Lark Ellen Aged Care

Performance Report

133 Jannali Avenue
SUTHERLAND NSW 2232
Phone number: 02 9521 2855

**Commission ID:** 2816

**Provider name:** Apex Software Pty Limited

**Site Audit date:** 29 March 2021 to 31 March 2021

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

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-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) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | 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 26 April 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care 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.

#### Overall, consumers and representatives interviewed by the Assessment Team said they are treated with dignity and respect, are able to maintain their identity and make choices. They said management and staff help the consumer to feel respected and valued and provided information about staff valuing the consumer’s culture, values and diversity. Consumers and representatives interviewed considered the consumer’s privacy was respected and being upheld by the staff.

#### The service has organisational policies and procedures about consumer dignity, respect and diversity. Management and staff consistently spoke about consumers in ways that indicated respect and were observed interacting with consumers in respectful ways. Assessments and care plans for the consumers sampled reflect consumer diversity. While there are some related documentation and information sharing issues, overall it was demonstrated each consumer is being treated with dignity and respect and their diversity valued.

The organisation has an information privacy policy and staff described the practical ways they show respect for consumer privacy. Overall, staff interactions with consumers and staff work practices upheld consumer privacy. The service demonstrated information is provided to enable consumers to exercise choice about matters affecting them and about day to day care and service delivery. Consumers and representatives said this occurs, and interviews with staff and review of documentation confirmed this.

The Assessment Team found the service has processes to support each consumer to make and communicate decisions about their care and services and maintain relationships with others. The Assessment Team found that timely escalation did not occurred for a consumer when there were questions raised by their family regarding the consumer’s capacity to make decisions for themselves.

None of the consumers interviewed by the Assessment Team spoke of taking risks to live their best life or were aware of any support provided for them to do this. The organisation has policies and procedures with guidance for management and staff about consumer risk taking and management provided examples of consumers being supported to take risks to live their best life. However, this was not corroborated by the Assessment Team through review of care documentation for the identified consumers.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

The Assessment Team found the service has processes to support each consumer to make and communicate decisions about their care and services and maintain relationships with others. However, the Assessment Team found that the service did not demonstrate a process to ensure currency of information about the person responsible who the consumer has chosen to be involved in their care.

The Assessment Team found that timely escalation did not occurred for a consumer when there were questions raised by their family regarding the consumer’s capacity to make decisions for themselves. However, the Assessment Team’s report identifies that when the consumer was reviewed by their medical officer for their capacity to make decisions it was identified that the consumer is able to understand and communicate their wishes. The service demonstrated that this consumer was supported to exercise choice and independence including to make their own decisions.

The approved provider’s response identifies that the service ensures currency of information, including contact details of who the consumer wants involved in their care, through regular case conferences. The approved provider’s response also identifies continuous improvements to ensure that contact details of consumer representatives are kept up-to-date.

The service demonstrated processes were implemented at the time of the site audit and since, to support each consumer to make and communicate decisions about their care and services, including when others should be involved in their care, and maintain relationships. While the review of a consumer’s cognitive capacity to make decisions was delayed, this did not have a negative impact on the consumer and the review supported that the consumer is able to make decisions for themselves.

I find this requirement is compliant.

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

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

The Assessment Team found that none of the consumers interviewed identified how they are supported to take risks to live their best life. While management provided examples of consumers being supported to take risks, this was unable to be corroborated by the Assessment Team through review of their care documentation or staff interviews.

The approved provider’s response demonstrated that most of the consumers identified in the Assessment Team’s report are supported to take risks to live their best life. The approved provider demonstrated that at the time of the site audit, risks were generally identified and documented in care documents, and risk assessments and some strategies were in place to manage the associated risks to consumer’s health and well-being.

The approved provider’s response identifies that since the site audit, further consultation with consumers and representatives has occurred regarding the identified risks, and further risk mitigation interventions have been implemented. For example, smoking plans and smoking schedules.

The Assessment Team found not all consumers were aware of supports available to them to take risks to live their best life. However, the approved provider demonstrated that for consumers who had identified risks they choose to participate in, they are supported by the service to do this in a safe manner.

I find this requirement is Compliant.

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall, consumers interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives confirmed they are involved in assessment and care planning and cited case conferences as the forum where this occurs. Consumers and representatives said they either have a copy of the consumer’s care plan or have been offered a copy. Two consumer representatives spoke of staff amending the care plan after they had discussions with the staff. Consumers or their representatives said they are given to opportunity to discuss advance care and end of life care planning.

Policies and procedures are available to guide staff on assessment and planning including advance care and end of life care planning. For the consumers sampled, care planning documents provided evidence of an ongoing partnership with consumers and representatives about care and services provided by staff at the service and by other providers of care.

However, the Assessment Team found that care and service records did not demonstrate that assessment and planning identified risks to the health and well-being of the consumers sampled. Care plans sampled had all been updated or developed within the past three months, but a lack of comprehensive investigation of incidents, including critical incidents, means that strategies to minimise the risk of reoccurrence are not identified and implemented.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found that for the consumers sampled, assessment and planning was not adequate to identify and address risks and there had been impact on their health and wellbeing including multiple falls and episodes of incontinence. The Assessment Team found that a schedule to inform the assessment and planning of new admissions was not in place. Staff interviewed by the Assessment Team did not demonstrate an understanding of the procedures in relation to admission assessment to identify risks to the consumer’s health and well-being. For consumers sampled who have difficulty toileting and a risk of falls, staff were unable to confirm if a continence assessment had occurred, or if a schedule of toileting based on individual assessment had occurred, in line with the service’s policies and procedures. For another consumer, an interim care plan was not in place until six days after admission.

The approved provider’s response demonstrates that for one of the consumers identified in the Assessment Team’s report, a continence assessment was completed prior to the site audit. However, this assessment was not fully completed as no strategies to assist with the management of the consumer’s continence, or related goals, were identified. The approved provider accepts that for another consumer, a continence assessment was not completed, however continence was considered in the consumer’s summary care plan.

The approved provider’s response demonstrates that a schedule to inform the assessment and planning of new admissions was available for use at the time of the site audit. However, there is no evidence that this was used for recent new admissions and staff were not aware of the schedule. The schedule in the approved provider’s response identifies that an interim care plan is to be developed for the consumer on day one of admission.

While I accept that the service had a schedule and processes to guide the assessment and planning of new admissions, this was not consistently used or not effective in informing the delivery of safe care and services for the consumers sampled.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that generally, care planning documents reviewed identified the needs, goals and preferences for consumers sampled. Consumers or their representatives interviewed by the Assessment Team said they have the opportunity to discuss advance care and end of life care planning. Policies and procedures are available to guide staff in relation to assessing and planning, including advance care and end of life care planning.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

The Assessment Team found that while care plans sampled were updated or developed within the past three months, there was a lack of comprehensive investigation of incidents. Therefore, effective strategies to minimise the risk of reoccurrence were not identified and implemented. Management interviewed confirmed that the service does not record near miss incidents as incidents and did not demonstrate that these are investigated to assist in identifying further interventions to minimise risk of reoccurrence and to support safer care.

The Assessment Team found that for a consumer who had a fall and suffered a fracture, care and services were not effectively reviewed to minimise the risk of further falls. Another consumer’s care and assessments were not reviewed following incidents of her smoking unsupervised, despite the risk assessment identifying that she is always to be fully supervised while smoking.

To address the issues relating to the consumer who has had incidents of smoking unsupervised, the approved provider’s response identified that the consumer’s care plan was updated but the Assessment Team was provided with an outdated version. The approved provider’s reasoning for this is that there were two sources of storage as the service is implementing a new electronic care planning system. The approved provider advised that this has since been rectified. The service is implementing a new electronic care planning system to improve care assessment and planning and record keeping practices.

The approved provider’s response did not provide information to demonstrate that care and services were consistently reviewed for effectiveness when incidents impacted on the needs, goals or preferences of the consumer. The service did not demonstrate that incidents are investigated to assist in identifying further interventions to minimise risk of reoccurrence and to support safer care.

I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall, consumers and representatives interviewed by the Assessment Team considered the consumer receives personal care and clinical care that is safe and right for them. All consumers or their representative confirmed the consumer has access to a doctor or other health professional when they need it.

Review of the care for one consumer who recently passed away at the service and interviews with staff shows that consumers nearing end of life are cared for according to their needs and preferences. Information gathered shows service staff recognise and respond in a timely manner when there is a change in some consumers’ health, function and condition. Care and service records indicate appropriate and timely referral to providers of services for consumers sampled.

However, review of care and service records for the consumers sampled by the Assessment Team indicates clinical care provided is not best practice and does not optimise consumers’ health and wellbeing. The organisation has policies and procedures about restrictive practices, but this has not been implemented effectively for some consumers. The organisation has policies and procedures about falls prevention and management, but this has not been implemented effectively, and equipment used to reduce falls risk or minimise injury has not been used effectively.

For the consumers sampled, care documents do not provide adequate or accurate information about the consumer’s condition for relevant information to be shared among the staff and with others responsible for the consumer’s care.

While care planning documents refer to pathology testing prior to commencement of antibiotics, data provided does not support that this practice is widespread. Observations by the Assessment Team identified some deficiencies in the implementation of standard and transmission based precautions to prevent and control infection, and the service’s preparedness to effectively respond to an outbreak.

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.*

The Assessment Team found that overall consumer and representative feedback regarding personal and clinical care was positive. However, a review of care and service documents for the consumers sampled demonstrated the clinical care provided is not best practice and does not optimise consumers’ health and wellbeing.

The Assessment Team found the service did not demonstrate best practice regarding restrictive practices. For one consumer prescribed antipsychotic medication, the service had not established the medical condition that was to be treated by the antipsychotic and had not identified this as chemical restraint. The consumer’s representative was advised that the medication was an antidepressant rather than an antipsychotic. The service did not demonstrate that physical restraint is used as a last resort. While pain monitoring is conducted appropriately for most consumers sampled, the Assessment Team found this had not occurred for one consumer. For one consumer sampled with pressure injuries, pressure relieving equipment was not made available in a timely manner and strategies for the maintenance of skin integrity were not best practice.

For the consumer identified by the Assessment Team prescribed antipsychotic medication, the approved provider’s response identifies the condition the medication is treating is depression. The service does not consider this medication as chemical restraint however they have not considered the sedative impacts of this medication on the consumer and ensured that the dose is reviewed and appropriate. While the approved provider’s response demonstrates that the consumer representative was informed of the change in medication, the antipsychotic was incorrectly identified as an antidepressant in the email to the representative.

The approved provider’s response acknowledges that physical restraint was not used in accordance with the legislation nor as a last resort for one consumer and was used without assessment or notification to the consumer’s representative. The response identifies that education has been delivered to staff on appropriate restraint practices.

The approved provider’s response includes pain monitoring records that were not available to the Assessment Team at the time of the site audit. These records demonstrate that pain monitoring was conducted appropriately for the consumer identified in the Assessment Team’s report.

The approved provider disputes the Assessment Team’s findings that strategies for the maintenance of skin integrity and the prevention of pressure injuries were not best practice for one sampled consumer. The approved provider’s response demonstrates that strategies were identified in the consumer’s care plan. However, the monitoring documents provided in the approved provider’s response do not demonstrate repositioning and pressure area care were occurring at the time of the site audit.

While the approved provider demonstrated that pain monitoring and management was best practice for sampled consumers, it was not demonstrated that restraint or pressure area care were best practice.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that the service did not demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer. Negative outcomes have been identified in relation to risks associated with falls, smoking cigarettes, choking, medication management, and malnutrition. The organisation has policies and procedures to direct management and staff however they are not consistently followed in relation to falls prevention and equipment used to reduce risk or prevent injury has not been used effectively.

The Assessment Team identified multiple incidents relating to consumer equipment (chair and bed sensors) used to alert staff that a consumer is getting out of bed or out of their chair without staff assistance. These incidents show the equipment is malfunctioning or the staff do not know how to use the equipment effectively. One consumer sustained a fractured femur from a fall where she was not wearing the padding for hip protectors to prevent injury and her bed sensor had not alerted staff she was out of bed. Descriptions of how to correctly use sensor matts differed between care staff and the physiotherapist interviewed by the Assessment Team.

The Assessment Team found the lack of clarity about a consumer’s medical diagnoses meant risks associated with his care have not been understood and are not being managed effectively, including to prevent malnutrition and further weight loss. The Assessment Team identified an incident where a topical medication prescribed by the consumer’s medical officer was applied to the wrong area of the body.

The approved provider accepts the majority of the Assessment Team’s findings. However, the approved provider’s response identifies that while there was a lack of clarity in documentation around a consumer’s medical diagnoses, this consumer chooses not to comply with the associated dietary requirements and this choice is supported by the service. The approved provider’s response identified that while the topical medication was not applied for the area of the body it was prescribed for, it’s use in this circumstance was acceptable and did not adversely affect the consumer.

The service did not demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer. Negative outcomes were identified by the Assessment Team for consumers in relation to risks associated with falls and post-fall management.

I find this requirement is Non-compliant.

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

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

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

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

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

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

### The Assessment Team found that for the consumers sampled, care documents did not consistently provide adequate or accurate information about the consumer’s condition for this to be shared among staff or with others responsible for the consumer’s care. The Assessment Team found consumer diagnoses to be inaccurate, or diagnoses were unclear with impact on the health and well-being of consumers. For one consumer, an unclear diagnosis for the prescription of an anticonvulsants could mean the consumer is chemically restrained. Bowel monitoring records used do not assist in the assessment of bowel health. Some documentation and staff understanding of consumer dietary requirements was not clear or lacked detail to provide meals according to the consumer’s needs.

The approved provider’s response demonstrated that documentation around consumer dietary requirements was communicated to kitchen staff at the time of the site audit. However, it did not demonstrate that at the time of the site audit, sampled consumer diagnoses were clearly or accurately documented, or that bowel charts were completed as directed to assist with assessment of bowel health.

I find this requirement is Non-compliant.

### 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.*

Staff interviewed by the Assessment Team demonstrated an understanding of how to minimise the spread of infection and strategies to decrease unnecessary use of antibiotics. While care planning documents refer to pathology testing prior to commencement of antibiotics, data provided by the service did not support that this practice consistently occurs. Observations by the Assessment Team and a review of the service’s outbreak management plan identified some deficiencies in the implementation of standard and transmission based precautions to prevent and control infection, and the service’s preparedness to effectively respond to an outbreak.

The approved provider’s response demonstrates that most of the deficiencies related to infection prevention and control identified by the Assessment Team were addressed during the site audit. While data provided by the service did not demonstrate that pathology is always being obtained to inform prescribing, the review of care documents by the Assessment Team demonstrated practices to promote appropriate antibiotic prescribing and use. Care documents showed that antibiotics are not always used in the first instance and when used, for consumers sampled tests were completed to identify the pathogen prior to commencing antibiotics and evaluation of their effectiveness is undertaken. Staff interviewed by the Assessment Team understood how to minimise the spread of infection and strategies to decrease unnecessary use of antibiotics.

I find this requirement is Compliant.

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall, consumers and representatives interviewed by the Assessment Team considered the consumer gets 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. Most consumers and representatives confirmed the consumer is satisfied with the services and supports provided which allow them to live the life they choose.

In relation to emotional and psychological well-being, consumers and representatives provided generally positive feedback. Consumers and representatives spoke positively about consumers being supported to maintain their personal and social relationships and to be engaged in their interests. Most consumers and representatives said the consumer enjoys the meals, gets enough to eat and there is a varied menu.

Staff provided examples of emotional, spiritual and psychological support for consumers, including through visiting volunteers and clergy. Care plans reflect consumer needs and preferences which was confirmed through staff interviews. In relation to the meal service, consumers have had input into the development of a new menu and overall meals are varied and of suitable quality and quantity. Observations and interviews show equipment to support the provision of catering, cleaning, laundry, maintenance services and recreational and social activities is safe, suitable, clean and well-maintained.

While feedback from consumers or their representatives was positive across most aspects of this Standard, the feedback was not positive in relation to the laundry service. Some actions have been taken to improve the laundry service, however they have not been successful or have not been sustained.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team found that while consumer and representative feedback was positive in relation to most aspects of services and supports for daily living, feedback was not positive in relation to the laundry service. Feedback included several instances of clothing being damaged or discoloured. Some actions have been taken to improve the laundry service, however they have not been successful or have not been sustained. Most consumers said they enjoyed the activities and services offered, but one consumer said they are bored.

The approved provider’s response identifies that as a result of consumer feedback the previous laundry contractor was dismissed, and a new contractor was engaged. The approved provider’s response identifies continuous improvement actions to monitor the new contractor’s performance and consumer satisfaction.

For the consumer who said they are bored with the activities offered at the service, the approved provider’s response demonstrates this consumer is offered a number of activities on a regular basis and this is complemented by regular one-to-one interactions with the diversional therapist.

While the service has taken steps to rectify the identified issues with the laundry service, at the time of the site audit the laundry services were not effective in meeting the needs and preferences of all consumers. The service requires time to evaluate the effectiveness of the new laundry service in meeting the needs of consumers.

I find this requirement is Non-compliant.

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

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

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

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

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

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

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

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

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

### Requirement 4(3)(f) 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-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall, consumers and representatives interviewed by the Assessment Team said the consumer feels they belong and is safe and comfortable in the service environment. They generally provided positive feedback about the service environment, including that it is clean, comfortable and well-maintained. However, one consumer explained the cleaning is not as good as it used to be, and another consumer raised a concern about noise from refurbishment work underway.

Most consumers and representatives interviewed by the Assessment did not have any feedback about the cleanliness, maintenance or suitability of furniture, fittings or equipment. However, one consumer said their call bell has not worked on several occasions although they have a call bell pendant as a back-up, and it has always worked.

The Assessment Team observed the service environment to be generally welcoming and some accommodations have been made within it to support consumer independence, interaction and function. The service environment generally enables consumers to move freely, indoors and outdoors.

However, the service environment is not safe, clean, well maintained or comfortable for consumers. The Assessment Team found the responsive maintenance reporting system is not well used and the hazard reporting system is not well understood or well used. A planned maintenance program tailored to the service is not in place. Fire/emergency safety issues, the lack of cleanliness, the presence of pests and the need for maintenance has not been identified, reported and managed. There has been negative impact on a consumer due to the presence of flies.

Some fittings and equipment were not clean. The longstanding call bell system is not always working effectively and there is a plan to replace it. Some equipment for consumer falls prevention is not well maintained or used effectively by the staff, and there has been negative impact of this on consumers.

The Quality Standard is assessed as Non-compliant as two 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 Assessment Team found that the service environment generally enables consumers to move freely, indoors and outdoors. However, the service environment is not safe, clean, well maintained or comfortable for consumers. The responsive maintenance reporting system is not well used, and the hazard reporting system is not well understood or well used. A planned maintenance program tailored to the service is not in place. Fire/emergency safety issues, a lack of cleanliness, and the presence of pests were observed by the Assessment Team. These issues had not been identified, reported and managed as part of the service’s maintenance system. There has been negative impact on a consumer due to the presence of flies.

The approved provider acknowledges the fire and emergency safety issues identified by the Assessment Team and have since rectified this. Other issues identified by the Assessment Team have been rectified through cleaning, replacement and maintenance. The approved provider identified that several of the cleanliness and pest issues were as a result of the floor replacement that was being done at the time of the site audit. The approved provider’s response demonstrates that education has been delivered to staff on the maintenance and hazard reporting systems.

While I accept that the service worked quickly to rectify the issues raised by the Assessment Team, the service needs time to implement more proactive and preventative processes to identify and action risks to the cleanliness and safety of the service environment to meet compliance of this requirement.

I find this requirement is Non-compliant.

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

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

The Assessment Team observed that some fittings and equipment were not clean including wheelchairs, lifters, handwashing basins, privacy curtains and shelving. The longstanding call bell system is not always working effectively and there is a plan to replace it. Some equipment for consumer falls prevention is not well maintained or used effectively by the staff, and there has been negative impact of this on consumers. Pressure relieving equipment was not made available in a timely manner for a consumer who had pressure injuries.

The approved provider’s response demonstrates that a plan to replace the call bell system was in place prior to the site audit. Some of the issues raised by the Assessment Team such as cleaning of sinkholes and grout were completed during the site audit. The approved provider’s response demonstrates continuous improvement actions have been implemented to ensure fall prevention equipment such as sensor matts are working effectively.

I accept the service had plans to replace the call bell system prior to the site audit, and some issues identified by the Assessment Team were addressed during the site audit. However, the service did not demonstrate that at the time of the site audit all furniture, fittings and equipment was safe, clean and well maintained.

I find this requirement is Non-compliant.

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall, consumers and representatives interviewed by the Assessment Team considered they are encouraged and supported to give feedback and make complaints, and they are aware of advocacy services and external complaints mechanisms. Those sampled who had given feedback or made a complaint, advised that action had been taken and provided information indicating an open disclosure process was used.

However, the service did not demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. Consumer and representatives sampled who had given feedback or made a complaint provided information about this not leading to improvement or the issue reoccurring. The service did not demonstrate that feedback and complaints are evaluated per the organisation’s policies and procedures. The service’s plan for continuous improvement lacks information to demonstrate the link is made between consumer complaints and improvement initiatives.

The Quality Standard is assessed as Non-compliant as one of the four specific requirements has 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) Compliant

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

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

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

Consumers and a representative interviewed by the Assessment Team provided information about their feedback or complaint not leading to improvement or the issue reoccurring. While the organisation’s policies and procedures include guidance to evaluate the effectiveness of actions taken to address feedback and resolve complaints, the Assessment Team did not see evidence that this is occurring. Information gathered by the Assessment Team shows that feedback and complaints about the laundry service have not led to improvement or sustained improvement. The Assessment Team identified a complaint raised by a consumer representative that was not included in the service’s complaints register. The service’s plan for continuous improvement lacks information to demonstrate the link is made between consumer complaints and improvement initiatives.

The approved provider’s response demonstrates that the service was working towards engaging a new laundry contractor during the site audit in response to consumer feedback. The response identifies that the complaint and feedback forms have been amended to include evaluation of the action taken and feedback to relevant stakeholders.

I accept that the service had commenced work to engage a new laundry contractor during the site audit. However, the service did not demonstrate that complaints are trended or analysed to improve the quality of care and services. The service did not demonstrate that their complaints register is accurate as a complaint from a consumer representative was not included. The plan for continuous improvement submitted with the approved provider’s response still lacks detail to identify improvements planned or made as a result of consumer feedback (other than engaging a new laundry contractor).

I find this requirement is Non-compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers and representatives interviewed by the Assessment Team considered there are enough staff to meet the needs and preferences of consumers. They said staff are kind, caring and respectful towards consumers. Most consumers and representatives did not think staff needed more training. However, one consumer did not have confidence that inexperienced staff knew how to provide personal care or that some staff knew how to use the lifting machine.

Management and most staff considered there are enough staff to enable the delivery and management of safe and quality care and services. Shifts on the master roster are being filled as planned and consumer calls for assistance via the call bell system have been answered in a reasonable timeframe for the period reviewed. The Assessment Team’s observations confirmed that staff are kind, caring and respectful towards consumers.

Most staff interviewed by the Assessment Team said they have had a performance appraisal in the last 12 months. Documents reviewed by the Assessment Team confirmed staff have regular performance appraisals and staff conduct issues are being addressed.

However, the service did not demonstrate staff are competent and have the knowledge required to effectively perform their role. The service did not demonstrate effective processes to monitor staff completion of required competencies. Despite medication management errors and the decision to undertake related competency re-assessments with relevant staff, this has not yet occurred for around two-thirds of those staff. Staff lacked required knowledge in some areas to effectively perform their roles.

While past records of training are available, it is not known by management what some of this training involved and whether all staff have completed mandatory training in the last 12 months. Where training has been provided, it has not always been effective in equipping staff to deliver the outcomes required by the Quality Standards.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

The service demonstrated that staff have the relevant qualifications required for their role. However, the Assessment Team found the service did not demonstrate that staff are competent and have the knowledge required to effectively perform their roles. The Assessment Team found there was a lack of clarity about organisational competencies for staff and it was not known by management if some competency assessments were completed by staff in the last 12 months. Despite medication management errors and the decision to undertake related competency re-assessment with relevant staff, this has not yet occurred for around two-thirds of those staff. The Assessment Team found that staff lacked knowledge in relation to restraint, hazard reporting, emergency evacuation procedures, and high energy and high protein diets.

The approved provider’s response identifies that medication competencies were developed during the site audit and are now being implemented to ensure competency for medication-trained staff. The approved provider’s response demonstrates that education has been delivered to staff on the maintenance and hazard reporting systems. The approved provider does not agree that staff identified in the Assessment Team’s report did not have appropriate knowledge in relation to emergency evacuation procedures and high energy/high protein diets.

While I acknowledge changes implemented since the site audit, the service did not demonstrate a process to ensure the workforce has the required competencies to perform their roles, and accurate record keeping to ensure staff completion of required competencies was in place at the time of the site audit. The service did not demonstrate medication-trained staff had the required competencies to perform their roles and that all staff had knowledge of the service’s hazard reporting system.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that the service did not demonstrate staff are trained to deliver the outcomes required by the Quality Standards. The service did not demonstrate effective processes for monitoring of staff training documents. Management were not aware of what some previous training involved or whether all staff have completed mandatory training in the last 12 months. Where training has been provided, it has not always been effective in equipping staff to deliver the outcomes required by the Quality Standards including in relation to restraint, emergency evacuation procedures and the service’s hazard reporting system.

The approved provider’s response clarifies further information on the service’s 12-month rolling mandatory education program which demonstrates processes to ensure staff completion of mandatory training throughout 2021. The approved provider identified that the training program for 2020 was completed in December 2020. The approved provider’s response includes some additional training documents located during or after the site audit that were not available for the Assessment Team to review.

While the Assessment Team identified some deficiencies in staff knowledge including regarding emergency evacuation procedures and the service’s hazard reporting system, I have considered this in my assessment of Standard 7, Requirement (3)(c). The approved provider could improve on their record keeping of staff training documents, however, did demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards.

I find this requirement is Compliant.

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Management described ways consumers are engaged in the development, delivery and evaluation of care and services. Consumers interviewed and documents reviewed by the Assessment Team confirmed this occurs.

Review of key documents and interviews with members of the governing body shows the governing body promotes a culture of safe, inclusive and quality care and services. Review of meeting minutes and interviews with governing body members show the governing body is accountable for the delivery of safe, inclusive and quality care and services.

However, the service did not demonstrate effective organisation wide governance in relation to information management, continuous improvement, workforce governance, regulatory compliance, or feedback and complaints.

While the organisation has a risk management framework, this has not been effectively implemented at the service in regard to the management of high impact and high prevalence risks associated with the care of consumers. The organisation has a documented clinical governance framework, but this is not being implemented effectively at the service. There has been a lack of clinical governance in relation to antimicrobial stewardship, minimising the use of chemical restraint and open disclosure relating to accidents/incidents.

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.*

The Assessment Team found the service has not effectively implemented governance systems relating to information management, continuous improvement, workforce governance and feedback and complaints. Information management systems did not consistently include information to inform the delivery of effective care and services to consumers or identify and action maintenance issues and hazards. The service’s continuous improvement systems have not always been effective in identifying and addressing gaps. While the organisation’s policies and procedures include guidance to evaluate the effectiveness of actions taken to address feedback and resolve complaints, the Assessment Team did not see evidence that this is occurring.

The approved provider’s response identifies continuous improvements to address the issues regarding information management, workforce governance and feedback and complaints. The service is implementing a new electronic care planning system to ensure a single source of information to inform the delivery of effective care and services. Education, competency assessments and a new call bell system is being implemented to improve workforce governance systems.

While the approved provider has identified continuous improvements to rectify the issues identified by the Assessment Team, governance systems were not effective at the time of the site audit. To meet compliance of this requirement, the service requires time to implement the improvements and new systems and demonstrate their suitability and effectiveness.

I find this requirement is Non-compliant.

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

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

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

The service demonstrated effective risk management systems relating to identifying and responding to abuse and neglect and supporting consumers to live their best life. However, the Assessment Team found that risk management systems are not effective in managing high impact or high prevalence risks associated with the care of consumers. This includes risks in relation to the safety of the service environment and clinical risks.

The approved provider’s response identifies that a high impact or high prevalence risk assessment is being trialled in the home to facilitate the management of risks. The approved provider’s response also identifies some action taken during the site audit to minimise the impact of risks in relation to the safety of the service environment.

The approved provider demonstrated that risk management systems and practices regarding the management of high impact or high prevalence risks are in place at the service. However, the service did not demonstrate that these were effectively implemented to manage risks associated with falls, restraint, and hazards in the service environment.

I find this requirement is Non-compliant.

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

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

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

The organisation has a documented clinical governance framework, however, the Assessment Team found this is not implemented effectively at the service. The Assessment Team found service did not demonstrate effective reporting of antimicrobial stewardship to improve practice in line with the service’s framework. The service did not demonstrate best practice regarding reporting and monitoring of psychotropic medication or minimising the use of physical restraint. The Assessment Team found the service generally demonstrated implementation of the principles of open disclosure in line with the service’s polices and procedures.

The approved provider’s response demonstrates that the service is reporting on antimicrobial stewardship, and where gaps are identified actions are commenced to address these. The service demonstrated practices to promote appropriate antibiotic prescribing and use.

However, the service did not demonstrate that the clinical governance framework is effective in minimising the use of restraint. The service did not demonstrate effective monitoring, reporting and consent practices regarding psychotropic medication, including when it could be considered chemical restraint. The service did not demonstrate that physical restraint is used as a last resort.

I find this requirement is Non-compliant.

# Areas for improvement

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

### 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.*

The approved provider must demonstrate that:

* Assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.
* The service’s procedures to inform the assessment and planning of new admissions are effectively implemented.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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.*

The approved provider must demonstrate that:

* Care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer.
* Incidents, including near misses, are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safer care.

### 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.*

The approved provider must demonstrate that:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Chemical and physical restraint is best practice, including used as a last resort, and with informed consent from the consumer and/or representative.
* Pressure area care and maintenance of skin integrity for consumers is timely, best practice 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.*

The approved provider must demonstrate that:

* The high impact or high prevalent risks associated with the care of consumers are effectively identified and managed.
* Staff have the required knowledge to effectively use equipment implemented to prevent and/or manage consumer falls such as senor matts.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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.*

The approved provider must demonstrate that:

* Documented information about the consumer’s condition, needs and preferences is adequate to ensure safe and effective care.
* Information about the consumer’s condition, needs and preferences is documented effectively to ensure it is communicated to staff and others responsible for the consumer’s care.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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.*

The approved provider must demonstrate that:

* The services and supports provided at the service are effective in meeting the needs, goals and preferences of all consumers.
* The service has effective processes to monitor the performance and consumer satisfaction with the new laundry contractor to ensure this service meets consumer needs and preferences.
* The service continues to offer activities that are of interest and meet the needs, goals and preferences of all consumers.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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.*

The approved provider must demonstrate that:

* The service environment is safe, clean, well maintained and comfortable.
* The service has an effective hazard and maintenance reporting system to ensure risks to the safety of the service environment are identified and actioned.

### Requirement 5(3)(c)

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

The approved provider must demonstrate that:

* Furniture, fittings and equipment are safe, clean and well maintained.
* Equipment used for consumer falls prevention is well maintained and used effectively by staff.
* Pressure relieving equipment is suitable for the consumer and available in a timely manner if required.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 6(3)(d)

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

The approved provider must demonstrate that:

* The service trends and analyses feedback and complaints to improve the quality of care and services.
* The service has processes to ensure an accurate complaints register to assist with review of complaint trends.
* The service’s plan for continuous improvement is informed by consumer and representative feedback and complaints.

### Requirement 7(3)(c)

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

The approved provider must demonstrate that:

* Staff are competent and have the knowledge required to effectively perform their roles. This includes but is not limited to restraint, hazard reporting, emergency evacuation procedures, nutritional needs of consumers, and use of falls prevention equipment.
* Competencies are available as required to assess the competency of staff, and the service has accurate record keeping to ensure staff completion of required competencies.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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.*

The approved provider must demonstrate that:

* The service implements effective governance systems relating to information management, continuous improvement, workforce governance and feedback and complaints.
* Information management systems are effective in informing the delivery of effective care and services to consumers and identifying and actioning maintenance issues and hazards.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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.*

The approved provider must demonstrate that:

* The service has implemented effective risk management systems and practices to manage the high impact or high prevalence risks associated with the care of consumers.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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.*

The approved provider must demonstrate that:

* The clinical governance framework implemented at the service is effective in minimising the use of restraint.
* The service demonstrates best practice regarding restraint including effective monitoring, reporting and consent practices regarding psychotropic medication, including when it could be considered chemical restraint.