to live their best life. The Assessment Team reviewed care and service documents for consumers who were identified by the service as being supported to take risks to enable them to live their best life. These documents provided limited evidence to demonstrate there had been related risk assessments or support provided to the consumers by the service’s staff.

Several consumers are supported by staff to travel into the community independently for shopping, church and leisure activities. However, a review of related care and services records for those consumers shows they do not include information about the staff supporting the consumers to take these risks. There was limited information to demonstrate related risks have been identified and assessed.

The Approved Provider submitted information in relation to specific consumer cases outlined in the Assessment Team’s report. Whilst this information provided some clarity relating to some of the specific issues the Assessment Team found with individual consumer risks, there was no additional evidence provided to demonstrate that there was a clear and consistent risk enabling process at the service. This included no evidence that the risks were clearly identified and assessed with the consumer and then accurately documented in consumer profiles to enable them to take these risks so that consumers can live their best lives.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that each consumer is supported to take risks to enable them to live the best life they can.

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

#### The Assessment Team found that generally information is provided to enable consumers to exercise choice about matters influencing their care and service delivery. This was confirmed through interviews with consumers, representatives and staff, and review of documentation by the Assessment Team. Consumers described the information they get to help them make decisions about the things they would like to do, such as about when resident meetings are held, and the activities and meals offered at the service.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

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

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

The Assessment Team found that staff respect and maintain consumer personal privacy during care and service delivery. Consumers and representatives interviewed confirmed the consumer’s personal privacy is respected by staff. Staff interviewed could describe the practical ways they respect the personal privacy of the consumers sampled. The Assessment Team observed respectful delivery of care and services to consumers by the staff mainlining consumer’s privacy.

However, the Assessment Team found that the organisation does not have adequate policies and procedures to guide management and staff about maintaining information privacy. This is despite a recent complaint about interferences with information privacy at the service.

The Approved Provider submitted information in relation to the privacy breach and further information relating to some of the deficiencies identified by the Assessment Team in the privacy policy and procedure. This evidence demonstrated that the Approved Provider had taken action to prevent another privacy breach that has thus far proven effective. The Approved Provider provided detailed evidence as to the information that it included in their new privacy policies and procedures. Based on this evidence, the Approved Provided has shown they understand their privacy obligations and have actively taken steps towards continuous improvement prior to the Site Audit.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that each consumer’s privacy is respected, and personal information is kept confidential.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Most consumers interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. However, the Assessment Team found that assessment and care planning does not consistently reflect the needs, goals and preferences or consideration of all risks to the health and well-being of the consumers sampled. Assessment and care planning does not inform the delivery of safe and effective care and services for the consumers sampled.

While consumers have assessments and a care plan, there has been limited planning which addresses their advance care and end of life needs and preferences. In addition, regular review of consumer assessments and care plans has not been effective, and consumers are not always effectively reviewed when their circumstances change or when incidents impact on their needs, goals or preferences.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found the service uses schedules for the initial assessment period and for when regular assessment is to take place. A program of consumer focus days has been introduced and this has resulted in more regular assessment of care in some areas. However, risks have not been considered in assessment and planning and informed the delivery of safe and effective care for the some of the consumers sampled. The Assessment Team found that some consumer assessment and care planning is not always accurate and does not show consideration of all risks to the consumer’s health and well-being.

The Approved Provider submitted information in relation to specific consumers identified by the Assessment Team which demonstrated for some of the consumers sampled, effective assessment and planning was in place. However, this did not occur for all consumers identified by the Assessment Team, and therefore the Approved Provider has not demonstrated assessment and planning is consistently effective for all consumers.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that assessment and planning, including consideration of risks to the consumer’s health and well-being, consistently informs the delivery of safe and effective care and services.

### Requirement 2(3)(b) Compliant

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

The Assessment Team found that assessment and planning did not consistently identify and address the consumer’s current needs, goals and preferences. End of life care planning and identification of goals was also limited. The Assessment Team found for the consumers sampled there was deficits in care planning in relation to medication and risk of falls. However, consumer feedback in relation to advanced care planning was positive. Staff interviewed said an advanced care plan is offered to consumers on admission and if health issues increase or change, and advanced care planning is discussed at case conferences.

The Approved Provider submitted additional information and documented evidence in relation to specific consumers outlined in the Assessment Team’s report. This demonstrated that generally, assessment and planning was effective in addressing the consumer’s current needs and preferences. The Approved Provider also identified additional evidence to clarify the advanced care planning processes at the service. This demonstrated the Approved Provider is ensuring that advance care planning and end of life planning is offered and updated as required for all consumers who wish to have it in place.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found that although most consumers and representatives said they have been involved in discussions about the consumer’s assessment and care planning there was evidence that some consumers had not. There was also evidence that some consumers have not had a case conference in line with the service’s processes. The Assessment Team reviewed care and service records showing some consumers have had a case conference, but a schedule provided showed others had not. Care and service records show others are involved in the care of the consumer and this informs assessment and care planning.

The Approved Provider submitted evidence in relation to consumer care planning. Whilst this evidence does show the completion of care plans it does not demonstrate an ongoing partnership with consumers and their representatives in the planning and review of care. The Approved Provider’s response did not demonstrate that there is a consistent system for ensuring that all consumers/representatives are involved in planning and the review of their care. It is acknowledged that the Approved Provider has taken steps to improve this process, but this is still in development and has not yet achieved a consistent approach to planning and reviewing care partnership with consumers.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that assessment and planning is based on ongoing partnership with the consumer and others that the consumer wishes to involve in their care.

### Requirement 2(3)(d) Compliant

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

The Assessment Team found that overall consumers and representatives confirmed they are informed of assessment and care planning outcomes and have access to the consumer’s care plan. Each consumer sampled has a care plan which has been recently reviewed and is accessible within their care file.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found that while the service has a system of regular reassessment of consumer care and services and incident recording, these processes are not used to determine the effectiveness of planned care. Regular review of consumer assessments and care plans occurs but has not been effective. The Assessment Team found when incidents occur, they are not always fully investigated and reviewed to consider their impact on the care needs, goals or preferences of the consumer. When there is a change in the condition or circumstances of a consumer their care plan is not always reviewed and updated to reflect current needs, goals and preferences. While some consumers and representatives provided positive feedback about improvements in assessment, the review of care and management of incidents, there was also some negative feedback provided to the Assessment Team.

The Approved Provider submitted evidence in relation to care planning pertaining to the reviewing and updating of care plans for consumers. Some of this evidence did demonstrate that there was a regular review of care and services for some of the consumers sampled. However, this evidence did not show clear linkages between incident impacts on needs, goals and preferences as well as consistently being reviewed for effectiveness. The Approved Provider did not demonstrate that incidents consistently influence care planning of the needs, goals or preferences of the consumer in consultation with the consumer and/or representative.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Most consumers and representatives interviewed by the Assessment Team considered the consumer receives personal and clinical care that is safe and right for them and thought that staff were aware of their consumer’s needs and kept representatives updated. Most consumers and representatives provided feedback about the consumer having access to a medical officer and other allied health professionals.

The Assessment Team found the service has systems and process to minimise infection related risks including standard precautions and a policy in relation to antimicrobial stewardship. However, some deficits in relation to knowledge about antimicrobial stewardship were noted among registered nurses.

Care and service records reviewed by the Assessment Team for sampled consumers provided some information to support effective sharing of information about the consumer’s health and care needs. However, the Assessment Team found gaps in the clinical care provision in the areas of medication, behaviour, pain and skin and wound care management. In addition, the Assessment Team found risks associated with chemical restraint, falls prevention, and clinical monitoring were not consistently assessed and managed effectively. All these impact consumers safe and effective care that is best practice, tailored to the consumer’s needs and which optimises their health and well-being is not being provided.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that some consumers and representatives expressed satisfaction with the care and services provided to consumers, however others raised concerns particularly in relation to medications. While the service has systems and processes in place regarding clinical care for consumers, these have not consistently been followed for the consumers sampled. The Assessment Team identified gaps in clinical care provision in the areas of medication management, chemical restraint, falls prevention and management, behaviour management, skin care and wound management, pain management, and clinical monitoring. There is impact of this on the consumers and, in relation to behaviours, also on other consumers. The Assessment Team found safe and effective care that is best practice, tailored to the consumer’s needs and which optimises their health and well-being is not being effectively and consistently provided.

The Approved Provider submitted evidence to provide clarification for some of the consumers identified by the Assessment Team. This did clarify and demonstrate that clinical care was appropriate for some consumers identified by the Assessment Team. However, the Approved Provider was unable to demonstrate there is a consistency in the provision of quality clinical care, and where consumers behaviours were impacting on other consumers this is addressed and managed effectively.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that each consumer gets safe and effective clinical care that is best practice and optimises their health and well-being.

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

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

The Assessment Team found the service does not effectively manage high impact and/or high prevalence risks associated with the care of consumers. Risks associated with medication (self-administration and other errors), chemical restraint, behaviours, and falls have not been effectively managed for the consumers sampled.

The Assessment Team found that medication management is high risk for some consumers. Some consumers self-administer where there is considerable risk associated with this and no risk assessment. The Assessment Team also notes when medications are not administered without an identified reason, this is documented as a medication exception and is not escalated for monitoring or review. The Assessment Team found several consumer records sampled had incidents in relation to medication that had potential consequences for the health and well-being of consumers.

The Approved Provider submitted evidence to provide clarification for some of the consumers identified by the Assessment Team. There is also an acknowledgement that there can be issues relating to the balance of risk to a consumer and supporting them to live their best life. However, this requirement is in relation to high prevalence and high impact risks which indicates a pattern of risks that could significantly impact consumers. The Approved Provider was unable to demonstrate that the service operated at a level that acknowledges and acts in high prevalence and high impact risk situations to assess and manage these effectively.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.

### Requirement 3(3)c Compliant

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

The Assessment Team found that the needs, goals and preferences of consumers nearing the end of their life are not consistently identified or addressed. A review of sampled consumer care documents by the Assessment Team demonstrated some consumer end of life goals are not identified and preferences are not always maintained.

The Approved Provider submitted additional evidence to provide clarification for the consumers sampled and provided extensive documentation to demonstrate how the service supports the dignity and comfort of consumers nearing the end of their life. The Approved Provider’s response demonstrates that generally, consumer's needs goals and preference are supported for those consumers nearing the end of their life.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

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

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

The Assessment Team found that for one consumer sampled who experienced deterioration, appropriate action was not taken. While the deterioration was noted by some staff, there was not timely investigation, assessment or referral to the medical officer. There was adverse impact on the consumer, including deterioration in their mobility and pain.

The Approved Provider submitted evidence to provide additional information for the consumer identified by the Assessment Team whose deterioration was not responded to in a timely manner. The Approved Provider demonstrated the service supported the consumer at the time of deterioration appropriately and effectively.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

**Requirement 3(3)(e)**  **Compliant**

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

Most representatives interviewed by the Assessment Team said that staff are aware of consumer’s needs and they were kept informed about any changes to the consumer’s condition. The care and service records of consumers sampled provided some information to support effective sharing of information about the consumer’s health and care needs. Registered nurses and care staff said handover is effective and they are updated about any change in the consumer’s condition.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

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

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

The Assessment Team found that for most consumers sampled, there is evidence of timely and appropriate referrals to individuals and other organisations. The Assessment Team found that most consumers and representatives provided feedback about the consumer having access to a medical officer and other allied health professionals. The service demonstrated it utilises a range of allied health professionals and medical officers visit the service regularly. However, the Assessment Team found that for two consumers referral to their medical officer or follow up with a specialist organisation was not completed as appropriate.

The Approved Provider submitted evidence to provide clarification for the two consumers reviewed by the Assessment Team as not being appropriately referred to medical care. Some of the evidence provided by the Approved Provider did show that action had been taken to refer these consumers. The Approved Provider’s response combined with the Assessment Team’s findings of positive feedback from consumers and that most consumers have been appropriately referred to individuals and other organisations demonstrates compliance with this requirement.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services.

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found the service has systems and process to minimise infection related risks including standard and transmission based precautions and a policy in relation to antimicrobial stewardship. There is a consumer and staff vaccination program in place and COVID-19 consumer vaccinations have occurred. Consumers and representatives did not raise any concerns with the management of infections.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that the service minimises infection related risks through implementing standard and transmission based precautions, and practices to promote appropriate antibiotic prescribing and use.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 4 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Most consumers interviewed by the Assessment Team considered they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. However, some consumers and a representative provided feedback about the consumer being bored or the activities not being right for them. Overall consumers and representatives said the consumer enjoys the meals provided at the service, gets enough to eat and there is a varied menu.

The Assessment Team found consumers are generally provided with spiritual support and some are provided with psychological support. Referral of consumers to relevant external services was demonstrated by the service. A varied menu is provided which has recently been amended in response to consumer feedback via a menu and dining experience survey, and consumers have meal choice and were eating the meals provided. Equipment used to provide or support food services, cleaning, maintenance, and recreational and social activities was safe, suitable, clean and well maintained.

However, lifestyle documentation reviewed by the Assessment identified that some consumers have not been engaged in the services and supports provided by the service and have limited participation in activities of interest. The service did not demonstrate that lifestyle staff involve consumers in the development of the monthly activity programs. Lifestyle staff said consultation is informally undertaken through individual conversations or in meeting minutes which was generally not documented. In addition, services and supports for daily living did not always promote each consumer’s emotional and psychological well-being.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team found that while some consumers have safe and effective services and supports for daily living that meet their goals and preferences, supporting their health, wellbeing and quality of life, some consumers provided feedback about being bored or the activities not being right for them. Lifestyle documentation reviewed by the Assessment identified that some consumers have not been engaged in the services and supports provided by the service and have limited participation in activities of interest.

The Approved Provider submitted information that identified that consumer’s needs, goals and preferences for services and supports for daily living are documented and for some consumers, these are being met through the activities offered at the service. However, the service did not demonstrate that for all consumers sampled, services and supports for daily living consistently met their needs and preferences. The Assessment Team found that most consumers only participated in one to two activities a week, and consumers and representatives provided feedback to the Assessment Team about being bored. The service did not demonstrate the lifestyle program is developed in consultation with consumers in order to meet their needs, goals and preferences.

### I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

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

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

The Assessment Team found that while the service has a range of spiritual supports available for consumers, the emotional needs of consumers had not been considered after incidents had occurred. Some consumers interviewed by the Assessment Team did not feel supported emotionally or psychologically by the service to promote their well-being. While staff interviewed by the Assessment Team identified a consumer who had some psychological distress, they were not able to explain comprehensive strategies used to improve his psychological well-being. The Assessment Team found a recent request for spiritual support at the end of a consumer’s life was not able to be arranged.

In their response, the Approved Provider identified that for the consumer identified in the Assessment Team’s report, their requested spiritual support at the end of their life was arranged by the service. For the consumer identified by staff as having some psychological distress, the Approved Provider demonstrated the consumer is reviewed by the psychogeriatrician and is prescribed antidepressants to manage his psychological well-being. Whilst the Approved Provider was able to demonstrate that some services and supports meet consumer’s spiritual and psychological well-being, the service did not demonstrate that for all consumer’s identified in the Assessment Team’s report supports promoted their emotional and psychological well-being. This includes non-pharmacological supports for consumers identified as having psychological distress, and in response to incidents.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

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

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

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

The Assessment Team found that services and supports for daily living assist most consumers to participate in their community both inside and outside the service, and to have social and personal relationships. While some consumers said services and supports are not engaging or of interest to them, this has been considered in the assessment of Standard 4, Requirement 4(3)(a).

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that services and supports for daily living assist each consumer to participate in their community inside and outside the service, have personal relationships and some consumers are able to do things of interest to them.

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

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

The Assessment Team found that information about the consumer’s condition, needs and preferences is generally communicated within the service, and with others where responsibility for care is shared. Staff interviewed by the Assessment Team said handover provides information about changes in the consumer’s condition and needs.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

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

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

The Assessment Team found that timely and appropriate referrals to individuals, other organisations and providers of other care and services generally occurred for consumers sampled.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services.

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

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

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

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

Observations by the Assessment Team and interviews with staff demonstrated that equipment to support the provision of catering, cleaning, maintenance services and the recreational and social activities is safe, suitable, clean and well-maintained.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that where equipment is provided, it is safe, suitable, clean and well maintained.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

#### Consumers and representatives interviewed by the Assessment Team provided positive information about the service environment overall. In addition, The Assessment Team observed most furniture, fittings and equipment in the service environment to be clean, safe and well-maintained. However, some fittings and some consumer walking aids were not clean. The service demonstrated planned maintenance and cleaning programs, which include checking, servicing and/or cleaning most items of furniture, fittings and equipment. However, the was not demonstrated to be effective in identifying and actioning required maintenance of sensor equipment.

Observations of the service environment by the Assessment Team identified that the environment is not easy to understand and does not optimise each consumer’s sense of belonging, independence, interaction and function. Management advised the Assessment Team there are plans for a refurbishment and redesign of the service environment.

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.*

Observations of the service environment by the Assessment Team identified that the environment is not easy to understand and does not optimise each consumer’s sense of belonging, independence, interaction and function. The service environment has minimal navigational aids to assist consumers to find common areas or their rooms, some doors to consumer rooms were not decorated to assist consumers to identify their room, the service was dimly lit, and the interior decoration and furniture is dated/worn. Management advised the Assessment Team there are plans for a refurbishment and redesign of at least one unit in the service.

The Approved Provider’s response confirms that one of the units is planned for refurbishment, in consultation with best practice guidance and consumer feedback. This is planned for mid-2021. However, at the time of the Site Audit, the service environment was not easy to understand and did not optimise each consumer’s sense of belonging, independence, interaction and function.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

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

*The service environment:*

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

#### Consumers and representatives interviewed by the Assessment Team provided positive feedback about the service environment overall, however two consumer representatives reported that personal items had gone missing from consumer rooms. Observations by the Assessment Team showed most areas of the service environment were clean and appeared safe and well-maintained, however cleaning chemicals were not safely stored, and smoking-related safety risks are not being effectively mitigated. The service’s monitoring and review processes have not assisted in effectively identifying these issues.

The Approved Provider’s response demonstrates that the service had identified and was working on mitigating some of the risks associated with one consumer identified in the Assessment Team’s report. However, at the time of the site audit the service had not been able to identify effective alternatives to manage this risk. Whilst the service had identified and was working on mitigating some risks to the safety of the service environment, this had not occurred for all risks identified by the Assessment Team. At the time of the Site Audit, the service did not demonstrate the service environment was safe for all consumers.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that the service environment was safe, clean, well maintained and comfortable, and enables consumers to move freely, both indoors and outdoors.

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

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

#### The Assessment Team found that most furniture, fittings and equipment in the service environment were clean and appeared safe and well-maintained. However, some fittings in some kitchenettes and some consumer walking aids were not clean. The service demonstrated planned maintenance and cleaning programs, which include checking, servicing and/or cleaning most items of furniture, fittings and equipment. However, these do not include some items and it was not demonstrated this is effective in relation to sensors in consumer rooms. Several sensors in consumer rooms were not demonstrated to be consistently working and well maintained. This included for consumers at a high risk of falls.

The Approved Provider provided information that identified that the service has spare sensors onsite and if sensors are identified not to be working, consumers are placed on a sight chart to minimise falls and associated risks. Whilst the service has alternative systems to minimise risks when equipment is not working, the service did not demonstrate effective systems to identify and action required maintenance of sensor equipment.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers and representatives interviewed by the Assessment Team provided feedback that they would feel comfortable raising a complaint. Most consumers and representatives knew of ways to escalate their concerns if their complaint is not addressed. One consumer representative who has made a complaint was satisfied with complaint resolution and said their complaint led to improvement. However, other consumers and representatives who had raised concerns or made complaints said they were not satisfied with how their complaint was handled. Some provided information about open disclosure not being practiced.

Staff interviewed by the Assessment Team knew how to support consumers in relation to feedback and complaints. Review of relevant records shows consumers are being encouraged and supported in relation to giving feedback and making complaints. Management and staff were aware of the availability and role of advocacy and language services. The service demonstrated promotion of advocacy services and the external aged care complaints mechanism to consumers.

The Assessment Team found where complaints are identified the records do not consistently include the details of how the complaint is handled, including to demonstrate open disclosure. Management said open disclosure was practised, but this is not always recorded. Overall appropriate action in response to complaints and use of open disclosure was not demonstrated.

The Assessment Team found the service is not maintaining a complete record of all complaints to enable the identification of trends and need for continuous improvement. The service’s continuous improvement plans do not demonstrate the link between feedback/complaints and continuous improvement.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

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

Consumers and representatives interviewed by the Assessment Team provided feedback they would feel comfortable raising a complaint. Staff interviewed knew how to support consumers in relation to feedback and complaints, and review of relevant documents by the Assessment Team demonstrated consumers are being encouraged and supported to give feedback and make complaints.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

### Requirement 6(3)(b) Compliant

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

Most consumers and representatives interviewed by the Assessment Team knew of ways to escalate their concerns if their complaint is not addressed, however one consumer was not aware of the external aged care complaints service. Management and staff interviewed were aware of the availability and role of advocacy and language services. The service demonstrated promotion of advocacy services and the external aged care complaints mechanism to consumers.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

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

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

The Assessment Team found that some consumers and representatives who had made a complaint to the service were not satisfied with the resolution of the complaint, or the action taken in response. Some consumer’s feedback and documentation reviewed by the Assessment Team indicated that open disclosure was not used in response to complaints. The Assessment Team found the service did not demonstrate they consistently follow organisational procedures in relation to complaint management. This includes recording of verbal complaints, identification of a risk scale, and documentation of the open disclosure process followed.

The Approved Provider identified in information provided that for some of the consumers identified in the Assessment Team’s report, an apology was given in line with an open disclosure process and the service attempted to resolve complaints to consumer or representative satisfaction. However, at the time of the Site Audit the service did not demonstrate that appropriate action was taken in response to complaints to ensure consumers or representatives are satisfied with the resolution of the complaint. The service did not demonstrate that they consistently follow organisational procedures in relation to complaints management.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

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

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

Some consumers and representatives interviewed by the Assessment Team identified improvements to care and services as a result of their complaint. However, consumers and other representatives who had raised concerns or made a complaint provided information about this not leading to improvement. The Assessment Team found the service did not maintain a complete record of all complaints and feedback to review, analyse and identify continuous improvement. The continuous improvement plan reviewed by the Assessment Team did not demonstrate the link between feedback/complaints and continuous improvement to improve the quality of care and services for consumers.

The Approved Provider provided a limited response to this requirement stating they had addressed one of the issues identified by the Assessment Team at the time of the Site Audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers and representatives interviewed by the Assessment Team said staff are kind, caring and respectful to consumers. Some consumers and representatives interviewed felt there was enough staff however others did not. Some consumers said there is not sufficient staff or provided information indicating concerns about staffing.

The service demonstrated overall the workforce is planned, including through a review of the master roster and adjustments already made and under consideration. However, the service did not demonstrate the workforce deployed enables the delivery and management of safe and quality care and services. Some rostered shifts have not been filled and there is significant use of agency staff.

Observations by the Assessment Team of staff interactions with consumers confirmed staff are kind, caring and respectful to the consumers. The service demonstrated staff have the qualifications to perform their role and staff recruitment processes are generally being followed. Mandatory and additional training is provided for the staff and staff provided information about generally feeling equipped and supported.

However, while some competency assessments are undertaken to support staff to have the knowledge to perform their role, management and staff are not knowledgeable about some relevant topics. Other information gathered by the Assessment Team shows this has meant they have not effectively performed their role. While some training is provided it has not been completed or provided on some topics relevant to the Quality Standards. Where provided it has not always been effective in assisting staff to deliver the outcomes required by the Quality Standards.

Staff interviewed by the Assessment Team said they had recently had a performance appraisal. Review of a sample of personnel files showed a performance appraisal had been completed when due. Management identified ways they monitor the performance of staff on an ongoing basis. The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found that overall, the workforce is planned, including through a review of the master roster and adjustments already made and under consideration. However, the Assessment Team found at the time of the Site Audit, the service did not demonstrate the workforce deployed enables the delivery and management of quality care and services. Documentation reviewed by the Assessment Team found that some rostered shifts have not been filled and there is significant use of agency staff. While some consumers and representatives interviewed by the Assessment Team thought there was sufficient staff, consumers and representatives indicating concern about new staff and the use of agency staff. Consumers provided examples where new staff or agency staff were not aware of their care needs. For example, one consumer said they require their meals cut up, but new and agency staff are not aware of this and do not cut her meals for them.

The Approved Provider’s response identifies that recruitment processes are ongoing, however agency usage is required until this can be finalised. The response also identified processes to ensure consistent and suitability skilled agency staff including requesting the same staff to attend the service and supervision and support from permanent staff while on shift. Whilst the service is reviewing workforce requirements and recruiting as required, it did not demonstrate the workforce deployed enables quality care and services for consumers.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

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

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

### 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 service demonstrated staff have the qualifications and registrations to perform their roles. However, the Assessment Team found that some staff interviewed did not have the required knowledge to effectively perform their roles. This included in relation to consumer care needs, the requirements of the Serious Incident Response Scheme (SIRS), fire safety/evacuation, chemical restraint and antimicrobial stewardship.

The Approved Provider’s response identifies additional systems and processes used by the service to support staff competency including staff orientation and skill competency assessments. However, it did not demonstrate all staff at the service have the required knowledge to effectively perform their roles.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

### Requirement 7(3)(d) Compliant

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

Most consumers and representatives interviewed by the Assessment Team thought staff were well trained. The Assessment Team found that staff recruitment processes are generally followed, however completion of orientation was not demonstrated for some staff and a formal orientation program was not in place for temporary (agency) staff. The Assessment Team found that mandatory and additional training is provided to staff and staff interviewed generally expressed satisfaction with this and provided information about feeling equipped and supported. However, the Assessment Team has identified gaps in staff knowledge impacting their ability to deliver the outcomes required by the Quality Standards.

The Approved Provider provided additional information regarding staff orientation processes that are generally followed and effective for staff. The Approved Provider clarified additional information about new staff and their training that had been arranged prior to the Site Audit. While the Assessment Team identified some gaps in staff knowledge required to perform their role, I have considered this in my assessment of Standard 7, Requirement 7(3)(c). Overall, the service demonstrated effective recruitment and training systems to support staff.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards*.*

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

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

Staff interviewed by the Assessment Team confirmed they had a recent performance appraisal. Documentation reviewed by the Assessment Team demonstrated the service has a process to track staff performance appraisals and most were completed as required. Management were able to describe how they monitor and review staff performance on an ongoing basis.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team found the organisation did not have policies or procedures guiding how consumers are to be engaged in the development, delivery and evaluation of care and services for organisational governance.

Overall, the Assessment Team identified there are issues in relation to effective organisation wide governance systems. There is not an organisation-wide documented risk management framework. There is not effective management of high impact or high prevalence risks associated with the care of some consumers. Abuse of consumers is not always being identified and responded to, including to mitigate the risk of future incidents. There is not effective management and prevention of consumer incidents.

The Assessment Team found there is not a comprehensive clinical governance framework and clinical governance overall is not effective. Overall clinical governance for antimicrobial stewardship is generally effective. However, clinical governance is not ensuring the use of restraint is minimised or ensuring oversight of the processes to support open disclosure.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found that the organisation does not have policies or procedures outlining how consumers are to be engaged in the development, delivery and evaluation of care and services for organisational governance. Consumers and representatives interviewed were not aware, and management did not demonstrate, that consumers have been engaged in the development, delivery and evaluation of care and services. In addition, the Assessment Team found monitoring and review of performance in relation to consumer engagement was not evident.

The Approved Provider submitted information that demonstrated the service has taken some action to seek consumer feedback in the development and delivery of care and services. Whilst this does show that there is some engagement of consumers, it does not demonstrate the service has a system that is applied consistently and effectively. There has been little evidence of how the service has a system to involve, review and improve care and services based on consumer and representative input.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

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

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

The Assessment Team found that the Board has a documented commitment to a culture of safe, inclusive and quality care and services, which has been communicated to key stakeholders. There is reporting to the Board to enable accountability for the delivery of safe, inclusive and quality care and services. The Board has asked for better information and there are plans to address this. The current strategic plan and key documents for communicating with stakeholders include information showing the Board has a documented commitment to a culture of safe, inclusive and quality care and services.

The Approved Provider submitted information relating to improved reporting to the Board and to confirm the extension of the service’s current strategic plan to be inclusive of 2021 with a new one in development. This confirms the commitment the organisation has to the delivery of safe, inclusive and quality care and services.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

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

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

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

The Assessment Team found that there were not effective organisation wide governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance or feedback and complaints. However, there was effective financial governance systems in place.

The Assessment Team found significant gaps in information management including effective information sharing within care plans about consumer’s needs, goals, preferences and risks associated with their care. There are also significant gaps in information about who to communicate with about the consumer’s care and services. In addition, meeting agendas and minutes were not accurate in reflecting what is discussed or include consumer engagement. Some of the quality assurance data being collated and reported is not accurate for effective sharing of information about service performance, particularly clinical performance.

The Assessment Team found that some improvements have been made to the workforce governance such as increased staffing and reduction in call bell response times. However, it has not been demonstrated overall there has been effective oversight of workforce governance to understand if consumers get quality care and services from people who are knowledgeable and capable.

The Assessment team found that regulatory compliance was not well understood at the service in relation to restraint and the SIRS reporting. The Assessment Team found that whilst some information about feedback and complaints is reported to the Board, effective oversight was not demonstrated. This included oversight of actions taken for complaints resolution, complaint trends and improvements made based on complaints.

The Approved Provider submitted information to provide additional clarification relating to some of the findings of the Assessment Team. Whilst these did provide additional information in relation to some of the governance systems it did not provided additional evidence to dispute the Assessment Team’s findings particularly in relation to information management, regulatory compliance and feedback and complaints.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated effective organisation wide governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance or feedback and complaints.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found that there is not an organisation-wide documented risk management framework. The Assessment Team found that high impact or high prevalence risks associated with the care of consumers are not effectively managed. The organisation has a resident safety and security (abuse and neglect) procedure, however the Assessment Team found that there was limited timely review of behaviour plan for consumers involved in incidents. The Assessment Team found the abuse of consumers is not always being identified and responded to, including to mitigate the risk of future incidents. Some consumers are not supported to take risks to live their best life, are not receiving care and services to optimise their health so they can do the things they want to do.

For the management and prevention of incidents the Assessment Team reviewed an organisational statement of standards and procedures however it did not include information about the new incident management system and SIRS requirements. The resident safety and security procedure had been updated however it was not in the electronic care records system, so was not accessible to the staff.

The Approved Provider submitted some information to provide additional clarification relating to some of the findings of the Assessment Team. These did not provide additional evidence to dispute the findings of the Assessment Team.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated effective risk management systems and practices.

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

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

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

The Assessment Team found whilst the organisation has a clinical governance framework that clinical governance overall is not consistently effective. Clinical governance for antimicrobial stewardship is effective, however clinical governance is not ensuring the use of restraint is minimised or not ensuring oversight of the processes to support open disclosure. The Assessment Team found that the service was not identifying consumers who are chemically restrained, when the consumers did not have an appropriate supporting diagnosis for the psychotropic medication. For example, one consumer was prescribed an antipsychotic medication for dementia and agitation, and this was not identified as chemical restraint. As chemical restraint is not consistently being recognised, the service was unable to demonstrate the use is being minimised in accordance with the organisation's policies.

The Assessment Team found that the governance framework did not support open disclosure in practice. Information did not show comprehensive and transparent investigation of complaints to be able to provide an explanation to the consumer and/or representative.

The Approved Provider submitted some information to provide additional clarification relating to some of the findings of the Assessment Team. These include information relating to the Clinical Governance Committee and information relating to the improvement required to the internal clinical indictor reporting. However, it did not provide any additional evidence against the findings for open disclosure, identification of restraint or the effectiveness and consistency of the use of the clinical framework to inform the Board.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated the clinical governance framework is effective in minimising the use of restraint, and the consistent use of open disclosure.

# Areas for improvement

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

### Requirement 1(3)(d)

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

* Review the complete process of how consumers are supported to take risks so that risk is clearly identified and discussed with the consumer/representative, then record and reasonable adjustments are made (and documented) to allow the consumer to take those risks.
* Ensure staff are aware of the role they play in supporting consumers to take risks to enhance their quality of life.

### Requirement 2(3)(a)

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

* Review assessment and planning to ensure that it is consistent across all consumers and ensure risks to health and well-being are considered, even where there is little industry guidance on subject matters.
* Ensure that this assessment and planning is also used to inform the delivery of safe and effective care effectively.

### Requirement 2(3)(c)

The organisation demonstrates that assessment and planning:

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

* Continuing to develop and improve a consistent approach to planning and reviewing care partnership with consumers and their representatives.

### Requirement 2(3)(e)

Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

* Demonstrate care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Requirement 3(3)(a)

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

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

* Ensure continued improvement in wound care.
* Review and improve medication administration to reduce the risk of unexplained medications missed.
* Review and act on behaviours that place a consumer at risk or that impacts other consumers.
* Ensure care is tailored to needs to optimise their health and wellbeing across all aspects of care consistently, accurately and effectively.

### Requirement 3(3)(b)

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

* Ensure there is a robust process for managing high impact or high prevalence risks that includes identification, review and actions.
* Ensure that high prevalence risk associated with medication administration and social behaviours is part of a continuous improvement program.

### Requirement 4(3)(a)

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

* Services and supports for daily living meet all consumer’s needs, goals and preferences, and optimises their well-being and quality of life.
* Consumers are engaged in activities of interest that meet their needs and preferences.

### Requirement 4(3)(b)

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

* Demonstrate that services and supports meet consumer’s spiritual, emotional and psychological well-being.
* Non-pharmacological supports are provided for consumers identified as having psychological distress, and in response to incidents.

### Requirement 5(3)(a)

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

* The service environment is easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function.
* The refurbishment identified in the Approved Provider’s response is undertaken in consultation with best practice guidance and consumer feedback.

### Requirement 5(3)(b)

*The service environment:*

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

* Risks to the safety of the service environment are proactively identified and actioned by the service.
* The service environment is clean, well maintained, comfortable and enabled consumers to move freely indoors and outdoors.

### Requirement 5(3)(c)

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

* The service has effective processes in place to identify and actions risks to the safety, cleanliness and maintenance of furniture, fittings and equipment.
* Consumer sensor equipment is working effectively, and processes are in place to identify if sensor equipment requires maintenance.

### Requirement 6(3)(c)

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

* Appropriate action is taken in response to complaints to ensure consumers or representatives are satisfied with the resolution of the complaint.
* The service consistently follows organisational procedures in relation to complaint management.
* Open disclosure is consistently used in response to complaints.

### Requirement 6(3)(d)

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

* Feedback and complaints are effectively reviewed, trended or analysed, and used to improve the quality of care and services.
* The services has processes to ensure an accurate complaints register to assist with review of complaint trends.
* Consumer and representative feedback informs continuous improvement actions for the service.

### Requirement 7(3)(a)

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

* The workforce deployed enables the delivery and management of safe and quality care and services. This includes personal and clinical care, and leisure and lifestyle services.
* The service has effective processes in place to manage unfilled shifts without compromising quality consumer care and services.

### Requirement 7(3)(c)

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

* Staff have the required knowledge to effectively perform their roles. This includes but is not limited to the requirements of the SIRS, fire safety/evacuation, chemical restraint and antimicrobial stewardship.

### Requirement 8(3)(a)

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

* Further develop and solidify a complete system to engage consumers in development, delivery and evaluation of care and services and are supported in that engagement.
* Ensure the service develop this system and actively applies it consistently so that consumers feel supported and actively engaged.
* Ensure there is a review process that is consistent will allow for the improvement of care and services based on consumers feedback.

### Requirement 8(3)(c)

Effective organisation wide governance systems relating to the following:

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

* Improve information management so governance has oversight of accurate information relating to consumers goals need and preferences.
* Improve quality assurance data.
* Improve understanding of regulatory compliance to ensure that it is being maintained in practice.
* Ensure Board has a transparent picture of feedback and complaints how they are reviewed, open disclosure and how feedback and complaints is used to improve the care for consumers.

### Requirement 8(3)(d)

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

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can
4. managing and preventing incidents, including the use of an incident management system.

* Continue to develop an organisational risk governance framework to provide overarching risk identification and mitigation strategies to reduce risks to consumers.
* Ensure that consumers are supported to take risks, so they can live the best lives they can.
* Refine and continuously improve incident management systems to reduce all types of consumer risk so that it is effective for all consumers.
* Improve overall staff knowledge of SIRS.

### Requirement 8(3)(e)

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

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

* Review and improve processes in relation to chemical restraint, including staff training.
* Review and improve the open disclosure policies and procedures so that it is effective in ensuring that open disclosure is adopted and recorded.