Lithgow Aged Care Limited

Performance Report

38 Maple Crescent
LITHGOW NSW 2790
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**Commission ID:** 2771

**Provider name:** Respect Group Limited

**Site Audit date:** 11 May 2021 to 14 May 2021

**Date of Performance Report:** 15 June 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | 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) | Compliant |
| Requirement 3(3)(f) | 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) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | 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) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 9 June 2021.

# STANDARD 1 NON-COMPLIANTConsumer 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.

Most consumers interviewed by the Assessment Team considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers (or representatives on their behalf) interviewed expressed their satisfaction with the way staff make the consumer feel respected and valued as an individual. Most consumers reported that staff knock on doors and wait for an invitation or response before entering.

All consumers interviewed who were asked if there are things they would like to do that they are prevented from doing indicated there is nothing they could think of that they are prevented from doing in order to live their best life. However, one consumer’s ability to maintain intimate relationships was not facilitated at the service.

Staff interviewed by the Assessment Team consistently spoke about consumers in a way that indicated respect and understanding of consumers’ personal circumstances. Staff were generally knowledgeable about consumers’ backgrounds and their preferences that influence the delivery of their care. Care planning and assessment documentation reviewed by the Assessment Team indicated that consideration of cultural safety for consumers forms part of the assessment process.

However, the Assessment Team identified that consumer’s private information is not consistently stored securely and access to information by not-intended persons has the potential to occur.

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

## Assessment of Standard 1 Requirements

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

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

Consumers interviewed by the Assessment Team consistently reported that they are treated with dignity and respect. Staff interviewed by the Assessment Team consistently spoke about consumers in a way that indicated respect and understanding of consumers’ personal circumstances. Staff were generally knowledgeable about consumers’ backgrounds and their preferences that influence the delivery of their care.

I find this requirement is Compliant.

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

*Care and services are culturally safe.*

The Assessment Team found the service provides culturally safe care and services to consumers. Information about consumers’ life history including their cultural and spiritual needs is identified and captured as part of the care planning process. Most consumers interviewed by the Assessment Team reported they feel care and services are safe and reflective of their cultural needs and preferences.

I find this requirement is Compliant.

### 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.*

### Overall, consumers interviewed by the Assessment Team indicated they are supported to exercise choice in relation to making decisions about their care and services and about others who they wish to be involved in their care. However, the Assessment Team found that one consumer’s ability to maintain intimate relationships is not facilitated by the service. Most staff interviewed by the Assessment Team could describe how consumers are supported to make informed choices about their care and services. This includes involving family members and the guardianship board when appropriate.

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 consumers are supported to take risks to enable them to live the best life they can. Where appropriate, measures to mitigate the risk associated with activities that consumers wish to pursue are implemented and documented in their care plan.

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.*

Consumers interviewed by the Assessment Team gave feedback that overall information provided has improved recently and they find communication with the new management to be clear and easy to understand. Most consumers said the information they are now receiving enables them to exercise choice. The new management are facilitating consumer and representative meetings either face to face or via technology and are implementing a service newsletter that communicates current information to consumers and representatives.

I find this requirement is Compliant.

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

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

While the Assessment Team found the service has processes to ensure that consumers’ privacy is respected, and their personal information is kept confidential, the Assessment Team observed consumers’ private and personal information in view of the general public. Staff’s passcode access to a computer was displayed, facilitating the potential unauthorised access to the electronic care program which contains personal and clinical information of consumers.

In their response, the approved provider identified continuous improvement actions undertaken since the Site Audit to ensure that consumer’s personal information is kept confidential. This includes staff education, removing passwords from desks, relocating the staff computer to a more private location, and relocating the nurse’s work station to an office where it is more private.

While the approved provider has undertaken continuous improvement in relation to this requirement, at the time of the Site Audit, the service did not demonstrate that consumer’s personal information was protected to be kept confidential.

I find this requirement is Non-compliant.

# 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. Most consumers interviewed indicated they do not have concerns about their care plan and are overall happy with their care and services they receive. Consumers said said care and service planning is improving and staff are more responsive to their needs. Most consumers expressed satisfaction with communication in relation to care and service assessment outcomes.

Care planning documentation for consumers sampled reviewed by the Assessment Team generally reflected the consumer is a partner in their care including those who they choose to have involved in their care planning. Staff interviewed by the Assessment Team could describe how the care they provide to consumers is in line with their current needs and preferences and provided examples of what is important to the consumer in their care delivery.

However, the Assessment Team identified gaps in assessment and planning including consideration of risks to consumers and the review of care and services when there is a change in consumer condition. The Assessment Team identified ineffective clinical oversight of consumer incidents. The service did not demonstrate care and services for consumers are reviewed for effectiveness especially following a consumer incident.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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 was informed the service had a process to guide staff in the assessment and planning for consumers on entry to the service. In line with this process, the care managers support the registered nurses in ensuring that assessment and planning considers risks to the health and well-being of consumers. Care documents reviewed by the Assessment Team demonstrated risks are identified, and strategies are implemented to mitigate the risk of harm. While assessment and planning considered risks to consumer’s health and well-being, the Assessment Team identified that this did not always inform the delivery of safe care and services. The Assessment Team has considered this in the assessment of Standard 3.

I find this requirement is 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.*

Documentation reviewed by the Assessment Team, and interviews with consumers, representatives and staff demonstrated that assessment and planning addresses the consumer’s needs and preferences. However, the consumer goals within the care planning documentation were at times generic in nature and did not demonstrate the goals are driven by the consumer. The service demonstrated advance care planning and end of life planning is discussed at case conferences and documentation supports advance care plans are in place for consumers sampled.

I find this requirement is Compliant.

### 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.*

Interviews with consumers, representatives and staff by the Assessment Team demonstrated that the service has a partnership with consumers, and/or representatives on their behalf, to involve them in the care assessment and planning of the consumer. Documentation reviewed by the Assessment Team demonstrated that assessment and planning includes other organisations, individuals and providers of care and services that are involved in the care of the consumer.

I find this requirement is Compliant.

### 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.*

For consumers sampled, case conference documentation reviewed by the Assessment Team demonstrated the outcomes of assessment and planning are documented and communicated to the consumer and others involved in the consumer’s case conference. Interviews with staff demonstrated care plans are made available to the consumer and/or representative at case conferences. Consumers interviewed by the Assessment Team generally expressed satisfaction with communication in relation to the outcomes of assessment and planning.

I find this requirement is Compliant.

### 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.*

While the Assessment Team found that consumer care plans are reviewed regularly, the service did not demonstrate that care and services are reviewed when consumer’s condition changes or incidents impact on the needs of consumers. For three consumers sampled, documentation reviewed by the Assessment Team identified that strategies to minimise the risk of falls are not reviewed for effectiveness following repeated incidents of falls. For another consumer, assessment and review of care and services was not completed following repeated incidents of skin excoriation.

In their response, the approved provider identified continuous improvement actions undertaken since the Site Audit to ensure that consumer’s care and services are effectively reviewed in response to an incident or change in condition. This includes staff education, more comprehensive reviews for consumers who experience repeated falls, escalation processes for staff to report changes in consumer condition, and the implementation of a new clinical monitoring process and tool for nursing staff.

At the time of the Site Audit, the service did not demonstrate that care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

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.

Overall, consumers interviewed by the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. Consumers (or representatives on their behalf) confirmed they have access to appropriate services including medical, physiotherapy, wound specialists, dieticians and mental health specialists as required.

The Assessment Team found escalation and response to deterioration in consumers’ condition occurred for most consumers sampled as needed. The service demonstrated that consumers are generally referred to appropriate services and specialists in response to consumer needs.

However, the Assessment team found the service had ineffective clinical oversight and monitoring of consumers’ incidents. Fall prevention strategies did not reflect best practice and did not include consideration of contributing factors such as medication, continence management or any potential unmet need. For sampled consumers, pain assessment and management were not effective. Documentation reviewed and staff interviewed by the Assessment Team demonstrated the service does not have a comprehensive process for root cause analysis of consumer information/data to demonstrate they are identifying and managing high impact or high prevalence risks associated with the care of each consumer.

The infection data reviewed by the Assessment Team did not demonstrate a complete and effective surveillance and monitoring system is in place for the minimisation of infection related risks.

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.*

Consumers and representatives interviewed by the Assessment Team gave mostly positive feedback about the care provided at the service. However, the review of care documentation did not demonstrate that clinical care provided to sampled consumers is consistently tailored to their needs or best practice. The service did not demonstrate analysis of skin-related incidents to implement strategies to prevent reoccurrence. For one consumer, the service did not demonstrate that pain was appropriately assessed, managed and monitored. During the Site Audit, the service was working towards ensuring consumers prescribed psychotropic medication and chemical restraint had the appropriate consultation, consent, review and monitoring processes in place.

In their response, the approved provider identified continuous improvement actions undertaken since the Site Audit to ensure that care provided to consumers is best practice and tailored to their needs. This includes the implementation of the approved provider’s policies and procedures, staff education, a review of consumer restraints, streamlining of pain assessments, and the implementation of an electronic medication management system.

At the time of the Site Audit, the service did not demonstrate that clinical care provided to sampled consumers is consistently tailored to their needs or 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 the service did not demonstrate effective processes to manage high impact or high prevalence risks including infection control, behaviour management, falls management and risks associated with the significant number of medication incidents. Documentation reviewed and staff interviewed by the Assessment Team demonstrated the service did not have a comprehensive process for root cause analysis of consumer information/data to demonstrate they are identifying and managing these high risk areas for consumers.

In their response, the approved provider identified continuous improvement actions undertaken since the Site Audit to better manage high impact or high prevalence risks. This includes the development of high impact/high prevalence clinical risk meetings, the implementation of an electronic medication management system, consultation with the pharmacy, and staff education.

At the time of the Site Audit, the service did not demonstrate the effective management of high impact or high prevalence risks associated with the care of sampled consumers.

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.*

The Assessment Team found that escalation and response to deterioration in consumers’ condition occurred for most consumers sampled as needed. Staff interviewed by the Assessment Team could describe processes for the escalation of changes in consumers condition. While the Assessment Team identified gaps in the recognition of changes in one consumer’s health, this was addressed and responded to during the Site Audit.

I find this requirement is Compliant.

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

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

Care planning documents reviewed by the Assessment Team contained information about the condition, needs and preferences of the consumer including information from various health care providers involved in the consumer’s care. Entries from medical officers, speech pathologists, physiotherapists, dieticians, behavioural specialists and specialists were evident in consumer files. The Assessment Team found that handover documents effectively communicate any daily changes in the consumer’s needs or condition.

I find this requirement is Compliant.

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

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

Documentation reviewed by the Assessment Team, and interviews with consumers, representatives and staff demonstrated that consumers are generally referred to appropriate services and specialists in response to consumer needs. Consumers (or representatives on their behalf) indicated they have access to appropriate services as required. For example, medical, physiotherapy, wound specialists, dieticians and mental health specialists.

I find this requirement is Compliant.

### 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 Assessment Team found the service does not have effective surveillance processes in place to monitor and prevent infections. The current system for monitoring, trending and identifying infections for consumers is fragmented and information is incomplete. The service did not demonstrate investigation of the cause of infections to minimise infection related risks for consumers and reduce the use of antibiotics.

In their response, the approved provider identified continuous improvement actions undertaken since the Site Audit to minimise infection related risks. This includes education and consultation with medical officers, improved reporting of infections and antibiotics, and staff education.

At the time of the Site Audit, the service did not demonstrate effective practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

I find this requirement is Non-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.

Most consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Most consumers felt that they were supported by staff in terms of their emotional, spiritual and psychological well-being. The Assessment Team found that consumer’s emotional and spiritual needs were recorded in their care plans.

All consumers interviewed were satisfied with how they were supported to keep in touch with the people who were important to them. Staff were also able to demonstrate they knew the relationships that were important to consumers sampled.

Most consumers were satisfied with the meals provided at the service, in terms of quality and variety. Lifestyle equipment was observed by the Assessment Team to be clean, safe, suitable and well-maintained and staff were able to describe how they could get equipment tested and fixed if required.

However, the Assessment Team found the lifestyle program at the service does not offer a variety of activities that are tailored for consumers living with dementia. Several consumers and a representative provided feedback that the activities are not suitable for consumers and that more one-on-one time with staff would provide more value for these consumers compared to the lifestyle program. In addition, whilst the social care team are satisfied with information they are provided, the information documented in care plans of consumers sampled is generic and does not provide specific details about the consumers involvement in the lifestyle program. The Assessment Team did not see evidence of effective follow up from consumer referrals to individuals, other organisations and providers for services and supports for daily living.

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

## Assessment of Standard 4 Requirements

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

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

While some consumers interviewed by the Assessment Team were satisfied with the services and supports for daily living, several consumers did not feel fully supported by staff to meet their specific needs, goals and preferences. Consumers and representatives gave feedback that the activities schedule was not suitable for all consumers and some would benefit from more one-on-one time with staff. Observations made by the Assessment Team indicated that activities on the schedule did not engage and cater towards consumers living with dementia.

In their response, the approved provider identified continuous improvement actions undertaken since the Site Audit to improve the services and supports for daily living for consumers to meet their needs, goals and preferences. This includes staff training, the implementation of a dementia-specific lifestyle program, additional lifestyle resources purchased, and a review of the lifestyle program in each unit in consultation with consumers.

At the time of the Site Audit, each sampled consumer did not receive 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.

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.*

Most consumers interviewed by the Assessment Team felt that they were supported by staff in terms of their emotional, spiritual and psychological well-being, and staff support them if they are feeling low. Care plans reviewed by the Assessment Team identified ways staff could support consumers emotionally and indicated their spiritual and religious needs. Staff interviewed could describe how they recognise if consumers are feeling low and how they respond.

I find this requirement is Compliant.

### 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.*

### Most consumers interviewed by the Assessment Team provided positive feedback on how the service supported them to participate in their community, maintain their relationships and do things of interest to them. Care planning documents reviewed by the Assessment Team included information about consumers’ preferences in participating in the community and maintaining their social relationships, and staff were able to describe how consumers sampled participated in the community and how they support them with the relationships that are important to them.

I find this requirement is Compliant.

### 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.*

Staff interviewed by the Assessment Team said the information they receive about consumer’s condition, needs and preferences regarding services and supports for daily living is sufficient and accurate. Staff said they are able to receive updates and find further information using the electronic care planning system. However, the Assessment Team identified documentation about sampled consumer’s activity and lifestyle involvement was generic and did not provide insight about what activities the consumer is engaged in, or their level of engagement and enjoyment of the lifestyle activities. For one consumer, the Assessment Team found limited information documented regarding their appointments with the psychologist. While this information was shared with the consumer’s medical officer, it was not demonstrated to be communicated within the service.

In their response, the approved provider identified continuous improvement actions undertaken since the Site Audit to improve the communication of consumer’s needs and preferences in relation to services and supports for daily living. This includes education and training for lifestyle staff, and the allocation of lifestyle staff to specific units to drive more individualised lifestyle programs and communication.

At the time of the Site Audit, information about the consumer’s needs and preferences regarding services and supports for daily living was not effectively communicated within the service.

I find this requirement is Non-compliant.

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

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

The Assessment Team found the service did not demonstrate effective follow up from referrals to individuals, other organisations and providers for services and supports for daily living. For one consumer, while the service had referred them to appropriate psychological support services, the Assessment Team found the service did not demonstrate appropriate follow up when they did not wish to continue accessing the support. For another consumer, while an initial meeting had occurred regarding possible referral to another organisation, documentation reviewed by the Assessment Team was not clear whether this had been actioned.

In their response, the approved provider identified continuous improvement actions undertaken to ensure that timely and appropriate referrals for services and supports for daily living are made. This includes the development of a referral register, and weekly clinical review meeting to determine any appropriate referrals and required follow up.

While documentation reviewed by the Assessment Team did not demonstrate follow up with two referrals for consumers, one of these consumers did not wish to continue accessing the support, and staff identified the appropriate referral had been made for the other consumer. The service demonstrated that timely and appropriate referrals were made for consumers for psychological support and to other organisations.

I find this requirement is Compliant.

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

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

Most consumers interviewed by the Assessment Team were satisfied with the meals provided at the service in terms of their quality, quantity and variety. Kitchen staff could describe how they catered for consumer’s dietary needs and preferences, how they received feedback and how they ensured that portion sizes were suitable for consumers. Care plans reviewed of sampled consumers had information about their dietary needs and preferences, which aligned with consumer and staff interviews.

I find this requirement is Compliant.

### 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.

Most consumers interviewed by the Assessment Team considered they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed felt the environment was welcoming to them and their visitors. Consumers were satisfied with the cleanliness of the service environment.

Consumers interviewed by the Assessment Team were satisfied with the suitability and cleanliness of the furniture, fittings and equipment. They were also satisfied with the timely response to maintenance requests for their equipment.

Although most consumers were satisfied with the service environment, the Assessment Team observed that the service environment was not easy to understand and did not optimise each consumer’s sense of belonging, independence, interaction and function.

The service environment did not allow consumers to freely move indoors and outdoors, particularly in one unit, due to the keypad locked doors. The Assessment Team identified safety issues regarding the lack of fencing between one of the units and a main road. However, it is noted by the Assessment Team that management has acknowledged improvements are to be made with the service environment and has provided plans for improvement.

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) Non-compliant

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

While most consumers interviewed by the Assessment Team were satisfied with the service environment, observations by the Assessment Team identified that the service environment is not easy to understand and does not optimise each consumer’s sense of belonging, independence, interaction and function. The service had limited way-finding aids, particularly for the secure dementia unit. Shared consumer rooms did not allow consumers to utilise the available space. The Assessment Team identified the path between the buildings is relatively uphill and would not be suitable for consumers with mobility aids or who have a risk of falls especially if there is no staff assistance.

In their response, the approved provider identified continuous improvements actions undertaken since the Site Audit to the service environment. This includes ordering of signs to assist consumers with way-finding throughout the unit. The approved provider identified one of the units is being closed and consumers relocated to more suitable accommodation.

At the time of the Site Audit, the service environment was not easy to understand, and optimise each consumer’s sense of belonging, independence, interaction and function.

I find this requirement is Non-compliant.

### 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 observed that the service environment was not safe, well maintained, comfortable and enabling consumers to freely move between indoor and outdoor areas. The Assessment Team observed keypad locked doors in one of the units that made it harder for consumers to move outdoors. Equipment such as spare wheelchairs were found in corridors in one unit, creating a hazard for consumers moving throughout the unit. One consumer interviewed by the Assessment Team said they find it hard to go outside, in particular to the courtyard outside of their room because they use a walker to move around and there is no ramp for them to use. The Assessment Team identified the lack of fencing between one of the units and a main road that raises issues about the safety of consumers. The Assessment Team observed the garden area in one unit was not maintained and there were overgrown plants.

In their response, the approved provider identified continuous improvements actions undertaken since the Site Audit to the service environment. This includes unlocking doors for consumers to move freely indoors and outdoors, the planned installation of a fence between the unit identified in the Assessment Team’s report and the main road, additional store rooms located for spare equipment, and refurbishment to the indoor and outdoor service environment.

 At the time of the Site Audit, the Assessment Team observed that the service environment was not safe, well maintained, comfortable and enabling consumers to freely move between indoor and outdoor areas.

I find this requirement is Non-compliant.

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them 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 interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers interviewed demonstrated that they knew how to make a complaint, that management and staff were approachable and that they felt comfortable raising any concerns, issues or complaints. Consumers expressed confidence that management responds promptly to any concerns or complaints.

The Assessment Team found the service provides information regarding the complaints process through consumer and representative meetings, posters and written materials which detail the steps available to consumers and representatives on how to make complaints both internally and externally. A review of the comments, compliments and complaints’ register, staff education program, survey results and care planning documentation demonstrated the organisation takes appropriate action to review and action complaints.

Management and staff interviewed by the Assessment Team were able to describe how they respond to any complaints and how these are being used to improve the quality of care and services for individuals, and across the service. The service demonstrated that complaints are dealt with in a reasonable manner and in a reasonable timeframe.

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

## Assessment of Standard 6 Requirements

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

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

Consumers and representatives interviewed by the Assessment Team generally reported they are encouraged and supported to provide feedback and make complaints. The Assessment Team found the service provides information regarding the complaints process through consumer and representative meetings, posters and written materials which detail the steps available to consumers and representatives on how to make complaints both internally and externally.

I find this requirement is Compliant.

### 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.*

The service demonstrated that appropriate action is being taken, and open disclosure had generally been used in response to recent complaints. Some staff interviewed by the Assessment Team did not have a good understanding of open disclosure. However, the service had previously identified the need for training on open disclosure and partnering with consumers and their families to achieve agreed care outcomes, and this is on the priority education list.

I find this requirement is Compliant.

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

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

The service demonstrated processes to ensure that feedback and complaints are reviewed and used to improve the quality of care and services. The service is collating a new feedback register to trend and analysis feedback and identify improvements to be actioned.

I find this requirement is 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 records and performance reviews.

Overall, most consumers and representatives interviewed by the Assessment Team said the number and skill mix of staff was adequate for the delivery of care. The sampled consumers and representatives spoke optimistically about the new management and were reassured by the positive changes they are seeing in staff attitudes. Both consumers and staff interviewed recognised that having staff with regular shifts caring for the same consumers enables staff to provide consumers with individualised care.

The current approved provider has run the service since 16 April 2021. Some deficiencies identified by the Assessment Team across the Quality Standards demonstrates that members of the workforce do not have the skills and knowledge to effectively perform their roles. The new approved provider has implemented new competency, education and training processes; however, the outcomes of these new processes requires time to demonstrate if they are effective.

The Assessment Team found the service does not have systems in place to ensure that regular assessment, monitoring and review of the performance of each staff member is undertaken. While the new approved provider is planning to implement new performance management processes, at the time of the site audit, the majority of staff have not had a performance appraisal completed since 2019.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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.*

Overall, most consumers and representatives interviewed by the Assessment Team said the number and skill mix of staff was adequate for the delivery of safe and quality care. Based on the review of staff rosters, allocations sheets and shift vacancies over the fortnight prior to the Site Audit, the Assessment Team identified that shifts were generally filled by appropriately qualified staff. This was confirmed by interviews with management and staff. Prior to the Site Audit, the service had commenced a workforce review including implementing a master roster, analysis of the skill mix of the workforce, and drafting duty statements with input from staff.

I find this requirement is Compliant.

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

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

Consumers and representatives interviewed by the Assessment Team spoke optimistically about the new management and were reassured by the positive changes they are seeing in staff attitudes. Consumers said staff showed respect for their identify and diversity. Both consumers and staff interviewed by the Assessment Team said they were looking forward to staff having regular shifts and caring for the same consumers which will increase the ability of staff to know individual consumer’s identities, cultures and diversity.

I find this requirement is Compliant.

### 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 Assessment Team identified gaps in staff knowledge and competency that demonstrated staff do not have the required knowledge to effectively perform their roles. Some nursing staff did not demonstrate knowledge of appropriate pain assessment and management, an understanding of capacity to consent for consumers living with a cognitive impairment, and the identification of high impact and high prevalence risks for consumers. The Assessment Team found the new approved provider has implemented new competency and education processes, however the outcomes of these new processes require time to demonstrate if they are effective.

In their response, the approved provider identified continuous improvements actions undertaken since the Site Audit to ensure the workforce is competent and has the required knowledge for their roles. This includes the appointment of a senior care manager for greater clinical oversight, planned meetings and education for staff.

At the time of the Site Audit, the service did not demonstrate that staff have the required knowledge and competency to effectively perform their roles.

I find this requirement is Non-compliant.

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

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

The Assessment Team found the new approved provider has started to implemented systems to recruit, orientate, train, and support staff to deliver the outcomes required by the Quality Standards. However, the approved provider requires time to demonstrate these systems are effective. Deficiencies were identified by the Assessment Team across the Quality Standards, and some representatives interviewed identified areas where staff could use additional training. At the time of the Site Audit, the service did not demonstrate a system to identify staff training needs and feed this into the training schedule.

In their response, the approved provider identified continuous improvements actions undertaken since the Site Audit in relation to staff education and training. The approved provider’s response includes planned action to ensure effective systems to identify staff training needs and feed this into the training schedule.

At the time of the Site Audit, the service did not demonstrate effective systems in place to recruit, orientate, train, and support staff to deliver the outcomes required by the Quality Standards.

I find this requirement is Non-compliant.

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

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

#### The Assessment Team found the service does not have systems in place to ensure that regular assessment, monitoring and review of the performance of each staff member is undertaken. While the new approved provider is planning to implement new performance management processes, at the time of the Site Audit, the majority of staff had not had a performance appraisal completed since 2019 or earlier. The Assessment Team found the service requires time to implement effective systems for the regular assessment, monitoring and review of the performance of each staff member.

In their response, the approved provider identified that processes have been implemented since the Site Audit to start regular staff performance appraisals in July 2021.

At the time of the Site Audit, the service did not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

I find this requirement is Non-compliant.

# 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 (as assessed through other Standards).

Some consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Other consumers interviewed were optimistic about the improvements that are occurring as a result of the new approved provider taking over the service.

The Assessment Team found the approved provider’s governance systems were still being implemented at the service and were not demonstrated to be effective at time of the Site Audit. The service has a documented risk management framework and policies, however these were not found to be effective in managing the high impact or high prevalence risks associated with the care of consumers. The service has a clinical governance framework and policies relating to antimicrobial stewardship, minimisation of restraint and open disclosure. Staff interviewed by the Assessment Team were generally able to demonstrate knowledge and practices in relation to these policies.

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.*

The service demonstrated that consumers are being offered the opportunity to be involved in the development, delivery and evaluation of care and services. The Assessment Team found that consumers are given the opportunity to be involved in various committees being formed to shape the care and services including health and safety, continuous improvement, food, and the refurbishment of the service environment.

I find this requirement is Compliant.

### 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 Assessment Team found the approved provider has governance structures which they were implementing at the service at the time of the Site Audit. Early indications identified by the Assessment Team are that the governing body will be effective in promoting a culture of safe, inclusive and quality care and services. However,the approved provider had only been running the service for less than four weeks at the time of the Site Audit. The Assessment Team found this was insufficient time for the governing body to satisfactorily demonstrate how it promotes a culture of quality services or how it executes its accountabilities for the delivery of safe and quality care. The Assessment Team found the governing body had started providing information to staff and consumers on the Quality Standards, however this had not been sustained.

In their response, the approved provider demonstrated the governing body continues to work towards promoting a culture of safe, inclusive and quality care and services and is accountable for their delivery. The approved provider’s response identifies actions taken since the Site Audit to address the gaps identified by the Assessment Team regarding information provided on the Quality Standards.

The service requires time to demonstrate the governing body will be effective in promoting a culture of safe, inclusive and quality care and services and be accountable for their delivery.

I find this requirement is Non-compliant.

### 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 approved provider’s governance systems are currently being implemented at the service. The Assessment Team found these systems were not yet effective in relation to investigation of clinical incident data to improve outcomes for consumers, and workforce governance including training, competency and performance review systems for staff.

In their response, the approved provider identified continuous improvements actions undertaken since the Site Audit in relation to the investigation of clinical incident data and workforce governance.

At the time of the Site Audit, the service did not demonstrate the approved provider’s governance systems were effectively implemented. The service requires time to fully implement these governance systems and evaluate the effectiveness of the systems to meet this requirement.

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

The Assessment Team found the service has a documented risk management framework, and policies relating to the management of high impact and high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live their best life.

However, the Assessment Team found that the service did not consistently investigate incidents to establish the cause and identify interventions to minimise the risk of the incident reoccurring. The Assessment Team found the service did not demonstrate the implementation of effective processes to manage high impact or high prevalence risks including infection control, behaviour management, falls management and risks associated with the significant number of medication incidents.

In their response, the approved provider identified continuous improvements actions undertaken since the Site Audit in relation to the investigation of incidents and to better manage high impact or high prevalence risks associated with the care of consumers. The approved provider’s response identifies that the approved provider’s new risk management policies and systems are currently being implemented at the service.

At the time of the Site Audit, the service did not demonstrate that risk management systems and practices were consistently effective in minimising risks for consumers. The service requires time to fully implement the approved provider’s risk management policies and systems and evaluate the effectiveness of the systems to meet this requirement.

I find this requirement is Non-compliant.

### Requirement 8(3)(e) Compliant

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

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

The Assessment team found the service has a clinical governance framework and policies relating to antimicrobial stewardship, minimisation of restraint and open disclosure. Staff interviewed by the Assessment Team were generally able to demonstrate knowledge and practices in relation to these policies. Management interviewed were able to identify changes that had been made to the way that care and services were planned, delivered or evaluated in line with these policies.

I find this requirement is 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 1(3)(f)

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

The approved provider must demonstrate:

* Consumer’s personal information is protected from not-intended persons and is kept confidential.
* 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:

* Care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer.
* Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Chemical and environmental restraint is best practice including appropriately reviewed and monitored, and includes consultation and informed consent with the consumer and/or representative.
* Consumer pain and skin integrity is appropriately assessed, managed and monitored to optimise their health and well-being.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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:

* The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. This includes in relation to infection control, behaviour management, falls management and risks associated with the significant number of medication incidents.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 3(3)(g)

*Minimisation of infection related risks through implementing:*

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

The approved provider must demonstrate:

* The service has implemented practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.
* The service has effective surveillance processes in place to monitor and prevent infections.
* 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:

* Services and supports for daily living meet each consumer’s needs, goals and preferences, and optimise their independence, health, well-being and quality of life.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 4(3)(d)

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

The approved provider must demonstrate:

* Information about the consumer’s needs and preferences regarding services and supports for daily living is effectively communicated within the service.
* Information about consumer’s services and supports for daily living is individualised and comprehensive to ensure they get the services and supports that meet their needs, goals and preferences.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 5(3)(a)

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

The approved provider must demonstrate:

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

* The service environment is safe, clean, well maintained, comfortable, and enables consumers to move freely indoors and outdoors.
* The service has effective processes in place to identify and actions risks to the safety, cleanliness and maintenance of the service environment.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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:

* Staff are competent and have the knowledge required to effectively perform their roles. This includes but is not limited to appropriate pain assessment and management, an understanding of capacity to consent for consumers living with a cognitive impairment, and the identification of high impact and high prevalence risks for consumers.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 7(3)(d)

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

The approved provider must demonstrate:

* Staff are trained and supported to deliver the outcomes required by the Quality Standards.
* Effective systems to identify staff training needs and feed this into the training schedule.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 7(3)(e)

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

The approved provider must demonstrate:

* A system to ensure the regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 8(3)(b)

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

The approved provider must demonstrate:

* The governing body is effective in promoting a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* 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:

* Organisation wide governance systems are implemented at the service.
* Implemented governance systems are evaluated by the service as effective in information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.
* 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The approved provider must demonstrate:

* The service has implemented the approved provider’s risk management policies and systems.
* Implemented risk management systems are effective in managing and preventing incidents and managing 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.