Lithgow Aged Care Limited

Performance Report

38 Maple Crescent   
LITHGOW NSW 2790  
Phone number: 02 6352 2788

**Commission ID:** 2771

**Provider name:** Lithgow Aged Care Limited

**Site Audit date:** 20 January 2020 to 24 January 2020

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 20 February 2020.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Most consumers said that they are generally treated with dignity and respect although not always. They said staff are too busy to acknowledge their identity. They said they are generally not supported to make informed choices about their care and services or live the life they choose.

For example:

* Consumers provided mixed feedback about staff treating them with dignity and respect. They said while some staff are good, others are rough and rush them and they are dissatisfied with how they are treated.
* Consumers said they are not encouraged to do things for themselves as staff do not have time to wait for them to perform the tasks where they are capable. They said because the service is short staffed consumers have to fit in with staff routines without recognition of their preferences. Consumers said that, while some long term staff are aware of what is important to them, there are a lot of changes to the staff who care for them and many staff are not aware of what is important to the consumer.
* Some consumers said generally staff respect their privacy while other consumers said staff practices compromise their privacy when they are in their rooms.

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.

* The Assessment Team interviewed staff, who said they habitually work shifts with less than the rostered staff and do their best to provide consumers with personal hygiene support. They said they generally do not have time to acknowledge the individuality of consumers and their needs, preferences and choices. While staff gave an example of facilitating consumers to maintain relationships of their choosing, several staff spoke of working in different areas of the service and sometimes not knowing the consumers or about the life that they choose to live.

*C*onsumers said they are not always treated with dignity and respect, with their identity, culture and diversity valued. Staff did not really understand how to provide care and services that are culturally safe; although this has not been an issues for consumers. Consumers are not supported to exercise choice and independence. Consumers are not supported to take risks to enable them to live the best life they can. Consumers provided examples of where their privacy is not respected. Information provided to each consumer is not always current, accurate or timely, or communicated in a way that is clear, easy to understand and enables the consumer to exercise choice. Documentation reviewed supported the information provided by 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.*

The organisation was not able to demonstrate each consumer is treated with dignity and respect, with their dignity, culture and diversity valued.

The Assessment Team found several consumers spoken to did not feel they were treated with dignity and respect by staff due to them being rushed or their care needs not being met such as continence care which impacts on their dignity. Consumers told the Assessment Team that there have been occasions where staff are not polite towards consumers, do not always knock on consumers doors prior to entering their rooms and staff are not always respectful in their discussions with consumers, for example speaking in a patronising way.

The approved provider in their response advised a training program has been developed for staff on respecting consumers dignity and treating consumers with respect. Increased supervision arrangements have also been put in place.

The approved provider does not comply with this requirement as not all consumers were treated with dignity and respect, with their identity, culture and diversity valued.

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

*Care and services are culturally safe.*

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

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

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

### The organisation was not able to demonstrate that each consumer is supported to exercise choice and independence in making decisions about their own care and the way it is delivered and decisions about who is to be involved in their care and making connections with others and maintaining relationships of choice.

The Assessment Team found several consumers spoken to said that they are generally able to exercise choice and independence and maintain relationships, however, consumers also said where there are staff shortages consumers must fit in with staff which impacts on their ability to exercise choice and independence.

Care staff told the Assessment Team they work short staffed regularly and that this impacts on their ability to support consumer’s choices and independence.

The approved provider in their response states a review of the staffing roster will be undertaken and a review of specific processes will be undertaken to ensure the sufficiency of staff at the home.

The approved provider does not comply with this requirement as each consumer is not supported to exercise choice and independence in making decisions about their own care, the way it is delivered and decisions about who is to be involved in their care, making connections with others and maintaining relationships of choice.

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

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

The organisation was unable to demonstrate each consumer is supported to take risks to enable them to live the best life they can.

The Assessment Team found the service has not conducted risk assessments nor identified the risks that each consumer would like to take to enable them to live the best life they can.

The approved provider in their response states a dignity of risk framework will be developed which will include risk assessments and education for staff on the framework.

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

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

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

The organisation was unable to demonstrate information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

The Assessment Team found incorrect information contained in documents provided to consumers and examples of where communication between staff and consumers could be improved to ensure consumers are enabled to exercise choice.

The approved provider in their response said they will review all information provided to consumers to ensure it is update to date and correct. This includes information on the service’s website.

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

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

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

The organisation was unable to demonstrate each consumer’s privacy is respected and personal information is kept confidential.

The Assessment Team found that each consumers privacy is not always respected. Some consumers told the Assessment Team that staff do not always knock prior to entering consumers rooms.

The approved provider in their response states further training for staff is underway and reviews of processes such as the handover process will be undertaken.

The approved provider does not comply with this requirement as each consumer’s privacy is not respected.

# 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

While some consumers who spoke with the Assessment Team said they feel like partners in the ongoing assessment and planning of their care and services, several consumers said they are not consulted or aware of their care plan.

For example:

* Most consumers interviewed said they are not involved in their care planning.
* One consumer said they have a copy of their care plan; however, most consumers are not aware of their care plan and say they don’t have access to it.
* Two consumers said they have recently been informed their care plans will be discussed with them and they will have a copy if they wish.
* One family member informed the Assessment Team they are not informed of changes to the consumer’s care.

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.

* The Assessment Team found gaps in staff knowledge, staff availability, clinical documentation and clinical oversight and review relating to assessment and care planning.

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

## Assessment of Standard 2 Requirements

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

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

The organisation was unable to demonstrate 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 care planning documents reviewed did not evidence comprehensive assessment and planning for consumers. Some risks such as falls, diet and restraint are included in the care plans, however, other risks for consumers have not been assessed. In some cases, information in consumers care plans is contradictory and does not inform the delivery of safe and effective care and services.

The approved provider in their response stated processes relating to assessment and planning will be reviewed and improved.

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

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

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

The organisation was unable to demonstrate 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 advanced care plans have not been offered to all consumers and some existing advanced care plans may not be valid as the consumer or their representative were not consulted.

The approved provider in their response stated processes relating to assessment and planning will be reviewed and improved. Policies and processes review will ensure inclusion of advance care planning. A process is underway to identify consumers who have advanced care directives and a program will be commenced to offer all consumers opportunities to discuss advanced care and end of life planning.

The approved provider does not comply with this requirement as assessment and planning does not identify and address the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

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

*The organisation demonstrates that assessment and planning:*

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

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

The Assessment Team found that the service has made some improvements to the processes of engaging the allied health professionals such as the physiotherapist, occupational therapist and dietician, further improvements are still required as care planning documents do not consistently reflect that others are involved in assessment and planning. Consumers identified needs are not consistently reviewed and followed-up with appropriate referrals.

The approved provider in their response state processes relating to assessment and planning will be reviewed and improved.

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

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

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

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

The Assessment Team found the service is conducting case conferences to include consumers and their families in the care and services provided, however, not all consumers have had a case conference. The Assessment Team identified gaps in effectively communicating outcomes of assessment and planning to consumers and gaps in documenting in care and services plan.

The approved provider in their response state processes relating to assessment and planning will be reviewed and improved.

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

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

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

The organisation was unable to demonstrate 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 where circumstances for a consumer changes or when incidents occur that impact on the needs, goals or preferences of consumers, reviews are not always undertaken.

The approved provider in their response state processes relating to this requirement will be reviewed and improved and auditing processes will be implemented to monitor that processes are undertaken as directed.

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Some consumers who spoke with the Assessment Team are complimentary about the care provided, however a number of consumers said they do not consider that they receive personal care and clinical care that is safe and right for them.

For example:

* A number of consumers said staff are friendly and kind and they are not rushed, while others reported staff can be rough and rude.
* Three consumers said staff don’t always know how to manage their clinical needs.
* Some consumers said they are satisfied with access to their doctor and other health professionals, other consumers expressed dissatisfaction with access to medical and other health services.

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.

* While the organisation is undergoing change and demonstrates some improvements, it does not consistently deliver 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. The Assessment Team identified gaps in staff knowledge, availability of current guidelines to staff and gaps in the monitoring of personal and clinical care.

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

### Assessment of Standard 3 Requirements

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

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

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

The organisation was unable to demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, is tailored to their needs and optimises their health and well-being.

The Assessment Team found their review of clinical files for the consumers sampled do not consistently reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. Care planning documents included contradictory information and monitoring charts indicate staff do not follow medical officers’ instructions. Progress notes and incident reports indicate consumers do not receive safe and effective personal care. Feedback from consumers indicate safe and effective personal and clinical care is not always provided by staff.

The approved provider in their response said a review of personal and clinical care processes will be undertaken and improvements made. Further education to staff will be delivered.

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

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

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

The organisation was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team found while management at the service have been undertaking a review of restrains and reducing the number of consumers using restrains, management and staff awareness of the requirements of restrictive practises is not current and they were not aware of content of current legislation regarding physical and chemical restraint. Information was not clear in guiding staff practice in relation to care, for example instructions on medication charts. Management and staff could not demonstrate what constitutes high prevalent risk and clinical risk assessments have not been undertaken.

The approved provider in their response states a clinical review of high impact or high prevalence risks associated with the care of each consumer will be undertaken and a training plan will be developed for care staff.

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

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

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

The organisation was unable to demonstrate the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

The Assessment Team found that the consumer reviewed for this requirement did not have their needs, comfort and dignity managed appropriately.

The approved provider in their response states a policy review of end of life care will be undertaken and further training to staff will be delivered.

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

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

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

The organisation was unable to demonstrate deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

The Assessment Team found the service does not have current policies and procedures to guide staff in relation to deteriorating or changes to a consumers mental health, cognitive or physical function, capacity or condition. Appropriate trained staff are not always available and there was example of where a consumers condition deteriorated and timely response by staff was not evident.

The approved provider in their response advise a review of policies and procedures including the deteriorating resident protocol and daily care reports will be undertaken and further training to staff will be delivered.

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

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

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

The organisation was unable to demonstrate 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 information in care plans is not always accurate or informative for staff to provide appropriate care to consumers. Care staff told the Assessment Team they don’t have time to read the consumers’ care plans and they rely on handovers to share information about care. One consumer told the Assessment Team that they wished the staff knew the consumers better.

The approved provider in their response advise a review of processes and practices in relation to this requirement will be undertaken and improvements made.

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

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

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

The organisation was unable to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The approved provider in their response advises there will be a review of the referral process with improvements to ensure that timely referrals are made. A network of providers to be established who can attend the home.

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

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

*Minimisation of infection related risks through implementing:*

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

The organisation was unable to demonstrate minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection; and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Assessment Team found the service does not have robust systems for minimisation of infection related risks. Current policies and procedures to guide staff in infection control are not available. There is no current systems to ensure an overall responsibility for infection control. Infection control records are not kept safely and audit and review of the infection control systems is not undertaken.

The approved provider in their response states a review of policies and procedures for outbreak management will be undertaken and a review of staff understanding of outbreak management process with further training of staff if required.

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Overall consumers who spoke to the Assessment Team said that they do not get the services and supports for daily living that are important for their health and well-being and that they enable them to do the things I want to do.

For example:

* Consumers reported they are generally not supported by the service to do the things they like to do. They said even if staff do know what the consumer likes to do they generally do not have the time to provide support. For example, when there are insufficient staff on a shift, then consumers are not assisted with their walking program to maintain their mobility. Consumers said activities are cancelled without notice which can impact on the things they want to do. Consumers do not think that staff are aware of their goals to optimise their quality of life.
* There have been recent improvements in consumer satisfaction with the meal service. Most consumers interviewed advised they liked the food served throughout each day. Consumers stated that if they did not like a particular dish, staff presented them with alternatives which were satisfactory to them.

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

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

## Assessment of Standard 4 Requirements

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

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

The organisation was unable to demonstrate 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 consumers interviewed said staff have not asked them about their goals and they thought staff were too busy to be interested in their life goals. Consumers generally said they were lucky to have family interested in them and who visited them and understood what was important to them. Consumers were observed by the Assessment Team to be seated in communal areas with the television on and a lack of engagement or interest. Staff engagements are not personalised to meet the interests of consumers. Lack of staff has impacted on the provision of activities of daily living.

The approved provider response includes plans for a clinical review is to be undertaken to ensure that each consumer receives safe and effective services and supports for daily living. A training program will include education for staff in relation to this Standard.

The approved provider does not comply with this requirement as each consumer does not get safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

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

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

The organisation was unable to demonstrate services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

The Assessment Team found examples of where there was a lack of supports for consumers emotional and psychological wellbeing.

The approved provider in their response advise a clinical review to be undertaken to ensure there are systems and processes in place to address this requirement. Review of staffing in this area will be undertaken.

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

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

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

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

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

The Assessment Team found there is a lack of coordination of the lifestyle services and consumers have not had meaningful assessment to identify matters of importance to them. Staff do not have sufficient knowledge of consumers and do not meet their needs.

The approved provider in their response advise a clinical review of services and supports for daily living will occur to ensure consumers are provided appropriate services and supports for daily living.

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

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

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

The organisation was unable to demonstrate information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

The Assessment Team found deficits in handover of consumer information and changes in their needs. Social history information is still being collected and some of the information that has been entered to date is incorrect.

The approved provider in their response plans a review of processes for communicating within the organisation and with others were responsibility for care is shared. Engagement with consumers will be undertaken to identify issues and develop solutions.

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

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

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

The organisation was unable to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The Assessment Team found there was limited evidence to demonstrate timely and appropriate referrals were made to individuals, other organisations and providers of other care and services. Staff were not aware of the organisations policies for making referrals to individuals and providers outside the service.

The approved provider in their response are planning to ensure staff are provided with further information and education about making referrals to individuals and providers outside the home.

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

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

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

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

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

The organisation was unable to demonstrate where equipment is provided, it is safe, suitable, clean and well maintained.

The Assessment Team found risks assessments had not been undertaken to identify the appropriateness of equipment for consumers and where hazards are identified the hazards are not escalated to the relevant person.

The approved provider in their response commits to reviews of equipment to ensure it is safe, suitable, clean and well-maintained. Process for monitoring that equipment remains well maintained will be reviewed and improved.

The approved provider does not comply with this requirement as where equipment is provided, it is not 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

Some consumers indicated to the Assessment Team that they feel they belong in the service and feel safe and comfortable in the service environment although others expressed dissatisfaction with the living environment which does not always support consumer independence, function and/or enjoyment.

For example:

* Generally consumers are satisfied that they live in their local town and their immediate family (for those who have family) can easily visit them. Consumers in one area, where their dining room is used as a thoroughfare by staff and visitors said the layout of the service does not meet their expectations. Some consumers reside in single rooms and have personalised their rooms with their individual items but many consumers who share rooms have limited personal areas and minimal personal items.
* Consumers expressed concerns about the cleaning of the service often as a result of staffing issues. Maintenance of the living environment and/or equipment has not always undertaken although there have been recent improvements.

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

The Assessment Team found that none of three specific requirements were met.

Improvements have recently been made to improve the entry to the service environment but navigating the environment is difficult with confusing signage. Consumers did not express a sense of belonging, independence, interaction and function. Most consumers only know their own section of the service between their bedroom and the dining and lounge rooms. In the Tanderra section of the service many consumers live in shared rooms and use communal bathrooms. Concerns were expressed by consumers and representatives about the service environment not always being clean, well maintained or comfortable. Improvements were made to consumers’ ability to move outdoors from their area but there have been no procedures implemented to ensure this remains into the future. Furniture, fittings and equipment were not always safe, clean, well maintained or suitable for the consumer.

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

## Assessment of Standard 5 Requirements

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

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

The organisation was unable to demonstrate the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

The Assessment Team found that some improvements had been made to the living environment, but the Cooinda unit is not easy to understand and aspects of it are not welcoming. Corridors in the Cooinda unit confusing and lengthy and visitors to the service walk past consumers rooms to get to the area they are visiting.   
Some areas of the home are clinical in appearance.

The approved provider in their response states a risk assessment will be undertaken in relation to the environment and a review of the existing building works plan to ensure privacy is optimal for consumers.

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

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

*The service environment:*

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

The organisation was unable to demonstrate the service environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.

The Assessment Team found doors were observed alarmed and locked for egress and consumers were unfamiliar with the opening of doors which had only commenced during the audit. Complaints were made about cleaning and areas of the home were observed by the Assessment Team to be not clean.

The approved provider in their response outlines risk assessments to be undertaken and review of maintenance and cleaning programs and review of the living environment.

The approved provider does not comply with this requirement as the service environment is not safe, clean, well maintained and comfortable; and does not enable consumers to move freely, both indoors and outdoors.

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

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

The organisation was unable to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

The Assessment Team found the call bell system does not always work due to the age of the system, risk assessments of some furniture such as chairs have not been conducted to identify if they are suitable for consumers. Some bathrooms were observed to have worn tiles with blackened grout. Consumers told the Assessment Team there have been ongoing problems with the laundry resulting in damaged and burnt clothes.

The approved provider in their response provided information about the refurbishment plan for the service, and reviews of equipment and furniture to ensure it is clean, safety and well maintained.

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

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

* Consumers spoken to by the Assessment Team have not always felt they could make complaints and there has been frustration that areas complained about have not been acted upon. There has been some recent improvement where consumers have been consulted and supported to raise issues however it has been very recent and actions to remediate concerns have not or are just commencing.
* Consumers and representatives spoken to by the Assessment Team advised they have raised concerns about numerous issues although the main focus has been staffing issues, the meal service and communication. There have been recent improvement in the meal service although other concerns have not been addressed.

The complaints system has not been monitored or actions taken evaluated.

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

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

## Assessment of Standard 6 Requirements

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

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

The organisation was unable to demonstrate consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

The Assessment Team found long standing issues with communication and complaints management where consumers and representatives have felt they are not encouraged to make or raise concerns. There is a level of frustration from some consumers and/or family members who believe concerns are not being addressed promptly. There has been recent improvements in communication and the promotion of the complaints processes since the interim CEO commenced with the organisation.

The approved provider in their response outlines a planned review of the complaints’ management process and further engagement with consumers.

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

### Requirement 6(3)(b) 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.*

The organisation was unable to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

The Assessment Team found there is no open disclosure policy in place and staff were unaware of open disclosure principles. Consumers told the Assessment Team they were frustrated with the progress of complaints. A review of the complaints documentation indicated complaints were not addressed in a timely manner.

The approved provider in their response plans a review of the complaints management process and introduction of an open disclosure policy including training for staff.

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

The organisation was unable to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services.

Consumers interviewed by the Assessment Team said there has been a lot of feedback about staffing issues and that the issues have not been addressed or resolved. No improvements have occurred in relation to the complaints about staffing.

The approved provider in their response is planning a review of processes relating to complaints and reporting processes to the Board regarding complaints.

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Most sampled consumers indicated that they do not get quality care and services when they need them from people who are knowledgeable, capable and caring.

For example:

* Most feedback was positive about most staff members however there was some negative feedback about some staff interactions. Consistently consumers and representatives said most staff are kind, caring and respectful although some staff are not.
* Consumers and representatives said there are insufficient staff and at times poor communication of consumer needs so staff do not know their care requirements. Although considerable training has been recently provided there have been some gaps in staff knowledge and skills identified.

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

Review of rostering information and staff interviews confirmed there are insufficient staff who attend their rostered shifts as well as high absenteeism. There has not been a staff performance system in use and staff have not been accountable for the high absenteeism.

The Quality Standard is assessed as Non-compliant as five 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 organisation was unable to demonstrate the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

The Assessment Team found that consumers expressed concerns about the ongoing issue of staff taking a long time to answer calls for assistance. Staff told the Assessment Team there has been significant issues with staff shortages.

The approved provider in their response states a review of the number and mix of staff to ensure safe and quality care is provided. A training program is being further developed to ensure staff have knowledge and skills.

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

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

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

The organisation was unable to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Consumers spoken to by the Assessment Team said that the majority of staff are kind and respectful but there are some that are not. Consumers said when staff work short they do not attend to them in a timely manner and that several consumers witnessed a serious altercation between two staff members in the Cooinda unit.

The approved provider in their response state they will encourage feedback from consumers and representatives regarding inappropriate communication. A review of the staffing roster has occurred and they provided details of additional staff that have been employed at the home since the audit.

The approved provider does not comply with this requirement as workforce interactions with consumers are not 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 organisation was unable to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

The Assessment Team found consumers said that some staff require more knowledge about aspects of care delivery.

The approved provider in their response states a review of the staffing will occur to ensure the workforce are competent and have the necessary qualifications and knowledge to meet consumers needs.

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

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

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

The organisation was unable to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Consumers spoken to by the Assessment Team spoke about the turnover of staff and the shortage of staff at times in the home. Attendance by staff at compulsory training is not monitored.

The approved provider in their response includes a planned review and further development of the training program for staff.

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

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

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

The organisation was unable to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

The Assessment Team found performance appraisals of staff have not been undertaken in the past year. Training has not been provided to staff where there are known knowledge gaps. Excessive staff absences have not been monitored or managed.

The approved provider in their response included improvements to be made to ensure the regular review of staff performance is undertaken.

The approved provider does not comply with this requirement as regular assessment, monitoring and review of the performance of each member of the workforce is not undertaken.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Most sampled consumers indicated they do not believe the organisation has been well run or that they can partner in improving the delivery of care and services.

For example:

* Consumers and representatives said there has been considerable management and staff turnover which has impacted negatively on consumer confidence.
* Consumers and representatives said there has been a lack of communication about the direction of the service and resolution of issues raised.
* Consumers have not previously been involved in the development, delivery and evaluation of care and services. Whilst the interim chief executive office has commenced improved consumer engagements they are as yet in their infancy.
* Consumers expressed their support of the service and the recently appointed interim chief executive officer although identified improvements are required to the governance of the service.

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

The Assessment Team found the Board and management team have not been effective in making improvements in compliance against the Quality Standards. Staff at times have not supported management of the service to achieve improvements for consumers.

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

## Assessment of Standard 8 Requirements

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

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

The organisation was unable to demonstrate consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

The Assessment Team found consumers have not been actively engaged in the development, deliver and evaluation of care and services and they have not been supported in that engagement until recently during this audit.

The approved provider in their response includes improvements to be made to ensure consumers are engaged in relation to this requirement.

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

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

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

The organisation was unable to demonstrate the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The approved provider does not comply with this requirement as the organisation’s governing body does not 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 organisation was unable to demonstrate effective organisation wide governance systems relating to information management; continuous improvement; financial governance; workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance and feedback and complaints.

The Assessment Team found there have not been effective organisation wide governance systems to bring about required improvements. While the Board, administrator, nurse advisor, consultants and the interim CEO have made some improvements they have not been successful in instigating necessary governance systems or improving staff culture.

The approved provider in their response includes reviews of current processes and improvements made to the processes within this requirement.

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

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

The Assessment Team found there have not been effective risk management systems in place to ensure the safety and comfort of consumers. Aspects of the living environment has impacted negatively on consumers. While a small number of consumers said they are living the best life they can most consumers identified issues which require rectification to improve their quality of life. Staffing availability, staff knowledge and consistency as well as communication were the main areas of dissatisfaction expressed by consumers and their representatives.

The approved provider in their response includes review of the processes in relation to managing high impact or high prevalence risks associated with the care of consumers to ensure effective risk management systems and practices are in place.

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

### 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 was unable to demonstrate where clinical care is provided—a clinical governance framework, including but not limited to antimicrobial stewardship; minimising the use of restraint and open disclosure.

The Assessment Team found a documented clinical governance framework was not in place. A policy relating to antimicrobial stewardship that staff were aware of was not in place. Staff including management did not display a sound knowledge of restraint and the principles of informed consent and an open disclosure policy was not in place.

The approved provider in their response review of processes and improvements to ensure the service meets this requirement.

The approved provider does not comply with this requirement as where clinical care is provided a clinical governance framework, including but not limited to antimicrobial stewardship; minimising the use of restraint and open disclosure is not in place.

# 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) Non-compliant

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

### 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.*

### Requirement 1(3)(d) Non-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*.

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

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

### 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.*

### 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.*

### 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.*

### 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.*

### 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.*

### 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.*

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

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

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

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

### 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.*

### 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.*

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

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

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

*Minimisation of infection related risks through implementing:*

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

### 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.*

### Requirement 4(3)(b) Non-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.*

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

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

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

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

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

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

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

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

### 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.*

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

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

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

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

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

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

### 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.*

### Requirement 7(3)(b) Non-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.*

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

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

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

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

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

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

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

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

### 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.*

### 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.*

### 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.*