Mildred Symons House

Performance Report

15 Lenna Place   
Jannali NSW 2226  
Phone number: 02 8543 7200

**Commission ID:** 2640

**Provider name:** Anglican Community Services

**Review Audit date:** 29 July 2020 to 3 August 2020

**Date of Performance Report:** 17 September 2020

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Review Audit; the Review 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 Review Audit report received 21 August 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 sampled consumers consider that they are treated with dignity and respect, can maintain their identity, and their culture and diversity is valued.

The service has processes to provide culturally safe care and services.

The organisation has policies and procedures to guide staff in supporting consumers to take risks to enable them to live the best life they can.

However, most consumers (or a representative on their behalf) indicated they have not had the opportunity for input into planning of the consumer’s care and services.

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.*

The assessment team found that consumers and representatives repeatedly spoke with appreciation and regard for the service’s staff. Consumers believe they are treated with dignity and respect, can maintain their identity and their culture and diversity is valued.

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

*Care and services are culturally safe.*

The assessment team found that the service has processes to provide culturally safe care and services, and that consumers (and representatives on their behalf) described ways that consumer’s cultural, spiritual and emotional needs are met.

### 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 assessment team found that most consumers (or a representative on their behalf) indicated they have not had the opportunity for input into planning of the consumer’s care and services.

While staff show awareness of practices to support choices in relation to day to day support, they did not demonstrate understanding of requirements in relation to making decisions about when family, friends, carers or others should be involved in a consumer’s care and the involvement of substitute decision makers in decision making.

In their response, the approved provider provided the following information:

* The service has a policy and a process relating to consumer and representative/decision maker consultation.
  + However, the service has not complied with their policy which states a case conference to be held following entry to the service, annually, on change in the consumer’s condition including end of life care, if requested and/or if there is a concern raised about care provision.
* Of the named consumers where information was documented relating to consumer consultation and having a case conference:
  + The service acknowledges, for four consumers, no case conference was held in the previous two years although said the consumers are satisfied with care provision.
    - One of the four consumers had a critical incident report resulting in injury and changes to their care.
  + Regarding another consumer, the service acknowledges the consumer has not had a case conference in the previous two years and the service has undertaken to arrange one.
  + A case conference was held with a consumer’s daughter. The record of the meeting does not include that the consumer, who is able to express views about their goals and preferences, was present.
* In relation to appointed or substitute decision makers:
  + The service acknowledges the documented procedures in relation to obtaining consent from the Public Guardian in relation to consumers have not been followed.
  + The organisation has made improvements, following the review audit, and developed a communication policy in relation to requirements for consumers with the Public Guardian; this is a new policy developed in August 2020.
  + The Anglicare Consent and Capacity document does provide information about the gathering of information relating to enduring guardians and power of attorney however staff at the Mildred Symons House did not demonstrate an understanding of the role of enduring guardians or the need to consult them.

Although I acknowledge these matters and that improvements have or will be made in relation to consultation, I am of the view that at the time of the Review Audit the approved provider did not comply with this requirement as consumers are not supported to exercise choice and independence in relation to the matters set out above, and that these improvements will take time to become embedded.

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

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

The organisation has policies and procedures to guide staff in supporting consumers to take risks to enable them to live the best life they can. All consumers sampled stated that there was nothing they could think of that they were prevented from doing, and the only restrictions related to COVID19 which they understood to be necessary.

### 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.*

The service provides information to each consumer in a range of ways. Information is generally clear, easy to understand and enables consumers to exercise choice.

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

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

The service has processes which are followed by staff to ensure that consumers’ privacy is respected and their personal information is kept confidential.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Most representatives said they are kept informed of changes in the consumer’s condition or when an incident occurs however do not have direct input into assessments and care planning.

For consumers who have recently entered the service, assessment and care planning has not addressed their individual needs in relation to falls risk and depression screening.

The service demonstrates that most consumers have shared their goals and preferences in relation to advanced care planning and end of life wishes.

In relation to other current care needs, these are not identified or addressed in relation to consumer goal setting and individual continence assessment and planning. When risks emerge including in relation to depression, pain and falls this is not routinely investigated, re-assessed and appropriate action is not taken to prevent reoccurrence and further deterioration, including further meaningful review of the care and services plan.

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 Assessment Team found that, for the consumers sampled, care and service records did not provide evidence of assessment and planning that considers risk to the health and well-being of consumers. For example:

* Assessments have not occurred as directed by the entry assessment instructions. A consumer who is living with Parkinson’s disease and has a history of falls did not a falls risk assessment conducted on the day their entry as directed. Although a medical directive of daily blood pressure monitoring for postural hypotension was made on 26 June 2020 this did not occur until 17 July 2020.
* A consumer who moved into the service in late 2019 and is living with moderate dementia, confusion, depression and has a history of hypoactive delirium. There were signs of depression although no screening was completed until 1 June 2020; the medical officer reviewed them on 1 June 2020 and prescribed antidepressants.

In their response, the approved provider stated:

* The service has initial processes including assessments to inform care planning and delivery of safe and effective care.
* The organisation has made improvements to initial assessment and monitoring systems including clinical risk tool to support management and additional auditing and benchmarking systems.
* A new Admission Checklist developed in line with 28-day assessment procedure

While I acknowledge the approved provider’s response and the improvements it has or will implement, I am of the view that 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 always inform the delivery of safe and/or effective care.

### 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 assessment team found the service demonstrates that most consumers sampled have shared their goals and preferences in relation to advanced care planning and end of life wishes. However, in relation to other current care needs, these are not identified or addressed in relation to consumer goal setting and individual continence assessment and planning. Consumers’ personal needs, goals and preferences are not consistently identified and shared within the care team.

In their response, the approved provider stated:

* There had been no fluid balance monitoring of the oral intake of a consumer who required this.
* Consumer goals are not always reflected in care planning documents.
* Continence and toileting assessments have not identified needs and/or preferences.
* There had not been a depression scale completed for a consumer displaying symptoms of and having a history of depression.
  + These omissions have been rectified following feedback.
* Individualised toileting programs were not evident. A continuous improvement plan is in place to improve staff understanding of individual consumer needs and preferences.
* The organisation has a range of policies and procedures in relation to palliative and end of life care to guide staff as well as the support of a clinical nurse consultant. There was positive feedback in relation to end of life planning.

Although action occurred as a result of the review audit findings and also improvements are planned, I am of the view that the approved provider did not comply with this requirement at the time of the Review Audit and that the improvements will require time to become embedded.

### 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 review audit identifies processes including case conferences that are intended to identify consumers’ wishes however this has not been demonstrated as accurate, current or effective. Assessment and care planning do not demonstrate goals, needs and preferences established by consumers themselves. Where case conferencing has occurred it does not consistently result in changes made consistent with the consumer’s wishes.

In their response, the approved provider stated

* In relation to a consumer’s stated preference for a male to provide personal care; the service accepts this preference was not in the care plan which has been rectified.
* Improvements have been made to support the identification of the consumer’s person responsible and the level of involvement the consumers wants them to have in relation decision making.
* Improvements are being made to the computerised assessment documentation to include involvement of alternate decision makers.

I am of the view that the approved provider does not comply with this requirement as the organisation has not demonstrated 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.

### 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 review audit report identifies management and staff interviews did not demonstrate an awareness of the requirement to make the care plan readily available to consumers or their representatives. While staff said that they rely on the case conferencing meetings to communicate care planning to consumers or their representatives they did not know about providing a copy of the care plan to consumers (or representatives). Feedback from consumers (or representatives on their behalf) supports they are not aware of their care plan and do not know about, or have not had, the care plan readily available to them.

In their response, the approved provider stated:

* It acknowledged consumers and/or representatives are not aware they are able to have a copy of the consumer care plan. Improvements are planned with the inclusion of this information in preadmission interviews, consumer forums, newsletters and during assessments and care planning.

I am of the view that the approved provider does not comply with this requirement as assessment and planning has not been effectively communicated to the consumer and documented in a care and services plan; care plans are not 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 review audit report identifies while care plans are generally being reviewed regularly by the registered nurses, meaningful review of care plans is not conducted when consumers’ condition or needs change and when incidents occur. A lack of comprehensive investigation of incidents, including critical incidents means that strategies to minimise the risk of reoccurrence are not identified and actioned.

Recent changes not reflected in care plans and/or assessments included emotional loss, pain, falls, continence and toileting needs, behaviours.

Behaviour charts are kept for consumers who demonstrate responsive behaviour however overall the interventions are not evaluated and therefore do not lead to review of the effectiveness of current interventions or the establishment of new interventions.

In their response, the approved provider stated:

* That following feedback the named consumers have had their care plans updated. Staff have been prompted in their obligations.
* There are processes in place for initial and regular assessments including following incidents, although it accepted the review audit identified reviews and consumer needs are not always reflected in care plans.
  + Compulsory staff training for registered nurses is to be undertaken. Four self-directed learning modules are to be undertaken within a month.
  + A clinical risk management tool is to be implemented.

I am of the view that the approved provider does not comply with this requirement as care and services are not always regularly reviewed for effectiveness, and/or 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

Overall consumers (or representatives on their behalf) considered that they receive personal and clinical care that is safe and right for them.

For example:

* Consumers (or their representatives on their behalf) said in most cases they receive the care they need. They said generally staff know them and communicate well about their needs. However, the availability of staff impacts this.
* Consumers (or representatives on their behalf) said they believe the consumers have ready access to medical and allied health professionals when they need it.
* However, one consumer representative said staff are not able to identify triggers to the consumer’s behaviour and do not effectively manage the behaviour due to the availability of staff.

While the needs and preferences of consumers nearing the end of life have been met, consumers have not consistently received clinical care that is best practice and optimises their health and wellbeing. The use of chemical restraint has not been adequately identified and managed. While the Assessment Team received some positive feedback, the review of care and service records does not support that personal and clinical care is appropriate and safe for all consumers sampled. Deficits were found in infection control and antimicrobial stewardship.

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

### Assessment of Standard 3 Requirements

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

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

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

The assessment team found that each consumer does not get safe and effective personal care and/or, clinical care that is tailored to their needs or optimises their health and well-being.

The behaviour of consumers living with dementia is not fully assessed and strategies are not developed to minimise the risk of reoccurrence, with impact including consumers assaulting other consumers.

Chemical restraint is not used as a last resort and physical causes of escalation in behaviour are not always explored. While consumers (and representatives on their behalf) generally expressed satisfaction overall with the quality of care, they went on to talk about care deficits for the consumer and the review of care and service records indicate consumers do not receive appropriate care including adequate falls prevention, pain management and clinical monitoring.

In their response, the approved provider stated:

* The service acknowledges there have been instances where care provision has not been best practice.
* The implementation of the clinical risk tool and increased auditing, with benchmarking and monitoring will improve governance of the service.

I am of the view that the approved provider does not comply with this requirement as each consumer does not get safe and effective personal care and/or clinical care.

### 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 while there is a system for incident management incidents of high impact and high prevalence risks for consumers do not have adequate interventions to minimise risk, including:

* Psychotropic medication use is high, and the system is not effectively working to minimise use. A register of psychotropic medication shows that 95 consumers (77%) are prescribed at least one psychotropic medication with many up to three different psychotropic medications.
* Negative outcomes have been identified in relation to consumer falls, pain management, medication management and behaviour management.
* The rate of medication incidents where consumers do not receive their medications is high, including relating to nil stock of medication, with impact on consumers.
* While some behaviour is monitored and reported, comprehensive behaviour management plans are not in place for consumers who have assaulted other consumers.

In their response, the approved provider:

* Stated that the implementation of the clinical risk tool and increased auditing, with benchmarking and monitoring, will improve governance of the service
* Provided details of actions taken in relation to named consumers

I acknowledge these submissions and the actions the approved provider has or will take to address the issues identified. However, I am of the view that the approved provider does not comply with this requirement and that the improvements will take time to become embedded.

### 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.*

The review of two consumers who have recently passed away at the service and interviews with staff identifies that consumers nearing end of life are cared for according to their needs and preferences.

### 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.*

Service staff recognise and respond in a timely manner when there is a change in some consumers’ health, function and condition. The review of care and service records indicates timely escalation to the registered nurses and medical officers in response to an individual occurrence of a consumer’s condition changing.

### 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.*

Overall sharing of information has occurred and information in care and services records is generally correct and consistent. Consumers (or representatives on their behalf) are generally satisfied with communication within the organisation.

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

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

Consumers (or representatives on their behalf) expressed satisfaction with their access to medical and allied health services. Care and service records indicate appropriate and timely referral to providers of services in most cases.

### 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 organisation has policies and procedures relating to antimicrobial stewardship including the process to minimise the use of antibiotics and staff demonstrated knowledge of how this works in their day to day practice. However, there was lack of action to identify if one consumer had an infection requiring treatment.

The service has generally implemented appropriate COVID-19 preparedness procedures and consumers spoke highly of the service’s response, however there were some issues in relation to the social distancing arrangements and staff and temporary (agency) staff training.

Some issues were also identified in relation to infection control more broadly, including the management of waste and cleaning.

Gaps were found in infection control management relating to antimicrobial stewardship including:

* Delays in obtaining and testing of urine following medical officer requests
* A consumer was twice prescribed antibiotics for a wound infection in July 2020. In both cases no infection screening report has been submitted.

In their response, the approved provider:

* Acknowledged the feedback relating to infection control and antimicrobial stewardship. The approved provider intends reviewing infection control with management of the service and providing further training for staff.
* Stated that refresher training will be provided for registered nurses in relation to antimicrobial stewardship and infection control.
* Indicated that consumers named in the review audit report have been reviewed.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate appropriate knowledge and practice concerning infection control and antimicrobial stewardship.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Most consumers sampled 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 sampled 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.

For example:

* + Most consumers said they are supported by the service to do things they like and they are supported to keep in touch with people who are important to them. This includes the use of video conferencing which was introduced during COVID-19 visiting restrictions and which will continue.
  + Some consumers expressed some dissatisfaction with the meals, however most consumers said they are satisfied.
  + While most consumers indicated their satisfaction with lifestyle services and that they are able to optimise the independence, health and well-being and quality of life, a number of consumers expressed dissatisfaction with lifestyle services and/or their quality of life.

The service does not have effective systems to monitor the implementation and evaluation of lifestyle services for individual consumers. It was not demonstrated that all consumers are receiving appropriate lifestyle services, that they participate in activities of interest to them, or that their health, well-being and quality of life is optimised.

While observations and interviews with consumers, representatives and staff show equipment is generally safe, clean and well maintained, it was not demonstrated that equipment is suitable for some consumers.

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

## Assessment of Standard 4 Requirements

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

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

The assessment team found the service does not have processes to effectively monitor the implementation of lifestyle services to ensure that consumers receive effective care and services to support their health, wellbeing and quality of life. Consumers who are unable or do not wish to attend group activities receive limited lifestyle supports.

* + The review audit report identifies while most feedback received was positive, some consumers (or a representative on their behalf) said consumers’ needs and preferences are not supported.
  + Deficits were found in one-to-one lifestyle participation. For example, records for July 2020 for a consumer who does not participate in group activities show the only participation for that consumer was on 1, 7 and 9 July 2020 for 10 minutes; 10 and 14 July 2020 for 15 minutes; and 24 July 2020 for 5 minutes.
  + Key lifestyle staff said that they were aware of concerns that the did not have systems to document and evaluate consumer engagement. The assessment team reported that the organisation was currently reviewing this, with a meeting taking place during the performance assessment.
  + One-to-one engagements with consumers is documented on a participation form and a membership form lists the consumers who are normally interested in certain group activities; it does not document whether the consumer actually attended the activity.

The approved provider’s response included the following information:

* + There was predominately positive feedback from consumers and representatives.
  + An improvement plan has been created to ensure consistent use of the activity evaluation and participation form to evidence lifestyle participation and enjoyment by the consumer.
  + That the Life Enrichment Team continually seeks to be aware of changes to resident needs and communicates these changed needs to the wider home staff

I acknowledge this information, however I am of the view that the approved provider does not comply with this requirement as it was unable to demonstrate that 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) Compliant

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

The assessment team found that consumer feedback was generally positive. Staff provided examples of emotional, spiritual and psychological support for consumers, including through chaplaincy and pastoral care.

### 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 assessment team found consumers are generally supported to have social and personal relationships, however this did not occur in relation to two consumers who were engaged in intimate behaviour.

The assessment team also found while many consumers reported that they are able to do things of interest to them, this was not demonstrated for some consumers living with dementia or other impairments which prevent them from participating in group activities or for consumers who do not enjoy the group activities on offer. Examples were provided where consumers with reactive behaviours were said to wander because they are bored.

In their response, the approved provider stated:

* + There was predominately positive feedback from consumers and representatives about the support provided in relation to services and supports for daily living including participation in the community .
  + The service does not accept the assessment teams’ feedback about their systems to monitor consumer’s engagement in activities of interest to them.
  + A continuous improvement plan is in place for a staff refresher on sexuality and intimacy.

I acknowledge this information however I am satisfied that the service was unable to demonstrate that each consumer receives services and supports for daily living, including support to maintain relationships and participation in activities. The approved provider does not comply with this requirement.

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

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

### The service has processes to communicate information about consumers’ condition, needs and preferences as appropriate. Consumers and/or their representatives said the staff are aware of their needs and preferences

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

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

The lifestyle coordinator provided some examples of referrals to other organisations and providers in relation to the provision of volunteers. Management and staff demonstrated an awareness of other services they could refer consumers to.

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

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

Most consumers and representatives said the consumer likes the meals. All consumers interviewed (and representatives on their behalf) said the consumer gets enough to eat and most said they like the meals served and provided information about the menu being varied.

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

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

The assessment team found that, while observations and interviews with consumers, representatives and staff show equipment is generally safe, clean and well maintained, it was not demonstrated that equipment is suitable for some consumers. A system was not in place for consumers with an assessed need for an alternating air mattress to have this set up and maintained correctly for them. Air mattresses were not set correctly for the pressure relief of some consumers, including one consumer with a stage two pressure injury. It was not demonstrated that a consumer has been provided with a bed that is right for them, that two consumers have been assisted to access assessment to identify a suitable chair for them, or that call bells are consistently put in suitable places for consumers to be able to use them.

In its response the approved provider:

* + Acknowledged there was no system for the monitoring of air pressure mattresses or the accuracy of the setting for each consumer.
  + Stated that a floorline bed has been ordered for trial for the consumer who did not have an appropriate bed.

I acknowledge the improvements that have or will be implemented, however I am of the view that as at the time of the Review Audit the approved provider did not comply with this requirement as where equipment is provided, it was not always suitable for consumers.

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

* Consumers said they appreciate having their own room and being able to have privacy by closing the door at times, but also having common areas they can go to and spend time with others.
* Consumers said equipment they use which has needed repair has been fixed by the maintenance staff in a timely manner.

Observations show the service environment is welcoming and generally easy to understand. Observations show the service environment, furniture, fittings and equipment are generally safe, clean, well maintained and comfortable. Staff interviewed, and documentation provided, generally confirms this.

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

## Assessment of Standard 5 Requirements

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

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

The Assessment Team observed that the service environment is welcoming, has communal spaces for socialisation and lounge areas for consumers to receive guests.

### Requirement 5(3)(b) Compliant

*The service environment:*

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

Observations, staff interviews and maintenance records show the service environment is safe and comfortable and is generally clean and well maintained; and consumers and representatives confirmed this.

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

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

Observations, staff interviews and maintenance records show furniture, fittings and equipment are safe, generally clean and well maintained, and consumers and representatives confirmed this.

# 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 (and representatives on their behalf) considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

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

The service has not ensured that feedback and complaints are reviewed and used to improve the quality of care and services.

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

## Assessment of Standard 6 Requirements

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

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

Interviews with consumers, representatives and staff, observations made and review of documentation shows consumers and their representatives are encouraged and supported to provide feedback and make complaints.

### Requirement 6(3)(b) Compliant

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

Interviews with consumers, representatives and staff, observations made and review of documentation shows consumers and their representatives 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.*

Records generally show the complaints have been appropriately actioned and open disclosure implemented. Sampled consumer representatives who had made a complaint/s said they were satisfied with the management and resolution of a complaint.

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

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

The assessment team found that the service has not ensured that feedback and complaints are reviewed and used to improve the quality of care and services. The assessment team found that recently complaints have been made relating to care provision, and while individual complaints were responded to the nature of the complaints was not systemically reviewed to bring about service wide improvements. There is limited evidence of analysis of complaints to identify the cause of complaint trends. The assessment team found the service’s continuous quality improvement plan did not show any improvements stemming from complaints.

In their response, the approved provider stated that it acknowledged the feedback from the assessment team, and that a continuous improvement plan has been raised to prompt staff awareness of use of feedback for improvement purposes; including results of investigation following incidents.

I am of the view that the approved provider does not comply with this requirement as feedback and complaints are not always reviewed and/or used to improve the quality of care and services.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Some consumers interviewed provided positive feedback about staff availability to meet their needs and preferences. This included registered nurses, care staff, lifestyle staff and maintenance staff. Consumers interviewed (and representatives on their behalf) consistently provided feedback that the staff are kind and caring to consumers.

Interviews with staff, observations made and records reviewed generally showed staff are kind and caring to consumers and showed the performance of the staff is regularly monitored and reviewed.

While some consumers say they get the help they need from the staff, many consumers (and representatives on their behalf) said staff rush, there are delays in care and assistance being provided, and staff do not provide care consistent with the consumer’s needs and preferences. Call bell and sensor mat response time data shows some calls/alerts are not responded to in a timely manner. It has not been demonstrated that rostering and allocation of staff is adequate to meet the needs of some consumers, including those behaviours of concern to keep them and other consumers safe. While recruitment is underway to cover shifts on the roster, there is significant use of agency staff at this time and there is information about adverse impact of this on consumers.

Some consumer representatives provided feedback indicating staff, including temporary (agency) personnel, do not have the knowledge required to effectively perform their role. The organisation has some documented staff core competencies and mandatory skills assessments for staff to complete, however some skills assessments are not scheduled to occur regularly or often and in any case they are not being completed by all relevant staff. When incidents and errors have occurred in volume, the competency of the workforce has not been reviewed.

Records provided do not show that all staff have been trained on topics the organisation has deemed mandatory for them. It was not demonstrated there are effective processes for identifying staff training needs, feeding these into the training schedule and enabling staff to attend. Despite adverse trends in consumer incidents and errors, training has not been provided for staff or has not been well attended.

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

## Assessment of Standard 7 Requirements

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

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

The assessment team found that while some consumers say they get the help they need from the staff, many consumers (and representatives on their behalf) said staff rush, there are delays in care and assistance being provided, and staff do not provide care consistent with the consumer’s needs and preferences. Call bell and sensor mat response time data shows some calls/alerts are not responded to in a timely manner. It has not been demonstrated that rostering and allocation of staff is adequate to meet the needs of some consumers, such as those with behaviours of concern to keep them and other consumers safe. While recruitment is underway to cover shifts on the roster, there is significant use of agency staff at this time and there is information about adverse impact of this on consumers. A complaint by a staff member relating to their capacity to provide safe care for consumers living with dementia did not result in improvements to staffing levels.

In their response, the approved provider stated:

* It acknowledged the feedback from the assessors and indicated that a roster review is being undertaken
* An additional full time role of care coordinator commenced mid-August 2020. This position is to assist the care manager and registered nurses.
* The staff complaint resulted in staff consultation and restructuring of staff. They state no further concerns were raised.

I acknowledge this information, however I am of the view that the approved provider does not adequately demonstrate that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

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

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

Consumers and representatives interviewed said staff are kind and caring towards consumers. Observations made generally showed staff being kind and caring towards consumers.

### 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 found some consumer representatives provided feedback indicating staff, including temporary (agency) personnel did not have the knowledge required to effectively perform their role. The organisation has some documented core competencies for staff and mandatory skills assessments for staff to complete, however they are not being completed by all relevant staff. When incidents and errors have occurred in volume, the competency of the workforce has not been reviewed. Issues include:

* For registered nurses there is no mandatory medication management training or competency assessment but the registered nurses undertake self-directed training during their induction. Gaps were identified in care staff competency to support some aspects of medication administration.
* Training documentation is not aligned for tracking of compliance with mandatory training. Staff identified as not having completed mandatory training
* Deficits were found in the orientation of agency staff.

In their response, the approved provider stated:

* An improvement plan is underway to improve tracking of staff compliance with mandatory training.
* Auditing of the system is underway to identify gaps in the training monitoring system and in staff compliance.
* A process will be put in place to ensure staff attendance at mandatory and other training.
* The learning and development team are prioritising a competency for care staff checking S8 medications with registered nurses.

I am of the view that the approved provider does not comply with this requirement as consumers are not adequately demonstrate that 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.*

The assessment team found records provided do not show that all staff have been trained on topics the organisation has deemed mandatory for them. It was not demonstrated there are effective processes for identifying staff training needs, feeding these into the training schedule and enabling staff to attend. Gaps identified included deficits in registered nurse knowledge and skills. Despite adverse trends in consumer incidents and errors, training has not been provided for staff or has not been well attended.

In their response, the approved provider stated:

* An improvement plan is underway to improve tracking of staff compliance with mandatory training.
* Auditing of the system is underway to identify gaps in the training monitoring system and in staff compliance.
* A new Anglicare induction program commenced for all residential services in September 2020 and workplace trainers have undertaken training relating to this.
* The registered nurse induction program is under review and will include restraint, antimicrobial stewardship and open disclosure.

I am of the view that the approved provider does not comply with this requirement as adequately demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

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

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

The organisation has a performance management framework and management provided records showing follow-up with some staff following incidents and a complaint which occurred. Staff reported, and records show, that their performance is regularly appraised and they receive feedback about areas for improvement.

# 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

Documentation endorsed by the organisation’s governing body promotes a culture of safe, inclusive and quality care and services.

Effective organisation wide governance systems have not been demonstrated at the service in relation to information management, continuous improvement, workforce governance, regulatory compliance, or feedback and complaints.

Effective risk management systems and practices have not been demonstrated in relation to managing high-impact and high-prevalence risks associated with the care of consumers, responding to allegations of abuse of consumers, or supporting all consumers to live the best life they can.

An effective clinical care framework has not been demonstrated in relation to minimising the use of restraint or open disclosure.

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.*

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

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

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

The assessment team found that documentation endorsed by the organisation’s governing body promotes a culture of safe, inclusive and quality care and services although found relevant information about service performance against the Quality Standards and about critical incidents or significant matters concerning the care of consumers at the service had not been provided to the governing body and nor is it evident that it has been requested by the governing body.

In their response, the approved provider stated:

* There has always been auditing undertaken in Anglicare services through the Combined Scorecard Result. There is an additional commercial auditing and benchmarking program to commence which will enhance existing systems. The organisation and each service uses the scorecard system to monitor consumer incidents including reportable incidents, care provision including restraint, and complaints.
* The organisation and each service uses a risk matrix system to support escalation of incidents of concern.

I have reviewed this information and consider that the approved provider is compliant with this requirement.

### 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 effective organisation wide governance systems have not been demonstrated at this service in relation to information management, continuous improvement, workforce governance, regulatory compliance, or feedback and complaints. While some of these gaps have been identified and there are improvement plans, these are in the early stages of implementation.

In their response, the approved provider gave some clarity on the currency on their policies and procedures on feedback and complaints and references to open disclosure, however I do not consider the system is effective. I have identified, in relation to Standard 6, that information about internal complaints is not being analysed at the service or at organisational level to improve the quality of care and services.

With regard to regulatory compliance, the approved provider submitted its procedure on the use of restraint which contained links to relevant Principles. However, in relation to Standard 3 I have identified that the service’s system is not working effectively to minimise the use of psychotropic medication.

I am of the view that the approved provider does not comply with this requirement.

### 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 assessment team found effective risk management systems and practices have not been demonstrated in relation to managing high-impact and high-prevalence risks associated with the care of consumers, responding to allegations of abuse of consumers, or supporting all consumers to live the best life they can.

The assessment team found that whilst a documented clinical framework is in place, it has not been effective in identifying high impact or high prevalence risks associated with the care of consumers. I note I have identified concerns in relation to Standards One, Two, Three and Four which are indicative of deficiencies in the risk management systems in supporting consumers to live the best life they can. Staff were asked whether policies had been discussed with them and what they meant for them in a practical way.

The assessment team found in relation to identifying and responding to abuse and neglect of consumers, compulsory reporting obligations have predominantly been met with the behavioural plan of care of consumers involved as aggressors in incidents of consumer to consumer physical aggression being reviewed within 24 hours. However while legislative requirements have generally been met in relation to the reporting of incidents, factors contributing to the incidents are not being investigated and strategies are not being implemented in a timely manner to mitigate the risk of future incidents through effective management of responsive behaviours.

In their response, the approved provider stated:

* The manager or care manager is responsible for the escalation of critical and major incidents to the chairman of the board of the clinical governance committee. The risk matrix supports this system.
* The organisation has a Supporting resident autonomy decision making procedure.
* In relation to the lack of root cause analysis of incidents the approved provider stated in relation to a specific incident the cause was a trip on the leg of a table.
  + However, the review audit report states:
    - The investigation of the incident is limited and does not include a comprehensive review of (the consumer) and the increasing falls risk over the previous weeks.
    - The review audit report also cites other consumer incidents where there has not been analysis of the cause of the incidents.
* A clinical risk register is to be introduced throughout the organisation and in each service.

While I acknowledge the submissions of the approved provider, I am of the view that it does not comply with this requirement as the service did not adequately demonstrate that they have effective risk management systems and practices.

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

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

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

The assessment team found an effective clinical care framework has not been demonstrated in relation to minimising the use of restraint or open disclosure.

The assessment team found that whilst a documented clinical governance framework is in place, it has not ensured that clinical needs are assessed or that clinical needs are met. Refer to the compliance decision concerning Standard 2 and Standard 3 regarding multiple deficiencies identified in relation to assessment, planning and delivery of clinical care.

Deficits were identified with antimicrobial stewardship. Staff did not follow procedures in terms of monitoring of infections and processes prior to the prescribing of antibiotics. The Care Manager said she has engaged with medical officers to ensure they are aware of organisational processes.

There is a high rate of psychotropic medications ordered for consumers (76%), and organisational/service management did not demonstrate an understanding of when this constitutes chemical restraint for individual consumers. The assessment team found that psychotropic medication has not been used as a last resort in response to consumer behaviours.

The assessment team identified deficiencies in relation to open disclosure, however I have not identified any concerns in relation to this aspect.

In their response, the approved provider stated

* They believe they demonstrate an effective clinical governance framework.
* The assessment team is incorrect in the assertion that restraint information should be documented in care plans.
* Mildred Symons house is committed to the monitoring and reduction of psychotropic medications.

I have considered these submissions, but I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that they have an effective clinical governance framework in relation to antimicrobial stewardship and minimising the use of restraint, however I have not identified any concerns in relation to its clinical framework in relation to open disclosure.

# Areas for improvement

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

**Standard 1**

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

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

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

* Ensure that each consumer has an opportunity for input into planning their care and services, including supporting consumers to make decisions about when family, friends, carers or others should be involved in their care

**Standard 2**

**Requirement 2(3)(a)**

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

* Ensure that assessment and planning considers risk to the health and well-being of consumers such that this process informs the delivery of safe and effective care and services.

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

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

* Ensure that consumer’s current care needs, goals and preferences are identified and addressed, and shared among care staff.

**Requirement 2(3)(c)**

*The organisation demonstrates that assessment and planning:*

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

* Ensure that assessment and care planning facilitates the establishment of goals, needs and preferences established by consumers themselves, and that case conferencing consistently results, where required, in changes made consistent with the consumer’s wishes.

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

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

* Ensure that 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, and that consumers are aware of their care plan.

**Requirement 2(3)(e)**

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

* Ensure that, in addition to regular review of care plans they are effectively reviewed when consumers’ condition or needs change and when incidents occur, and that appropriate strategies to minimise the risk of reoccurrence are identified and actioned.

**Standard 3**

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

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

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

* Ensure that consumer gets safe and effective personal care and/or, clinical care that is tailored to their needs or optimises their health and well-being, including but not limited to management of behaviours, use of chemical restraint, management of falls and pain and clinical monitoring.

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

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

* Ensure effective management of high impact and high prevalence risks for consumers, including but not limited to the use of psychotropic medications and medication generally, and the management of pain, falls and behaviours.

**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.*

* Implement and maintain appropriate processes and procedures to minimise infection related risks

**Standard 4**

**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.*

* Implement processes to effectively monitor the implementation of lifestyle services to ensure that consumers receive effective care and services to support their health, wellbeing and quality of life, including but not limited to ensuring consumers who are unable or do not wish to attend group activities receive lifestyle supports.

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

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

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

* Ensure that consumers are supported to have social and personal relationships and that, particularly for consumers with dementia or other impairments, they are supported to engage in activities suitable for them.

**Requirement 4(3)(g)**

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

* Ensure that equipment provided to consumers, including but not limited to alternating air mattresses and beds are suitable or set up correctly for consumers, and that calls bells are consistently put in suitable places for consumers to be able to use them.

**Standard 6**

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

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

* Demonstrate that sysyems are in place and are utilised to ensure that feedback and complaints are reviewed and used to improve the quality of care and services.

**Standard 7**

**Requirement 7(3)(a)**

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

* Ensure that the workforce is sufficient in number and mix to minimise delays in care provision and that staff understand and meets the needs of all consumers, including but not limited to those with challenging behaviours

**Requirement 7(3)(c)**

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

* Ensure that all staff have the knowledge required to effectively perform their role by, including but not limited to, ensuring all core competencies and mandatory skills assessments are completed by all staff and, when incidents and errors have occurred, the competency of the workforce is reviewed.

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

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

* Demonstrate the workforce is recruited, trained, equipped and supported appropriately by, including but not limited to, ensuring all staff have been trained on topics the organisation has deemed mandatory for them, identifying and actioning staff training needs, particularly in relation to areas where adverse trends have been identified.

**Standard 8**

### 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.*

* Implement effective organisation wide governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

### Requirement 8(3)(d)

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

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

* Implement effective risk management systems and practices to ensure management of managing high impact or high prevalence risks associated with the care of consumers, identification and response to abuse and neglect of consumers and to support consumers to live the best life they can.

### Requirement 8(3)(e)

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

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

* Implement a clinical governance framework to ensure effective antimicrobial stewardship and minimisation of the use of restraint.