Japara Wyong

Performance Report

35 McPherson Road   
WYONG NSW 2259  
Phone number: 02 4353 1733

**Commission ID:** 2405

**Provider name:** Japara Aged Care Services Pty Ltd

**Site Audit date:** 18 February 2020 to 21 February 2020

**Date of Performance Report:** 2 April 2020

**Overall assessment of this Service**

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | 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) | 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) | 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) | 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the Site Audit report received 25 March 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**

There was mixed feedback from consumers sampled about this standard, including in relation to being treated with dignity and respect, maintaining their identity, making informed choices about their care and services and living the life they choose.

For example:

* There was mixed feedback from consumers about being treated with dignity and respect but consumers and their representative feedback is generally positive about the manner in which staff treat consumers.
* Consumers confirmed they are supported to make and maintain relationships with others.
* Consumers provided mixed feedback regarding being supported to exercise choice and independence to make and communicate their decisions about their own care and the way their care and services are delivered. While some consumers said that staff know their decisions and preferences about care and services, others said they have informed staff but they do not receive care and services as per their decisions and preferences.
* There was mixed feedback from consumers about their privacy being maintained. Most consumers interviewed confirmed the service maintains their privacy, however, some consumers confirmed it was not maintained due to lack of privacy in some bathrooms as the doors do not lock.

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

* Most staff interviewed generally spoke about consumers respectfully but not all staff demonstrated an understanding of consumers identity, culture and diversity.
* Not all staff interviewed were able to describe how they have or would support consumers to take risks to enable them to live the best life they can.
* Care planning documents reviewed did not consistently identify consumer’s culture or reflect what was important to the consumer and provided limited detail of preferences and decisions regarding care and services.

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.*

Although consumers and representative feedback is generally positive about the manner in which staff treat consumers, the feedback from staff about some staff members not behaving in a respectful manner, and observations by the Assessment Team demonstrates that not all consumers are treated with dignity and respect at all times. Additionally, feedback from consumers about staff not getting to know them and care plans not being reviewed demonstrates that not all consumer’s identity, culture and diversity is valued and documented in their care and services plan.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as the organisation could not demonstrate 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.*

**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 service has not demonstrated that each consumer is supported to exercise choice and independence. Some consumers and their representatives sampled confirmed they are consulted and are able to make decisions. Other consumer’s representatives said they are not consulted or that their feedback and wishes are not always followed up and actioned. Management were not able to demonstrate an effective system is in place to assess the risk to the consumer and enable the consumer’s representative to make choices and decisions.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as each consumer is not supported to exercise choice and independence, including to: make decisions about their own care and the way care and services are delivered; and make decisions about when family, friends, carers or others should be involved in their care; and communicate their decisions; and make connections with others and maintain relationships of choice, including intimate relationships.

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

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

Each consumer is not being supported to take risks to enable them to live the best life they can. Care plans are being created which outline goals in which consumers are to be supported to take risks to live the life they wish, however, goals are not being consistently achieved or revised when it is identified the goal cannot be able to be fulfilled due to risk or lack of funding. Management were not able to demonstrate an effective system is in place to assess risk to the consumer and enable the consumer or their representative make choices and decisions.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as each consumer is not supported to take risks to enable them to live the best life they can.

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

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

The services information systems are not effective and do not provide each consumer with information that is current, accurate and timely. Meetings with consumers and their representatives are not regularly held. Newsletters are not distributed and changes occurring in the service are not communicated effectively to consumers and representatives in order for them to exercise choice.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as information provided to each consumer is not current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

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

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

Whilst the majority of consumers and their representatives sampled confirmed their privacy is respected some consumers and staff voiced their concern about the communal bathrooms not locking which impacted upon consumer privacy being maintained. Not all staff demonstrated an understanding of maintaining consumer’s privacy and ensuing personal information is kept secure.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as each consumer’s privacy is not respected and personal information is not kept confidential.

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

**Consumer outcome:**

1. 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**

The Assessment Team identified the majority of sampled consumers and representatives confirmed that they do not feel like they are partners in the ongoing assessment and planning of the consumers care and services.

For example:

* Consumers and representatives advised they have had minimal involvement in the consumer’s care plans process. One representative advised they have requested a case conference repeatedly however “it has always been put off”.
* One representative confirmed they are notified when a consumer has a fall and if requiring hospital transfer, otherwise advised they are not notified of any other changes.
* One representative said, “they can have a copy of the care plan, but no one ever explains anything to them”.

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

* Whilst there is a system in place the Assessment Team identified the service is unable to demonstrate it is effective for the consumers or their representatives to be involved in their immediate and ongoing care needs. The majority of the consumer assessments and care plans are not completed accurately or reflective of the consumers current care needs and preferences. The care plans show minimal or no involvement by the consumers or their representatives and the goal section on the care plan is routinely not completed.
* The Assessment Team identified significant systemic deficits with consumers assessments and care planning documents which do not show an effective and/or comprehensive assessment and care planning system is in place for the sampled consumers. As a result, the sampled consumers clinical documents reviewed by the Assessment Team identified consumers clinical care has been compromised. A review of consumers assessments and care plans show minimal or no goals documented to indicate the focus of the assessments and care plan is on the consumer’s needs, goals and preferences. The consumers assessments and care plan are not reflective of the consumers current care needs.

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.*

Significant systemic deficits were identified with consumers assessments and care planning documents which do not show an effective and/or comprehensive assessment and care planning system is in place. Consideration of risks to the consumer’s health and well-being, does not inform the delivery of safe and effective care and services and consumer’s clinical care has been compromised . A review of consumers assessments and care plans show few or no goals are documented and consumers assessments and care plans are not reflective of the consumer’s current care needs.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement asassessment and planning, including consideration of risks to the consumer’s health and well-being, does not inform the delivery of safe and effective care and services.

**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.*

Significant systemic deficits were identified in the clinical assessments and care plan process relating to the completion of advanced care plans and end of life planning documents. The organisation has no system in place for completion of consumer’s advance care planning and end of life planning document. A review of documentation demonstrated that if end of life plans are completed the information is not transferred to the care plans. A review of a consumers care plan document shows the care plan has not been updated to include the changes in their care needs and their palliative care wishes and goals. Furthermore, a consumers preferences in regard to showering and hygiene needs has not been followed up.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as assessment and planning does not identify 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.*

Whilst the organisation demonstrates they have a monthly review process in place, whereby the registered staff notify the representatives and review the consumers care the system is ineffective in capturing the consumer’s changes in care, goals and preferences as staff are not updating the care plan as needed. A review of clinical assessments and care plans have no or minimal documentation to demonstrate the involvement of others, except for the physiotherapist.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as the organisation does not demonstrate that assessment and planning: is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

**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.*

Whilst the organisation can demonstrate that consumers and/or their representatives have access to care plans, the care plans sampled were identified not to be reflective of the consumer’s current care needs and preferences. Therefore, the care plans provided are an accurate reflection of the consumer’s care needs. A review of assessment and care plan documentation identifies minimal or no documentation to indicate the consumers outcomes have been discussed with the consumer/their representative.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as the outcomes of assessment and planning are not effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

**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.*

Whilst the organisation has evidence of care plan reviews being completed care plans were not reviewed when changes had occurred in the consumer’s care needs or following an incident and, therefore, care plans were not reflective of the current care needs of the consumers.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as Care and services are not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

**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**

* Some of consumers and representatives said they get good care. However, three representatives confirmed they have or have had serious concerns about the care the consumers receive. For example:
  + One representative has discharged their consumers from the service and confirmed to the Assessment Team “the consumer was neglected”.
  + One representative confirmed they felt their consumer’s “care was neglected”.
  + One representative confirmed they have significant issues regarding their consumers care needs.
* Consumers and representatives’ feedback were mixed in regard to medical officers and specialist referrals. The consumers representatives were not aware of a medical officer resigning (who attended to 37 consumers at the service) and the interim arrangement in place. The majority of consumer representatives advised the registered staff don’t always notify them of any change after the medical officer’s visits and they have requested referrals however this has not been arranged.

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.

* A review of clinical documentation demonstrates deficiencies in regard to the clinical oversight of consumers nursing care needs at the organisation by registered staff members. For example, the Assessment Team identified clinical assessments, monitoring of charts and the care planning processes is not effective in meeting the outcomes for the consumers.

The Assessment Team found that seven of seven specific requirements were not met.

A review of consumers documentation identified significant systemic gaps in the clinical governance at the organisation which has resulted in poor outcomes for the sampled consumers. The organisation does not have an effective system in place for the assessment, monitoring and care planning processes to support the best outcomes for the consumer.

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.*

Systemic deficits in the management of consumer’s care were identified. The organisation is unable to demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care. A review of documentation demonstrates that consumer’s care plans are not tailored to their needs and do not optimise their health and well-being. The organisation is not following best practice guidelines in the management of consumers prescribed psychotropic medications, physical and environmental restraints. The Assessment Team identified significant deficits in regard to a consumer’s dialysis management, wound and pain management, hygiene care and the management of chemical restraints.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as each consumer does not get safe and effective personal care, clinical care, or both personal care and clinical care, that: is best practice; and is tailored to their needs; and optimises their health and well-being.

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

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

The organisation is unable to demonstrate there is effective management of high impact or high prevalence risks associated with the care of each consumers. The organisation is unable to demonstrate consumers care plans and other clinical documentation are reflective of the consumers risks, accurately completed and regularly reviewed. The organisation is unable to demonstrate they have monitoring systems in place to identify when a consumer safety and that of others is at risk.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as cannot demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

**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 identified systemic deficits in the management of a consumer’s palliative and end of life care. Care plan documentation is not current and reflective of the consumer’s current care needs goals and preferences to guide staff practice in the management of the consumer’s care and comfort. The representative feedback to staff caring for this consumer has not been acknowledged and addressed by the management to ensure he feels safe and his dignity is respected.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as the needs, goals and preferences of consumers nearing the end of life are not recognised and addressed, their comfort maximised and their dignity preserved.

**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.*

Systemic deficits were identified in the management of consumers with changes in their mental health, cognitive and physical function which was not been responded to in a timely manner. The Assessment Team spoke to two representatives who raised issues regarding the organisations lack of timely escalation to medical officers and specialist when required by the consumers.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is not recognised and responded to in a timely manner.

**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.*

Systemic inconsistencies were identified with consumers documentation which was not up to date and reflective of consumer’s care needs to guide staff care practices. The Assessment Team identified this was particularly evident in the clinical care documentation for seven consumers.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as information about the consumer’s condition, needs and preferences is not documented and communicated within the organisation, and with others where responsibility for care is shared.

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

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

Whilst a consumer interviewed said they have had timely referrals completed for the physiotherapist, the Assessment Team identified repeatedly in consumer’s documentation referrals have not been made in a timely manner. Furthermore, when referrals are completed the service Management and registered staff are not taking responsibility to ensure the referrals are followed up and recommendation implemented which has caused impact and delays for several consumers.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as timely and appropriate referrals are not made to individuals, other organisations and providers of other care and services.

**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 organisation was not able to demonstrate that staff have adequate infection control knowledge and skills to minimise, manage and prevent infections. A review of consumers documentation and interviews with staff demonstrate they do not have the knowledge and skills to promote other strategies and interventions prior to seeking medical officers to prescribe antibiotic therapy. The general environment of the organisation was noted to have a malodour of urine and be unkept and unclean.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as minimisation of infection related risks does not occur through implementing: standard and transmission based precautions to prevent and control infection; and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

**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**

Overall most sampled consumers did confirm that they get the services and supports for daily living that are important for their health and well-being and that enables them to do the things they want to do.

For example:

* Most consumers said they feel supported by the service and staff to do things they choose and like to do.
* A number of consumers said they enjoy a variety of activities and events both in and outside the service.
* Consumer feedback indicates they are mostly able to keep in contact with family, friends and those important to them. Consumers mostly said staff are supportive by giving them privacy and welcoming their visitors.
* The feedback from consumers in relation to food varied. Overall the consumers reported they liked the meals, some thought the meals were generally satisfactory.

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

The service does not demonstrate that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being, however, most consumers said they were satisfied with the lifestyle /activities in which they chose to participate.

While there are services and supports for each consumers daily living, information regarding the needs and preferences of consumers is not consistently identified and, therefore, is not available to be communicated with others where responsibility for a consumer’s care is shared. Care staff have limited knowledge and understanding of consumers particular interests and preferences and/or the cultural background for non-English speaking consumers.

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

**Assessment of Standard 4 Requirements**

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

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

Whilst the majority of consumers sampled expressed satisfaction with staff assisting and supporting them in their daily living and remaining independent some assessment and care plan documentation was incomplete and/or not evaluated or revised when the service is unable to meet the consumer’s needs. Whilst some staff were able to discuss how they assist and support consumers in daily living others staff did not demonstrate understanding of the consumers’ needs. Consumers are being consulted about their goals, however, the service has not demonstrated that these goals are revised when the service is unable to meet them.

In their response the approve provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as each consumer does not get 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.*

There was mixed feedback from consumers and representatives relating to promoting each consumer’s emotional, spiritual and psychological well-being. The service has not demonstrated they are providing religious or spiritual services for consumers. Staff state they have difficultly accessing the support and assistance of the local community religious and spiritual clergy. Information about a consumers’ emotional, spiritual and psychological wellbeing is not well recorded with only limited information documented about a consumer’s spiritual needs.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as services and supports for daily living do not promote each consumer’s emotional, spiritual and psychological well-being.

**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.*

Overall the majority of consumers interviewed, and their representatives were satisfied with the service and support provided for this requirement. The Assessment team observed limited activities occurring in the service at times throughout the audit. The service has not demonstrated the effectiveness of the sensory activity program and if it is meeting the consumers’ needs. Feedback from staff is they are understaffed and do not have the education required to support them in their role.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as services and supports for daily living do not assist each consumer to: participate in their community within and outside the organisation’s service environment; and have social and personal relationships; and do the things of interest to them.

**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.*

While some information about consumers is communicated the service could not demonstrate it had complete, current information for all consumers. The goals, needs and preferences of consumers are not always identified meaning the information is not available to be communicated within the organisation and with others where responsibility for care is shared.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as information about the consumer’s condition, needs and preferences is not communicated within the organisation, and with others where responsibility for care is shared.

**Requirement 4(3)(e) Compliant**

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

**Requirement 4(3)(f) 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.*

**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**

Some sampled consumers indicated that they did not feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Some consumers representatives interviewed confirmed they did not find the environment to be safe and well maintained. Consumers representatives said they are not happy with the cleaning of the environment.
* Consumers interviewed said their family and friends are made to feel welcomed when they visit.
* Consumers are able to decorate their bed room according to their taste, with personal items to make their home as comfortable as possible.

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

* The Assessment Team observed the service does not have clear signage throughout. There is inadequate lighting, heating and cooling, contributing to an uncomfortable atmosphere. The environment is not safe, clean or well maintained.

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 observed the service does not have clear signage throughout. There is inadequate lighting, heating and cooling contributing to an uncomfortable atmosphere. The service environment is not well maintained. Consumer representative feedback identifies deficiencies in the service environment that does not demonstrate a welcoming and easy to understand environment which optimises each consumer’s sense of belonging, independence, interaction and function.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as the service environment is not welcoming and easy to understand, and does not optimise each consumer’s sense of belonging, independence, interaction and function.

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

*The service environment:*

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

The environment is not safe, clean, well maintained or comfortable. The maintenance log provided evidence that regular maintenance of the service environment is not addressed in a timely manner and there are outstanding maintenance issues to be completed. Cleaning records and feedback from staff verifies cleaning tasks are not always completed. Observations of the environment and consumer representative feedback demonstrates the environment is not kept clean, safe or well maintained.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as the service environment: is not safe, clean, well maintained and comfortable; and does not 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.*

Furniture, fittings and equipment are not always clean, well maintained and suitable for the consumer. Feedback from staff is they do not have sufficient time to complete the cleaning and maintenance tasks. Care staff said there are delays in the return of broken equipment. Documentation verifies some cleaning and maintenance tasks are not being completed as required. Some consumer representative feedback is the cleaning and maintenance of the environment, furniture and equipment is deficient.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as furniture, fittings and equipment are not safe, clean, well maintained and suitable for the consumer.

**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**

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

For example:

* Some consumers interviewed said that if they had a complaint, they would raise it with staff or at resident meetings. Others said nothing changes and therefore would not voice their complaint.
* Another consumer said ‘you do not receive feedback and/or responses to your complaints’.
* Representatives interviewed expressed dissatisfaction with the complaint management at the service. One representative said ‘staff and Management do not listen and nothing changes’.
* Consumers interviewed were not aware of access to advocates, language services and other methods for raising and resolving complaints.

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

* The service’s complaints resolution policy and guide include an open disclosure process.
* While the service has a compliments and complaints log and complaints management system, the Assessment Team did not see evidence of how the service uses this to identify trends and improve the quality of care and services.

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.*

Feedback from consumers demonstrates that not all consumers feel as though they are encouraged and supported to provide feedback and make complaints. Some consumers feel that their feedback and complaints will not be addressed and/or actioned. Additionally, besides talking to staff or attending resident meetings, consumers were not able to identify any other method of providing feedback or complaints.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as consumers, their family, friends, carers and others are not encouraged and supported to provide feedback and make complaints.

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

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

While consumers and representatives have access to advocates and other methods for raising and resolving complaints, the majority are not aware of these methods. Information about these services, including language services, was limited to the reception area. Staff were not aware of how they would assist consumers to access advocates or help them raise issues outside the service.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as 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.*

Consumers and/or representatives provided mixed feedback about this requirement. While some consumers said they have never raised a complaint to the service, four did not think that the service takes appropriate action regarding complaints raised either when raised individually or at resident meetings. Consumers and/or representatives interviewed did not indicate, when asked, that open disclosure was occurring. One representative was not satisfied with how his complaint was managed and the service’s response. One consumer was not satisfied with the service’s lack of response and actions.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as appropriate action is not taken in response to complaints and an open disclosure process is not 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.*

While the service has a compliments complaints and feedback register and a complaints management process/system, the Assessment Team did not see evidence of how the service uses this to identify trends and improve the quality of care and services. Management were unable to identify trends or main areas of complaints in their complaints data. The service maintains a feedback/complaints register, however the Assessment Team could not identify how improvements are implemented and/or driven by consumer complaints or feedback.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as feedback and complaints are not reviewed and used to improve the quality of care and services.

**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**

Some sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Some sampled consumers and representatives indicated the consumer does not get quality care and services when they need them and/or from people who are knowledgeable, capable and caring.

For example:

* Some consumers said that staff mostly attend to their needs promptly when they use their call bell and that staff are mostly kind to them.
* A consumer said ‘staff are very nice and kind’.
* A representative said staff don’t know what they are doing and said they need to improve the way they care for consumers. They said they need more staff with better knowledge on how to provide care.

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.

* Feedback was received from consumers, representatives and staff that there are insufficient staff to meet the needs of consumers.
* Most consumers also reported that staff are mostly kind and caring. However, one consumer and one representative described some staff as uncaring.
* The workforce does not demonstrate knowledge and competence to carry out their roles effectively.
* The organisation has systems in relation to the recruitment, induction, support and training of members of the workforce, however these systems have not been effective in ensuring the delivery of outcomes required by the Quality Standards.
* A system for assessment, monitoring and review of performance of staff members is in place. This occurs on an annual basis or as issues related to performance are identified.
* Deficiencies identified across all eight standards demonstrate that staff and Management do not demonstrate competence in undertaking their roles.
* The service has an education and training program in place. However, review of performance against the Quality Standards undertaken during this performance assessment demonstrates that these activities are not effective in ensuring staff have the necessary knowledge and skills. They are not effectively supported to deliver the outcomes required by these standards.

The Quality Standard is assessed as Non-compliant as three 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 evidence across all Aged Care Quality Standards indicates that workforce does not enable the delivery and management of safe and quality care and services.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as the workforce is not planned to enable, and the number and mix of members of the workforce deployed does not enable, the delivery and management of safe and quality care and services.

**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 evidence across all Aged Care Quality Standards indicates that while the workforce has the necessary qualifications to undertake their roles, they do not demonstrate the knowledge to effectively perform their roles.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

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

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

Whilst the service has an education and training program in place review of the service’s performance against the Aged Care Quality Standards demonstrates that the educational activities are not effective in ensuring staff have the necessary knowledge and skills. The educational activities are also not effectively supporting staff to deliver the outcomes required by these Standards.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as the workforce is not recruited, trained, equipped and supported to deliver the outcomes required by these standards.

**Requirement 7(3)(e) Compliant**

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

**STANDARD 8 NON-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**

Overall sampled consumers indicated that the organisation is well run, however they were unaware of how they might partner in improving the delivery of care and services.

For example:

* Two consumers said that the service is well run and that it is ‘very good’. When asked in a range of different ways how they might have input into how the service is run or how they might suggest improvements, they were unaware of how this might occur and repeated a number of times that ‘it’s ok’.
* A consumer said they were aware that resident meetings occur, and they could have a say there.
* Two consumers said they do not know how they would take part in how things are run or how they might suggest improvements however thoughts things needed to improve.

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).

* While there are organisation wide governance systems, these systems have not been effective in relation to information management, continuous improvement, workforce governance and feedback and complaint systems.
* The organisation’s risk management systems and practices have not been effective in managing high impact or high prevalence risks associated with the care of consumers.
* The organisation has a clinical governance framework, however, this has not been effective in relation the minimisation of the use of chemical restraint and management of critical incidents.
* The organisation does not demonstrate that the governing body promotes a culture of safe and quality care and services and is accountable for their delivery.
* The organisation has systems for organisation governance in place. However, some of these systems, as noted above, have not been effectively implemented at this service.

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.*

Meeting minutes, consumer and/or representative interviews together with interviews with Management indicates the service does not support consumers to be engaged in the development, delivery or evaluation of care and services. The service is unable to provide examples of where consumers have been supported to contribute to care and services at an organisational level.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as consumers are not engaged in the development, delivery and evaluation of care and services and are not supported in that engagement.

**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.*

Management was unable to provide evidence that the Board is aware of the significant clinical, environmental, and systems issues identified by the Assessment team and is therefore unable to demonstrate accountability for the issues identified and the associated risks to consumers.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as the organisation’s governing body does not promote 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.*

Whilst the service has developed governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints these systems are not effective in ensuring the service complies with the Aged Care Quality Standards.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as it cannot demonstrate effective organisation wide governance systems relating to the following: information management; continuous improvement; financial governance; workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance; and 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.*

Interviews with two consumers representatives confirmed to the Assessment Team they considered their consumers/relatives to be neglected. One of the consumers was discharged as a result from the service and the other consumer had passed away last year. A further two consumer representatives confirmed they had serious issues with the care provided at the service. Interviews with staff and review of care and services undertaken during this performance assessment demonstrate that organisational systems are not effective in ensuring the management of high impact or high prevalence risks associated with the care of consumers at this service.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as cannot demonstrate effective risk management systems and practices, including but not limited to the following: managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can.

**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.*

Management cannot demonstrate how the service is actively working towards minimising restraint, particularly the use of chemical restraint use. The organisation has not completed a review of consumers’ use of psychotropic medications and the register used to monitor usage was incomplete. Management were unable to provide risk assessments, reviews and consent forms for the medications as per their own processes. Management were unable to identify the consumers who had physical and/or environmental restraints in use. The service’s complaints protocol includes an open disclosure process but consumers and representatives interviewed did not indicate that open disclosure was occurring.

In their response the approved provider stated they have developed a comprehensive action plan to address the deficits identified.

The approved provider does not comply with this requirement as cannot demonstrate that where clinical care is provided—a clinical governance framework, includes but is not limited to, the following: antimicrobial stewardship; minimising the use of restraint; and open disclosure.

**Areas for improvement**

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

**Requirement 1(3)(a)**

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

Ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

**Requirement 1(3)(c)**

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

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

Ensure each consumer is supported to exercise choice and independence, including to: make decisions about their own care and the way care and services are delivered; and make decisions about when family, friends, carers or others should be involved in their care; and communicate their decisions; and make connections with others and maintain relationships of choice, including intimate relationships.

**Requirement 1(3)(d)**

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

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

**Requirement 1(3)(e)**

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

Ensure 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)**

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

Ensure each consumer’s privacy is respected and personal information is kept confidential.

**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.*

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

**Requirement 2(3)(b)**

*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.*

Ensure 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)**

*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.*

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

**Requirement 2(3)(d)**

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

Ensure 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)**

*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.*

*Ensure 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.*

**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 each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: is best practice; and is tailored to their needs; and optimises their health and well-being.*

**Requirement 3(3)(b)**

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

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

**Requirement 3(3)(c)**

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

Ensure 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)**

*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.*

Ensure 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)**

*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.*

Ensure 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)**

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

Ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services.

**Requirement 3(3)(g)**

*Minimisation of infection related risks through implementing:*

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

Ensure minimisation of infection related risks through implementing: standard and transmission based precautions to prevent and control infection; and

practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

**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.*

Ensure 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)**

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

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

**Requirement 4(3)(c)**

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

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

Ensure services and supports for daily living assist each consumer to: participate in their community within and outside the organisation’s service environment; and have social and personal relationships; and do the things of interest to them.

**Requirement 4(3)(d)**

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

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

**Requirement 5(3)(a)**

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

Ensure 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)**

*The service environment:*

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

Ensure the service environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.

**Requirement 5(3)(c)**

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

Ensure furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

**Requirement 6(3)(a)**

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

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

**Requirement 6(3)(b)**

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

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

**Requirement 6(3)(c)**

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

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

**Requirement 6(3)(d)**

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

Ensure feedback and complaints are reviewed and used to improve the quality of care and services.

**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.*

Ensure 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)(c)**

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

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

**Requirement 7(3)(d)**

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

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

**Requirement 8(3)(a)**

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

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

**Requirement 8(3)(b)**

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

Ensure 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)**

*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.*

Ensure effective organisation wide governance systems relating to the following: information management; continuous improvement; financial governance; workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance; and feedback and complaints.

**Requirement 8(3)(d)**

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

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

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

**Requirement 8(3)(e)**

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

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

Where clinical care is provided—ensure a clinical governance framework includes but not limited to the following: antimicrobial stewardship; minimising the use of restraint; and open disclosure.