John Goodlet Manor

Performance Report

615 Thirlmere Way  
Picton NSW 2571  
Phone number: 02 4683 6900

**Commission ID:** 1476

**Provider name:** RSL LifeCare

**Site Audit date:** 26 to 29 November 2019

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | 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) | Compliant |
| Requirement 3(3)(d) | Non-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) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | 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) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | 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 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 24 December 2019.

# 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

While many of the consumers interviewed confirmed that they are mostly treated with dignity and respect, make informed choices about their care and services and live the life they choose there are areas where improvement is required to become compliant with this standard. At the time of the site audit RSL LifeCare was in the process of implementing policies and procedures related to this standard. Since the site audit the Service has implemented further actions that they believe will remedy the issues identified at the site audit. However, at the time of the audit, the Service was not compliant with multiple requirements under this standard.

* At the time of the site audit the Service’s system to consult with consumers to identify and record their personal goals and preferences had not been completed for all consumers.
* Consumers reported that their personal goals and preferences were not always taken into account by staff.
* Some consumers were provided with care that was not their preference or were not provided with care that they required.
* Some consumers were of the view that the delivery of activities, personal care and meals were driven by the resources allocated at the Service and consumers’ preferences were not considered.

The Assessment Team found that staff interviewed demonstrated that overall the staff knows its consumers’ needs and preferences and supports consumers to maintain relationships important to them however care documentation did not always reflect the goals and preferences of consumers.

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.*

Not all consumers reported that they are treated with dignity and respect, with their identity, culture and diversity valued all the time. One consumer reported that “staff don’t know me at all” and two consumers each said that there were two staff who are not very nice and have a poor attitude.

The Assessment Team also identified multiple incidents where consumers’ dignity was not maintained by staff.

* To promote the dignity of consumers during meal time the Service had previously identified a continuous improvement action to purchase napkins to use instead of clothing protectors. However, the Assessment Team did not observe napkins being used and observed two consumers wearing clothing protectors outside of meal times. They were able to speak to one of the consumers who indicated that there wasn’t a reason for him to still be wearing the clothing protector.
* On two occasions the Assessment Team observed a consumer being toileted without a cover on and with the door open.
* The Assessment Team also observed a consumer receiving a massage in their room with the door open, making them visible from the nearby outdoor communal area.

Since the site audit and in response to the Assessment Team’s findings the Service has scheduled education sessions to be delivered to all staff on multiple topics including privacy and dignity, respectful communication and the RSL LifeCare Code of Conduct. The Service has taken other specific actions to prevent reoccurrence of the incidents involving specific consumers.

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

*Care and services are culturally safe.*

The Service was unable to demonstrate how the care and services they provide are culturally safe. The organisation’s Diversity Action Plan 2019 had not been followed at the time of the audit, for example:

* The plan documents that the consumer’s initial assessments are to be updated to include ‘a discussion about the resident’s routine, hobbies, cultural, spiritual, social, environmental needs and their identity’ however this had not taken place.
* Management said that the organisation has an online training module covering spirituality and cultural diversity however this had not been rolled out for the Service yet.

All menus and activity calendars are only provided in English and consumers who do not read English are not assisted to understand the documents and make choices.

Since the site audit the Service has planned to review all consumer care plans with consumers and their relatives by 31 January 2020. The online training modules have been made available to staff and all staff will be required to complete refresher training on cultural diversity, inclusivity and delivery of culturally safe care.

### 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.*

At the time of the site audit the Service had not fully implemented their plan to formally consult with consumers or their representatives to make decisions about their care and when others should be involved in their care. Some consumers didn’t realise that their personal goals and preferences could be different from the Service’s and these should be taken into account.

Consumers interviewed were mostly satisfied the staff know them and their needs and preferences and staff interviewed had a good knowledge of most consumers needs and preferences.

However, interviews with consumers demonstrated that consumers feel like the Service’s schedule for care such as showers, activities and meals is prioritised over their preferences. Consumers describe going along with the care provided to them instead of feeling empowered to let staff know their preferences. For example, a consumer described how staff will sometimes come and wash them when they are mostly capable of washing themselves and sometimes they are assisted by a male staff member when they would prefer to be assisted by a female staff member for showering.

Since the site audit the Service has commenced a review of all consumer care plans in consultation with consumers and their representatives. Training will also be provided to all staff on supporting consumer decision making.

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

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

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

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

Not all the information provided to consumers is current, accurate and timely, and is not always communicated in a way that is clear, easy to understand and enables them to exercise choice.

The activities program and menus are in English only and consumers who can’t read English are not supported to understand these or make choices.

At the time of the audit the consumer handbook was out of date and had not been updated to reflect the new Aged Care Quality Standards or the Charter of Aged Care Rights. The Service has updated this document since the site audit.

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

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

Personal care is not always delivered in a way that respects consumers’ privacy and consumers’ personal information is not always kept confidential.

Twice during the site audit the Assessment Team observed that a consumer was being toileted by staff without covers on and with the door open. The team also observed a consumer receiving a massage in their room in view of the courtyard.

While the organisation has a password protected electronic information system the Assessment Team observed consumer personal information visible on unattended computers twice and an unattended medication trolley with medication charts on display in a communal area during the site audit.

The Service has organised to review the incidents relating to specific consumers and staff members as well as taking general actions to ensure staff consistently provide care that maintains each consumer’s privacy and personal information is kept confidential.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Assessment Team found that consumers interviewed do not always they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* All consumers interviewed about whether they are involved with or consulted about their care and services plan said that they had not been involved. Two consumers described how they didn’t know the outcome of assessments or plans for their care.
* While some assessments are being completed routinely for consumers,   
  re-assessments are not always completed when the consumer’s condition or care needs change or following incidents such as falls or wounds.

During the site audit the Service’s management team acknowledged that while they plan on establishing goals for care in consultation with each consumer this work continues and not all consumers, or their representatives, have been consulted at the time of the site audit.

Care staff interviewed were knowledgeable about the preferences and needs of the consumers they care for. However, this knowledge is not always recorded in the care plans.

The Service has implemented actions to reduce the use of physical and chemical restraint at the Service however the Assessment Team observed a consumer being restrained in a mobile recliner chair with the feet elevated between meals without appropriate assessments, consultation, documentation and consent.

The Quality Standard is assessed as Non-compliant as all 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 Service did not adequately demonstrate that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services at all times.

While some assessments are being completed routinely for consumers, reassessments are not always completed when the consumer’s condition or care needs change or following incidents such as falls, wounds and changed behaviour.

The Assessment Team considered the care provided to a consumer who exhibited changed behaviours that were physically aggressive towards other consumers. The consumer’s care and services file showed that their behaviour care plan was not updated following an incident of physically aggressive behaviour. The Assessment Team also found that this consumer was restrained between meals using a mobile recliner chair with the feet elevated without required assessments, investigation of alternative less restrictive practices, documentation or regular monitoring.

Another consumer’s documentation showed ongoing signs of pain during personal and clinical care however pain assessments were inconsistently completed.

Since the site audit the Service has planned and implemented multiple strategies to ensure assessment and planning informs the delivery of safe and effective care and services, including training for clinical staff to ensure care plans are updated following changes in a consumer’s condition or following incidents.

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

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

The Service’s plan to ensure that assessment and planning identified and addressed the consumer’s current needs, goals and preferences was in progress at the time of the site audit but not all consumers had been consulted.

During the site audit the Service management explained that they plan on establishing care goals in consultation with each consumer however at the time of the site audit this had not occurred. Interviews with consumers confirm that they are not involved or consulted about their care planning. Some consumers were not able to do the activities they wanted to such as going outside because the Service had not consulted with them about their personal goals. Other consumers received care they did not require or did not receive care they did require because staff did not consult with them about their care needs.

The Assessment Team’s review of consumer care files found that documents were not always evaluated or updated with up to date accurate information following the consumers’ monthly “special care day”.

Since the site audit the Service has planned to complete the process to consult with consumers or their representatives to determine consumers’ personal goals and preferences.

### 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 organisation was unable to demonstrate that assessment and planning is based on ongoing partnership with the consumer or that it includes other organisations and individuals that are involved in the care of the consumer.

Consumers who were interviewed by the Assessment Team said that they did not know what information was contained in their care plans.

While there are processes for the involvement of other organisations and individuals in the consumer’s care in assessments and planning, this is not effectively implemented for all consumers. For example, some consumers’ care plans did not include information about how the Service provides care relating to a consumers diagnosis of depression and another consumer’s hospital discharge summary was not implemented in his care plan.

Since the site audit the Service has implemented strategies to improve the way they consult with consumers about their care and includes other organisations and Services that are involved in the care of the consumer.

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

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

The outcomes of assessments and planning are not always effectively communicated to the consumer or always documented in their care plans and the Service does not have a process to ensure that care plans are readily available to consumers.

Consumers and representatives who were interviewed by the Assessment Team said that they did not know the outcomes of assessments and plans about their care. Most consumers also didn’t know what information is in their care plans but suggested that if they wanted a copy of their care plan or had a question about the information in the document they believed they could ask a staff member.

The Assessment Team also observed that some consumers’ care plans were not accurate.

The Management team said that at the time of the audit they had not discussed the availability of consumer care plans with consumers but now plan to provide consumers and their representatives with care plan documentation.

### 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 Service has a policy and procedure for assessment and care planning however it is not consistently applied.

Review of a sample of accident and incident reports shows they do not always include information about the immediate actions taken in relation to the care of the consumer. The Service was unable to provide evidence demonstrating their investigations to identify causes of accidents and incidents or the development of strategies to prevent reoccurrence.

The Assessment Team also identified multiple examples of where changes in the consumer’s condition and incidents have not prompted a review of the consumer’s care needs including falls, changed behaviours, skin injuries, deteriorations of wounds and pain.

Since the site audit the Service has implemented and planned actions to ensure their policies and procedures for assessment and care planning are followed and are effective. These actions include increased oversight and discussions about clinical issues and further training for clinical staff.

# 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

The Assessment Team found that overall most consumers interviewed confirmed they consider they receive personal care and clinical care that is safe and right for them however the care of some consumer’s was not, in some circumstances, safe or right for 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, reviewed their care plans and assessments and interviewed staff about how they ensure the delivery of safe and effective care for consumers. The team also examined other relevant documents.

* Some of the Service’s care does not reflect best practice, is not tailored to consumers’ needs and does not optimise consumer’s health and well-being.
* The Service has not always effectively managed high impact or high prevalence risks associated with the care of each consumer.
* Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is not always recognised and responded to in a timely manner.
* Information about a consumer’s condition, needs and preferences is not always documented or communicated within the organisation or with others where responsibility for care is shared.
* Timely and appropriate referrals to individuals, other organisations and providers of other care and services do not always occur.

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

Some consumers do not always receive care that is best practice and optimises consumers’ health and well-being. In particular, the Service’s management of consumers’ behavioural symptoms of dementia, pain management and the prevention and management of consumers’ pressure injuries and wounds.

To manage a consumer’s falls, risk a consumer was restrained between meals using a mobile recliner chair with the feet elevated without required assessments, investigation of alternative less restrictive practices, documentation or regular monitoring.

Another consumer’s documentation demonstrated inadequate monitoring and pain management.

Two consumers whose care was reviewed by the Assessment Team showed inadequate pressure injury prevention and wound care.

Since the site audit the Service has scheduled training for clinical staff on updating consumer care plans when a consumer’s condition or care needs change. Attendance will be tracked to ensure all clinical staff complete the training. Ongoing evaluation of incidents and care plans will now be completed by the Regional Quality and Compliance Specialist to ensure timely review of incidents and updates to care plans when care needs change.

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

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

The Service doesn’t always effectively manage high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team identified inadequate management of consumers’ mobility and physiotherapy care, continence care needs, prevention and management of pressure injuries, pain management and minimising restrictive practices.

Three consumers said that they did not see a physiotherapist regularly enough and this impacts their ability to mobilise as independently as possible due to their pain. Since the site audit the Service has employed a new physiotherapist four days per week to support consumers’ mobility and assist with pain management.

The Assessment Team identified issues with the clinical management of two consumers’ subpubic catheters where care plans were not followed and information was ineffectively shared.

The number of pressure injuries, bruises and skin tears was the highest in five months in October 2019, however the Service was unable to provide evidence of analysis to determine the cause of this increase. The Assessment Team also identified inconsistent record keeping and monitoring of wounds. Two consumers whose care was reviewed identified inadequate monitoring and management of their pressure injuries.

One of the consumers with a pressure injury is recorded to show signs of severe pain during dressing changes and was prescribed PRN pain relief however pain assessments and management were conducted inconsistently. Another consumers pain was also not managed consistently.

The Service is in the process of reviewing and minimising the use of physical and chemical restraint at the Service however the physical restraint of one consumer without required assessment and approvals indicates that the Service’s review is inconsistently applied to minimise the use of restraint.

Since the site audit the Service has organised for all care plans to be reviewed by the Care Manager and Senior registered nurse. Additional training will be provided to clinical staff on wound and pain management.

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

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

### Requirement 3(3)(d) 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.*

Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is not always recognised and responded to in a timely manner.

Care staff interviewed said they report any changes in a consumer’s condition, accidents and incidents to the registered nurse (RN) who then assesses the consumer and directs care. The Assessment Team reviewed consumers care records and found that this occurs sometimes but not all of the time.

The Assessment Team identified a consumer whose changes in her mental health and cognitive function were not adequately recognised and responded to in a timely manner. The consumer’s care plan has not been updated following numerous reportable incidents and interventions had not been assessed for effectiveness.

The Assessment Team also found that a consumer’s wound deteriorated without staff escalating the issue over a period of weeks.

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Most consumers interviewed confirmed they get most of 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.

For example:

* Most consumers responded that they were satisfied with the cleaning and laundry services at the Service.
* The Service’s Pastoral Care Representative visits on a weekly basis and visits each consumer at least once a month in a non-denominational capacity for one on one support.

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, reviewed their care plans and assessments and interviewed staff about how they ensure the delivery of safe and effective care for consumers. The team also examined other relevant documents.

* Some consumers with limited ability to mobilise independently do not always have their call bells within reach impacting their ability to get assistance.
* The Service doesn’t always assist all consumers to do the things of interest to them, in particular consumers with cognitive impairment or limited mobility.
* Many of the consumers who were interviewed provided feedback that the food lacked variety or choice.

The Quality Standard is assessed as Non-compliant as three 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 Service demonstrated that most of its consumers are satisfied with the services and supports provided for their daily living however some consumers reported that the services delivered did not support their independence and wellbeing.

At the time of the site audit the Service had not completed their plan to identify and record consumers’ needs, goals and preferences. This impacted staff’s ability to understand and provide care in line with consumers’ needs, goals and preferences. For example, a consumer who was assessed as requiring full assistance with showering when they are still able to do most of these tasks independently, other consumers did not receive care they were assessed as requiring. Multiple consumers were observed with their call bell out of reach.

Since the site audit the Service has organised to review all consumer care plans in consultation with the consumers and has planned steps to monitor call bells.

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

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

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

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

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

The Service does not always provide adequate support for consumers to have social and personal relationships and do the things of interest to them, in particular consumers who have a cognitive impairment or limited ability to mobilise.

Several consumers who are not able to mobilise were observed every day of the site audit to have little stimulation other than the television. Staff interviewed by the Assessment Team demonstrated a poor understanding of the requirement to support all consumers to do the things of interest to them including consumers who have a diagnosis of dementia. Other consumers confirmed that they were lonely and did not have personalised recreational activity plans.

Since the site audit the Service has organised for a survey and focus group to be undertaken to request feedback and suggestions for recreational activities.

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

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

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

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

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

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

All consumers interviewed confirmed that there is an adequate amount of food provided at the Service, but many consumers raised concerns about the variety and choice available to consumers.

The Service was not able to demonstrate that they effectively monitor and review the consumers feedback about the food served at the Service. For example, the Service’s self-assessment plan stated that food and catering is a standard agenda item in the monthly consumer meetings however the Assessment Team could not find evidence of this in the meeting minutes.

Two consumers who require specific diets do not always receive suitable meals or the meals they receive lack variety.

Since the site audit the Service has consulted with consumers and commence a new trial menu. They will be seeking regular feedback from consumers to develop a permanent menu.

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

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

# STANDARD 5 NON-COMPLIANT Organisation’s services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Assessment Team found that overall most consumers interviewed confirmed they feel they belong and feel safe and comfortable in the organisation’s service environment.

For example:

* Consumers rooms were homely and personalised and consumers gave examples of assistance they had received to ensure their rooms were suitable for them.
* The Assessment Team observed consumers had access to appropriate equipment to assist their mobility and care and all were in good working order.

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, reviewed their care plans and assessments and interviewed staff about how they ensure the delivery of safe and effective care for consumers. The team also examined other relevant documents.

One requirement requires continuous improvement to ensure compliance with this standard.

* The Service environment, inside and outside was not always clean and well maintained and consumers where not always able to move safely indoors and outdoors due to hazards building features.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

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

*The service environment:*

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

The service environment is not always safe, clean and well maintained and there are some barriers in place that make it more difficult or less safe for consumers to move freely, both indoors and outdoors.

The Assessment Team observed, across all days of the visit, repeated examples where the Service was not clean or well-maintained both indoors and outdoors. In addition, the Assessment Team observed that some consumers were not able to move independently or safely in and out of doors due to trip hazards or doors being locked or difficult to open. They also observed cleaning chemicals unattended during the site audit.

Since the site audit the Service has undertaken action to remedy the issues identified by the Assessment Team including a review of all doors, ramps and handles to ensure ease of access for consumers in, out and around the Service.

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are 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

The Assessment Team found that overall consumers feel safe and are encouraged and supported to give feedback and make complaints however consumers are not always engaged in processes to address their feedback and complaints and appropriate action is not always taken.

* Consumers and their representatives told the Assessment Team that if they have a complaint they feel that they can go to staff to let them know. Review of records demonstrate consumers and representatives are engaged in the complaints processes.
* Consumers and representatives are made aware of their options to access advocacy services and external complaints mechanisms.
* Some consumers don’t feel like the Service always takes their concerns seriously and don’t always follow up with them when they provide feedback or make a complaint.
* The organisational clinical governance policy to support open disclosure was not in place at the time of the site audit and management were not able to provide examples of open disclosure that included all the elements of open disclosure.

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, reviewed their care plans and assessments and interviewed staff about how they ensure the delivery of safe and effective care for consumers. The team also examined other relevant documents.

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

### 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.*

### 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.*

Appropriate action is not always taken in response to complaints and an open disclosure process was not, at the time of the site audit, used when things go wrong.

The Service did not have a policy to support open disclosure in place at the time of the site audit and Management was unable to provide an example of open disclosure that covered all the elements of open disclosure including consulting with the consumer or representative about what actions they have taken to minimise the risk of an incident reoccurring.

Since the site audit the Service has planned further training for all staff covering feedback and complaints including open disclosure. The Service has also engaged an external consumer advocate to attend the Service to engage with consumers and their families to discuss care and provide feedback to the Facility Manager for follow up. This feedback will be incorporated in the Service’s continuous improvement plans.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are 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

Overall consumers get quality care and services when they need them from people who are knowledgeable, capable and caring. However, there are some requirements where continuous improvement action is required to ensure compliance with this standard.

* Feedback from consumers, representatives and staff indicates there is not always enough staff at the Service to ensure consumers always receive care and services when they need them.
* Consumers reported instances where staff were disrespectful towards them or had a poor attitude.
* In the period reviewed by the Assessment Team the Service frequently used agency staff that did not know the consumers’ care needs and preferences as well as the permanent staff and were not always as knowledgeable as required.
* The Service has a program to ensure new staff are supported and assessed to ensure they meet the standard required.

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, reviewed their care plans and assessments and interviewed staff about how they ensure the delivery of safe and effective care for consumers. The team also examined other relevant documents.

The Quality Standard is assessed as Non-compliant as all 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 workforce at the Service is not always planned to enable, and the number and mix of members of the workforce deployed does not consistently enable, the delivery and management of safe and quality care and services. For example:

* One representative and seven consumers said there is not enough staff at the Service at all times and reported that this impacts consumers continence care, pain management and meals as well as staff’s ability to adequately supervise consumers.
* A review of a recent staff roster confirmed not all shifts are filled and temporary staff from a nursing agency are frequently used.
* Staff also reported being unable to complete their duties or provide care to consumers in their shifts.
* The Assessment Team also found information in consumers’ clinical files is sometimes incomplete. When staff were asked about this they said often things get lost or are not received at the Service and no one has time to follow them up.

Since the site audit the Service has planned to review the roster to ensure appropriate staffing.

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

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

For the most part consumers and representatives describe their interactions with staff as kind, caring and respectful of their identity, culture and diversity however there are some incidents and information to indicate that this does not occur all the time.

Two consumers said that there are two nurses that are not very nice and have poor attitudes and another consumer described negative experiences across the workforce. One representative reported that some nurses are not very nice.

Staff interviewed said they have been provided with minimal education about privacy and dignity. Carers do not routinely access care plans but instead rely on registered nurses letting them know relevant information.

Since the site audit the Service has planned training for all staff on respectful communication, the RSL LifeCare Code of Conduct and relationship-based care. This training will be tracked to ensure completion by all staff and the effectiveness will be evaluated.

### 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 workforce at the Service is usually competent and the member of the workforce, for the most part, have the qualifications and knowledge to effectively perform their roles.

Feedback from consumers included that some staff and many agency staff do not have the knowledge to effectively perform their roles. For example, the Assessment Team identified deficiencies in the Service’s wound management. During the site audit the Regional Manager reviewed the information and determined that the enrolled nurses had been practising outside of their scope of practice. Management sent a memo to all staff to advise that all wound care must be completed by registered nurses only.

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

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

The Service’s systems do not always ensure that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

The available evidence identified areas where additional training is required by staff and areas where training has been offered but attendance by staff is not required or is not adequately monitored.

The Service has a program of mandatory education and competencies for staff at the Service including mandatory reporting, manual handling and fire safety and evacuation training. Not all staff have completed the mandatory training.

The Service has expanded the mandatory education program to address   
non-compliance in other standards since the site audit however at the time of the site audit, the requirement was not met.

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

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

Regular assessment, monitoring and review of the performance of each member of the workforce is not undertaken at the time of the site audit.

The Service plans to introduce performance appraisals for all staff in 2020 to provide regular assessment, monitoring and review of the performance of each member of the workforce. At the time of the site audit this process was not in place.

Consumer feedback confirmed that more supervision of staff would be beneficial.

Since the site audit the Service has continued to progress towards regular assessment, monitoring the review of the performance of each member of the workforce.

# 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

The Assessment Team found that overall the organisation’s governing body is accountable for the delivery of safe and quality care and services however some areas for continuous improvement is required to ensure compliance with the whole standard.

* The Service uses feedback from consumers to improve the delivery of care and services.
* Safe, inclusive and quality care is promoted by the governing body and they are accountable for the care provided.
* The organisation demonstrates effective organisational wide governance systems in some areas but lacks systems in other areas.

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, reviewed their care plans and assessments and interviewed staff about how they ensure the delivery of safe and effective care for consumers. The team also examined other relevant documents.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

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

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

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

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

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

Overall the Service appears to have an organisation wide governance system that is mostly effective however there are some areas where systems are not effective or are not in place.

While the Service appears to be meeting its regulatory requirements for compulsory reports, where there is discretion not to report incidents, the Service has not always taken the required action to review the involved consumers care plans to minimise the risk of incidents reoccurring.

The Service was also in the process of implementing required policies and procedures to ensure consumers’ needs and preferences are identified and recorded however these were not in place at the time of the site audit.

Since the site audit the Service has undertaken and planned actions to progress the implementation of systems not already in place.

### 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.*

While the organisation has a quality and risk framework there are areas where the Assessment Team identified risks that were not being effectively managed including falls prevention and management, changed behaviours and the identification of pain as a trigger to changed behaviours, use of restraint, skin injuries including pressure injuries and the management of wounds.

In particular, while the number of skin injuries were tracked by the organisation these were not analysed and the Service had failed to identify the use of a mobile recliner chair with the feet elevated as a form of restraint.

The Service’s organisational restraint policy did not accurately reflect the *Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019* and did not include all the required information. The Chief Clinical Officer provided an amended version of the policy during the site audit.

Since the site audit the Service has implemented multiple strategies to ensure high impact or high prevalence risks are appropriately identified, monitored and managed. The Service has also acknowledged that a change management plan is required to ensure positive changes in staff culture 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 Service has a clinical governance framework in place however evidence at the site audit identified that it is not always effective in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

At the time of the site audit the implementation of antimicrobial stewardship was in the early phase and not all staff had a good understanding of the topic.

The Service has made progress reducing the use of restraint however the Service did not have appropriate assessments, approvals and monitoring in place for a consumer who was physically restrained between mealtimes.

The Service also did not have a policy to support open disclosure in place at the time of the site audit. Management was unable to provide an example of open disclosure that covered all the elements of open disclosure including consulting with the consumer or representative about what actions they have taken to minimise the risk of an incident reoccurring.

Since the site audit the Service has progressed work on the issues identified. They have multiple strategies planned to provide targeted improvement strategies and evaluation of outcomes.

# 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 staff treat consumers with dignity and respect with their identity, culture and diversity valued.
* Fully implement the continuous improvement plan to purchase napkins for use instead of clothing protectors.

### Requirement 1(3)(b)

*Care and services are culturally safe.*

* Fully implement the organisation’s Diversity Action Plan and monitor to ensure ongoing compliance including
  + Providing access to staff to training on cultural diversity, inclusivity and the delivery of culturally safe care
  + Update initial assessments to include a discussion about the consumer’s routine, hobbies, cultural, spiritual, social, environmental needs and their identity.
  + Ensure all consumers have been consulted about their routine, hobbies, cultural, spiritual, social, environmental needs and their identity.

### 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 consumers are supported to exercise choice and independence, in particular to make decisions about their own care and the way care and services are delivered and communicate their decisions.

### 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 consumers is current, accurate and timely and communicated in a way that is clear, easy to understand and enables them to exercise choice. Including:
  + Update the consumer handbook with up to date information about the Quality Standards and Aged Care Charter.
  + Ensure key documents are accessible to consumers who do not speak English.

### Requirement 1(3)(f)

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

* Ensure 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 assessments and planning are used to inform the care provided to consumers.

### 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 is up to date and accurate.

### 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.*

* Consult with consumers or their representatives about their personal goals and preferences for care and services.
* Identify and include other organisations, 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 assessments and planning are communicated to consumers and documented in a care and services plan that is readily available to the consumer.

### 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 assessments and reviews occur including when circumstances change or when the incidents impact 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 and clinical care that is best practice, tailored to their needs and optimises their health and   
  well-being in particular, management of behavioural changes, pain management, the use of restraint, prevention of pressure injuries and wound care.

### Requirement 3(3)(b)

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

* Ensure the effective management of high impact or high prevalence risks associated with the care of each consumer, in particular the use of management of consumers’ mobility and physiotherapy care, continence care needs, prevention and management of pressure injuries, pain management and minimising restrictive practices.

### 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 the deterioration or change of a consumer’s mental health, cognitive or physical functions, capacity or condition is recognised and responded to in a timely manner including referrals to appropriate specialists.

### 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)(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 do the things of interest to them.
* Ensure personalised assessment and provision of consumer’s preferred recreational activities including those with a cognitive impairment or limited mobility.

### Requirement 4(3)(f)

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

* Ensure consultation with consumers about their feedback and preferences about food.
* Ensure consumer feedback and complaints about food are incorporated.
* Ensure adequate choice and variety of food.

### 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.
* Ensure the service environment enables consumers to move freely both indoors and outdoors.

### Requirement 6(3)(c)

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

* Ensure adequate training and understanding of open disclosure practices.
* Ensure an open disclosure process is used when things go wrong.

### 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)(b)

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

* Ensure workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.
* Ensure consumers feel empowered to provide feedback and complaints about their interactions with staff.

### 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 all staff are competent, have the qualifications and knowledge to effectively perform their roles and work within their scope of practice.

### 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.
* Ensure appropriate processes are in place to ensure staff receive and apply training required.

### Requirement 7(3)(e)

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

* Fully implement the planned staff performance development.

### 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 where there is discretion not to report incidents of physical or sexual abuse or alleged abuse the service has taken the required action to review the involved consumers care plans to minimise the risk of incidents reoccurring.
* Full implementation of the services policies and procedures to ensure consumers are adequately consulted about their needs and preferences.
* Fully implement the service’s open disclosure process.

### 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 managing high impact or high prevalence risks 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.*

* Full implementation of the services antimicrobial stewardship policy.
* Full implementation of the Service’s policy to minimise the use of chemical and physical restraint.
* Full implementation of the service’s open disclosure process.