Pathways Cronulla Pines

Performance Report

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**Commission ID**: 1029

**Provider name:** Pathways Aged Care Pty Limited

**Site Audit date:** 17 May 2021 to 20 May 2021

**Date of Performance Report:** 9 July 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

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| --- | --- |
| **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) | Non-Compliant |
| Requirement 1(3)(f) | 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) | Non-Compliant |
| Requirement 2(3)(d) | Non-Compliant |
| Requirement 2(3)(e) | Non-Compliant |
| **Standard 3 Personal care and clinical care** | **Non-Compliant** |
| Requirement 3(3)(a) | Non-Compliant |
| Requirement 3(3)(b) | Non-Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-Compliant |
| Requirement 3(3)(g) | Non-Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-Compliant** |
| Requirement 5(3)(a) | Non-Compliant |
| Requirement 5(3)(b) | Non-Compliant |
| Requirement 5(3)(c) | Non-Compliant |
| **Standard 6 Feedback and complaints** | **Non-Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 28 June 2021

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers 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.

For example:

* Consumers interviewed confirmed they are treated with respect. Consumers and representatives described the staff as friendly, kind and willing to help.
* Consumers advised they are encouraged to be independent and pursue activities of interest to them.
* All consumers and representatives said they felt their personal privacy is always respected.

However, some consumers and representatives sampled described challenges encountered in accessing information and receiving updates from the service. Consumers and their representatives described how this has impacted the experience of consumers and representatives.

All staff interviewed were able to describe personal preferences and details of consumers’ life stories. The details provided by staff and consumers aligned with the information contained within the care planning documents.

The lifestyle and activities program is adapted to celebrate cultural and spiritual holidays important to consumers.

The Quality Standard is assessed as Non-Compliant as one of the six specific requirements has 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.*

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

The Assessment team interviewed consumer and/or representatives who provided mixed feedback in regard to receiving current, accurate, and timely information. They described being satisfied with the service’s information and updates regarding COVID-19 outbreak and related changes. However, they described various challenges they experienced with accessing accurate and timely information regarding their clinical documents, finance matters, the outcomes of their feedback and complaints, or information related to service activities.

The team interviewed a few consumers who described that their meals are not always consistent with the ones they have chosen, and staff are unable to provide further information regarding the current meal they have been given. A few representatives recalled receiving inconsistent clinical information from different staff regarding their consumer and information was difficult to obtain or understand. Other consumer representatives interviewed stated that resident meetings are scheduled on weekdays during full time employment hours and they therefore do not attend them.

The provider has since responded by clarifying some of the information related to financial matters and service activities that have already been provided to consumers and/or their representatives. They have acknowledged some other issues identified and have planned for improvement actions to be taken. For example, they will provide representatives with minutes from resident’s meetings and survey their preferences for alternate days to attend the meetings. They will also improve the consumer experience with their meals and understanding what has been provided. Further time will be required to see if these improvements will be effective in addressing the consumer and representatives concerns about timely and accurate information. The provider has not responded to concerns raised by representatives regarding the delay or inaccuracy in receiving their consumers clinical information upon request.

Based on the information available at the time of assessment, I find this requirement Non-Compliant.

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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.

Most sampled consumers did not consider that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Most consumers (or representatives on their behalf) said they have not been involved in the process of assessment and care planning and were not aware of what the processes were.
* Most consumers (or representatives on their behalf) said they did not always receive a copy of the care plan or were aware they could request one.
* Consumer's needs, goals and preferences were documented in their care plans and staff were able to describe what was important to the consumers.
* Advanced care plans or directives that were completed were not reviewed within the yearly time frame and some had missing signatures and dates.
* Consumer feedback and care planning documents did not reflect that consumers or their nominated representatives were involved in the process. Consumers or their representatives did not attend case conferences.

The Quality Standard is assessed as Non-Compliant as three 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 reviewed a sample of care documentation and identified that initial assessment and care planning was not always completed on admission and they did not always address consumer needs. For example, the team identified initial care plans that were incomplete in documenting a consumer’s complex care and noted that assessment and planning was not always reviewed after consumer incidents.

The Assessment Team interviewed a sample of staff who said that an initial assessment form is complete for all consumers on admission, that they monitor consumers to see if the strategies to manage risks are working, and they seek feedback from consumers and representatives.

The team also interviewed a sample of consumers and most could not describe themselves as involved in any assessments or care planning, although they said that they felt safe care and services are provided.

The provider has since submitted further evidence to demonstrate that assessment and planning for the identified consumers have considered the risks to their wellbeing. They noted the consumers identified did not have their initial assessment aligned with their present level of risks as when they were initially admitted to the service these risks were not present and therefore not entirely documented. However, they have submitted comprehensive assessments and a history of updates made to the consumers’ care plan to evidence risks have been considered in assessment planning as the consumer’s needs emerged or increased. The service did acknowledge that one identified consumer had incomplete personal details on admission and the service has initiated a continuous quality improvement action to ensure all relevant information is captured at initial assessment.

I have considered the Assessment Team’s findings that consumers did not have assessment and planning reviewed after incidents in Standard 2 Requirement 2(3)(e).

On balance, I find this requirement 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.*

### 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 Assessment Team reviewed a sample of care planning documents which demonstrated that health professionals and other care services were involved in consumer care assessment and planning. However, ongoing partnership with the consumer and others in care was not observed to be demonstrated.

The Assessment Team interviewed consumers and/or representatives who confirmed they are not involved in assessment and care planning. They said they were provided with regular updates however were not always part of the case conference process. A few representatives stated they have never attended a case conference and they had to ask for information about their consumer’s care and services, with one representative noted that requesting information about their consumer was a difficult process for them.

Staff interviewed were able to describe the involvement of occupational therapists, physiotherapists and general practitioners involved in assessment and planning. Management staff also described conducting annual case conferences, although this is different to some of the consumer feedback.

The provider has since responded that they have updated their processes for completing care conferences to ensure residents and their representatives are more involved in the care planning process. This includes updating their care conference schedule, ensuring case conferences are held 6 weeks post admission, and other improvements which they have outlined in their continuous improvement plan. Further time will be required to see if these improvements will be effective in ensuring consumers and their representatives are ongoing partners in the consumer’s care.

Based on the information at the time of assessment, I find this requirement Non-Compliant.

### 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 Assessment Team identified that outcomes of assessment and planning were documented in care plans. They also confirmed through staff interviews that the service communicate updates to the care plans with the consumers or their representatives via telephone or a face to face meeting.

On the other hand, the team interviewed consumers and/or representatives who said they are not aware of the consumer’s care plan and do not know about, or have not had, the care plan readily available to them.

The provider has since responded that information obtaining a copy of the care plan will be published in their newsletters on an ongoing basis, and relevant information will be contained in the updated version of the resident handbook and other service media. The lifestyle leader will also be communicating access to care plans at resident and relative meetings on an ongoing basis, and the service will seek to continuously improve processes to ensure consumers are aware they can request and receive a copy of their care plan. Consumers will also be printed of a copy of their summary care plan to review and a copy given to the resident if they would like a copy. Further time will be required to see if these improvements will be effective in addressing whether consumer or representatives are aware of their consumer’s care plan and have it readily available to them.

Based on the information at the time of assessment, I find this requirement Non-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.*

The Assessment Team interviewed a sample of consumer representatives, who could not confirm if their care plans are reviewed as they are not made aware when this occurs. However, the representatives did note they are contacted when there is a change in condition or an incident had occurred.

Staff interviewed describing reviewing care plans every four mouths or when there was a change in condition or an incident. They also said they conduct case conferences annually for consumers and maintain a schedule to ensure they are completed on time. However, I note that the frequency of these reviews and case conferences were not consistently reflected in documentation or consumer feedback.

The Assessment Team reviewed a sample of consumer documentation and identified they were not always regularly reviewed within appropriate timeframes, such as care plans, advanced care directives and chemical restraints. For example, several care plans had not been reviewed within a four-month time frame as required by the service’s internal policies, and advanced care plans were not reviewed on an annual basis as directed by internal policies. Chemical restraints administered to consumers were not reviewed on a regular basis, and two consumers did not have their care reviewed for effectiveness after aggressive incidents.

The provider has since acknowledged the concerns with regular review of consumers documentation. They have updated their process to ensure advance care directives are reviewed annually. They have sent reminders to staff to regularly review care plans, risk scales, and assessments within appropriate timeframes and update them when needed. The provider has not responded to ensuring the effectiveness of chemical restraints are reviewed regularly. The provider has since clarified that the two identified consumers involved in incidents did have their care reviewed at the time as a result of the incident, although they acknowledge that this was not always evident in their documentation. The provider stated they will ensure the review of assessments and behaviour care plans after incidents are formally recorded in progress notes and Behaviour Care plans. Further time will be required to determine whether the provider’s improvement actions will ensure care and services will be reviewed regularly for effectiveness.

Based on the information at the time of assessment, I find this requirement 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.

Consumer feedback with mixed with some consumers feeling like they receive safe care, while other sampled consumers or representatives did not consider that the consumer receives personal care and clinical care that is safe and right for them.

The Assessment Team also identified a number of concerns related to care such as the following:

* Review of care and service records does not support that clinical care provided to the consumers sampled is best practice and optimises consumers’ health and wellbeing. Blood glucose testing is not being undertaken within the weekly timeframe. Skin integrity is not being assessed and monitored for pressure injuries. The condition of wounds is not being effectively monitored.
* Consumers who are chemically restrained do not have a consent form or their consent forms are not being reviewed within the three-month timeframe. Consumers living in the secure areas of the service do not have a consent form or their consent has not been reviewed for over a year. Consumers with pain are not managed appropriately.
* Consumers who have had falls were not being reviewed by allied health. Consumers with unplanned weight loss were not being weighed weekly and consumers with behavioural issues were not being managed appropriately.
* Deterioration or changes to a consumer’s condition was not recognised or responded to in a timely manner. Consumers who had deteriorated were not reviewed by a medical professional in a timely manner.
* Staff and visitors were observed to be wearing masks incorrectly and gloves inappropriately. Laundry staff were not wearing the appropriate personal protective equipment.

The Quality Standard is assessed as Non-Compliant as five 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 interviewed a sample of consumers and/or representatives who provided mixed feedback about the care and services the received. For example, a few representatives said they were happy with the care their consumer received and they felt the consumer was safe. On the other hand, other representatives raised concerns such as one representative noting that staff did not appropriately attend to a care concern related to their consumer, another representative noting their consumer has not received personal care such as a shower or shave, and one representative noting that their consumer did not receive appropriate pain management.

Staff interviewed were able to describe the clinical and personal care provided to some sample consumers, how they are guided by training, and how care is escalated.

The Assessment Team reviewed care documentation and identified gaps in safe and effective personal care. The team identified that there were consumers with physical, environmental, and/or chemical restraint; however, their documented consent was inconsistent or absent, and review of their restraints were also inconsistent with some not having had a review for a significant period to determine if they were still necessary. Furthermore, the team identified that the service did not identify wounds in their early stages and wound monitoring techniques did not include measurement of wounds according to best practice. The team also identified that weight and blood glucose checks were not always conducted for a consumer at the appropriate frequency to ensure their wellbeing. The team further identified that one consumer did not have their pain appropriately managed.

The provider has since provided further information to demonstrate the consent already in place for some consumers with chemical restraint. However, they have acknowledged the concerns with the other restraints and have updated their processes regarding restraints to ensure physical and environmental restraints are reviewed and will ensure all outstanding consent or reviews are completed. The provider have also since organised further training, resources, and updated their tools to ensure wound monitoring is managed according to best practice. The provider has not commented on the infrequent weight and blood glucose checks. The provider refutes that pain for the consumer was not managed appropriately, but they have rolled out further training and tools to ensure their documentation around pain management and pain charting are improved.

Based on the evidence at the time of assessment, I find this requirement 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 interviewed a sample of consumer representatives which provided mixed feedback on whether high impact or high prevalence risks were effectively managed. Two representatives stated they were happy with their consumer’s care. On the other hand, one representative stated that their consumer was often left in a bathroom alone, despite having had several falls and are at risk of further falls. Another representative noticed that they observed only one staff assisting their consumer with transfers, although their consumer is required to have two staff for a transfer.

Staff interviewed were aware of high prevalence or high impact risks associated with the care of sampled consumers and can describe interventions for care in line with their care plans. Management said high impact high prevalence risks are identified through risk assessments, accident/incident reports and from feedback from the consumers, and they are discussed at the weekly resident care meetings.

The Assessment Team reviewed a sample of care documentation and identified gaps in managing high impact or high prevalence risks. For example, falls have not always been reviewed by allied health professionals as per internal policy, unplanned weight loss for a consumer was not always monitored as per allied health professional advice, behavioural issues were not consistently managed appropriately, and medication management risks were not being appropriately managed.

In regard to the management of falls, the Assessment Team identified that the service had a consistently high number of falls over a four-month period. They sampled some consumers who have had several falls and identified occasions where staff did not follow the service’s internal policy by referring to an allied health professional after a fall or completing one consumer’s post-fall neurological observations at the required frequencies. The provider has not responded to the inconsistent neurological observations, but they have since submitted further information to demonstrate that an Occupational Therapist had reviewed some of the identified falls and they have previously commenced initiatives to improve fall processes. The provider refutes an allied health professional is required to review a resident after each fall as this is not in their policy and procedure; however, I have reviewed the related documents and note it does that a post fall observation action by the Registered Nurse is to ‘notify physiotherapist/exercise therapist/occupational therapist for review of resident’.

In regards to weight loss, the Assessment Team identified a consumer who had significant unplanned weight loss and the dietician had requested for weekly check in of the consumers weight. This monitoring instruction was not followed and the consumers weight was weighed on an inconsistent basis 7 times over a period of three months. Management staff interviewed acknowledged the consumer should have been weighed weekly. The provider has submitted no further response regarding the inadequate monitoring of this consumers weight loss.

In regards to behaviour management, the Assessment Team identified two consumers with behaviours not being managed appropriately. One consumer was administered to have an instance of being administered chemical restraint prior to nonpharmacological strategies being utilised, and this error was acknowledged by management staff interviewed. The second consumer was also identified to not have a delirium screen completed after a series of aggressive incidents to investigate the causes. The provider has not provided any further response to the first consumer identified with inappropriate administration of chemical restraint, although they have provided evidence of a completed delirium screen for the second consumer.

In regard to medication management, the team identified that schedule 8 medications were not checked three times a week as per internal policy and documentation of their use was not always completed correctly. The team also identified one self-medicating consumer that has their medicine unsecured in their room creating risks for the consumer and others, and their care plan does not state the consumer is self-medicating, rather, it states that consumer is reliant on staff to manage medications. The provider has responded to the concerns with the schedule 8 medications by conducting further training with clinical staff and sending out relevant communication, alongside having weekly checks of the medication being conducted by the clinical leadership team. The provider has not responded to the consumer at a self-medication risk.

In consideration of the above, I acknowledge the provider has submitted some further information to demonstrate they had previously addressed some of the findings by the Assessment Team. However, there are still some outstanding concerns and it is not clear how the provider will ensure these are addressed to ensure the risk will be mitigated.

Based on the evidence at the time of assessment, I find this requirement 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.*

The Assessment Team interviewed a sample of consumer representatives with consumers that had received palliative care. They both noted that obtaining and understanding information about palliative care from staff was difficult. One representative also noted that their consumer was in significant pain for weeks and it took a long time for palliative care to be initiated. The other consumer noted that there was different information regarding care and medications from different staff, and they were ‘confused’ about the process.

The Assessment Team reviewed care documentation for two consumers that had palliative care. They noted that both these consumers received appropriate care once they were on an end of life pathway, but their needs and comfort prior to the palliative care pathway were not addressed. For example, the team confirmed that one consumer was in pain for two weeks before being referred to a palliative care nurse practitioner. The team also noted some of their documentation while on the end of life pathway were incomplete.

Management staff interviewed acknowledged that there were errors on the form and the staff had not followed correct procedures for documentation. However, staff interviewed were able to describe interventions to maintain comfort for consumers who are nearing the end stage of life including personal comfort cares such pressure area care, mouth care, pain management and bowel care, in particular for the two consumers sampled. There were also policies and procedures in place regarding end of life care.

The provider has since provided further information to demonstrate that the service had made efforts to manage the consumer’s pain over the two weeks prior to palliative care as evidenced by progress notes documenting the strategies used, assessments and referrals made, and some consultation with the representatives. They have also provided evidence that they conduct monthly palliative care rounds to ensure those at end of life are reviewed in a timely manner. Furthermore, the provider has reviewed its processes to ensure documentation is accurately documented in a consumer’s end of life plans, although they note it had no impact on care outcomes for the mentioned consumers.

I have considered that the Assessment Team identified that the sampled consumers received appropriate care once they were placed on a palliative care plan. I also note the service has reviewed their processes to ensure documentation is correctly completed for end of life pathways. I have instead considered the concerns about the quality of care provided to the consumers prior to the palliative pathway in Standard 3(3)(d) and 3(3)(f). I have also considered the consumers representative feedback that information provided was not accurate or easy to understand in Standard 1(3)(e).

On balance, I find this requirement Compliant.

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

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

The Assessment interviewed a sample of consumers and/or representatives who provided mixed feedback regarding the service’s response when their consumer’s condition changes or deteriorates. For example, two representatives noted that they are updated when there are changes in their consumer, while another two representatives said they are never informed about their consumers condition and they need to self-initiate a request for information. One of the representatives also noted that they were not satisfied with the service’s management of their consumers pain when they had experienced a change in their condition near the end of life.

Staff interviewed were aware of the escalation process if a consumer deteriorates and were able to describe strategies regarding two consumers whose conditions have recently changed.

The Assessment Team reviewed a sample of care and services documentation and noted they did not reflect the identification of, and response to, deterioration or changes in function/capacity/condition. For example, the team noted late identification and responses to deterioration related to wound management where consumer wounds were not identified at all or in a timely manner. The team also identified a consumer that had a series of falls followed by deterioration in the week after and the consumer’s deterioration was not acted upon by a timely despite their progress notes indicating for two days in a row that the consumer needed to be reviewed by a general practitioner or sent to hospital; the consumer was eventually seen by a general practitioner on the third day; the consumer passed away a few days shortly afterwards. Furthermore, the team noted a consumer whose pain was not managed correctly.

The provider has submitted further information noting that one consumer with wounds had their wounds identified, although they have not responded regarding to the second consumer with wounds. The provider has refuted that the consumer with pain did not have their pain managed correctly. However, the provider has not refuted the circumstances of the consumer who deteriorated after their falls and passed away shortly afterwards, and they have since organised education for their staff on deterioration and management and will implement further sessions on an ongoing basis.

Based on the evidence at the time of the assessment, I find this requirement Non- 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.*

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

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

The Assessment Team identified a sample of consumer documentation and noted that referrals were not always undertaken in a timely manner for some consumers, and includes referrals to speech therapists, palliative care, and occupational therapists or physiotherapists.

The team identified one consumer with significant unplanned weight loss who was not referred to a speech therapist as per a dietician’s recommendation. The provider has responded that they did not refer the consumer to a speech therapist as the service did not perceive a swallowing risk to the consumer, coughing, or other need for a speech pathologist review. The provider noted they eventually referred the consumer to a speech pathologist four months after the recommendation was made, who confirmed no changes needed to be made. However, I consider the service did not evidence they had undertaken appropriate consultation with the consumer and/or their representative to be able to have made the decision to delay or not proceed with a specialist’s recommendation for a consumer and that the eventual referral was not made in a timely manner.

The team also identified another consumer whose Geriatrician suggested to commence a palliative pathway and had requested for follow up with the consumer’s decision makers the week after, however, this referral for a palliative pathway did not occur until a month later. The consumer’s representative interviewed described their consumer experiencing escalating pain during this month and that the palliative approach for their consumer commenced too late. The provider has responded that the service had put in place interventions for the consumer to ensure their pain was managed despite the escalation of pain, and the consumer was inspected on the monthly palliative care needs rounds. However, they have not provided any evidence of follow up consultations with consumer’s representatives regarding a palliative approach for the consumer shortly after the Geriatrician’s review to demonstrate that the option has been considered and responded to in a timely manner. I consider that the service had an earlier opportunity to make a more timely referral for a palliative care pathway in the context of the geriatricians advice and the consumer’s escalating pain.

Furthermore, the team identified two consumers that had multiple falls and were not reviewed by an allied health professional after each fall as according to internal policy. One of these consumers started deteriorating the week after a series of falls and was not reviewed by a GP in a timely manner, despite their progress notes indicating for two days straight that the consumer needed to be reviewed by a GP or sent to hospital. The provider has since responded and evidence reviews by allied health professionals for one of these consumers. However, this information was not evident for the other consumer that deteriorated. The provider has stated they have since implemented further education for staff on clinical deterioration and management.

The team also identified the service does not currently have a wound specialist to which they make referrals. The provider has responded that their previous wound specialist service had ceased at the end of 2020 and in the meantime, and they have referred the consumers to a GP followed by further appropriate referrals afterwards.

I have considered the information above and am not satisfied that timely or appropriate referrals have been made for consumers.

Based on the evidence at the time of assessment, I find this requirement Non-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 interviewed a sample of consumers and/or representatives who provided mixed feedback. Two representatives said their consumers had not had any recent infections and they were happy with the care provided by staff. On the other hand, one consumer mentioned their antibiotic eye drops were not provided on time and another representative stated their consumer gets frequent urinary tract infections that are not recognised.

Staff interviewed were able to describe their understanding of anti-microbial stewardship and standard and transmission-based precautions. The team also identified there was an outbreak management plan to support these staff during COVID-19 outbreak.

The team also made observations and noted that staff were able to perform the proper techniques for handwashing and hand sanitiser. However, visitors, care staff, laundry staff, and kitchen staff were not observed to use personal protective equipment (PPE) appropriately such as wearing masks underneath the chin and touching multiple public environmental areas and preparing drinks with the same pair of gloves. The team also identified additional concerns such as clinical waste bins having faulty or missing locks, cleaning of touch point areas not occurring daily in public areas, legionella testing for the warm water system had not occurred for a significant period of time, and other concerns.

The provider has since responded with further information to clarify that consumers with infections have been attended to appropriately. The provider has stated that all staff complete PPE competency annually, and all issues identified in relation to PPE and cleaning were corrected during the site audit. They have also since completed the legionella testing of the warm water system for 2021 and noted it was part of their quality audit program.

I acknowledge and appreciate the provider had addressed some identified PPE and cleaning issues during the Site Audit. However, I need to consider the evidence at the time of assessment, and staff did not demonstrate an appropriate use or understanding of PPE until the concern was raised by the Assessment Team on the first day of audit. I am not confident at this time that staff have demonstrated awareness and knowledge to appropriately use PPE in minimising infection related risks in the future.

Based on the evidence at the time of assessment, I find this requirement Non-Compliant.

# STANDARD 4 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

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

Overall sampled consumers considered 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:

* Consumers are supported to do the things they want to do and are encouraged to maintain their independence through an increased exercise program and interventions provided by the occupational therapist. They said staff are kind and supportive and provide individual emotional support as needed.
* They are supported to keep in touch with people who are important to them and to do things of interest to them. There is an activities program with a variety of group activities to support consumers leisure interests and social needs and for consumers who prefer to follow individual pursuits they are assisted to do this.
* Most consumers said they enjoy the meals provided. Some consumers said they have raised concerns about the meals, and they have seen improvements in the last two weeks and that the new chef is making a difference. Consumers said there is a variety of meal options available.

The care documentation reviewed reflects the background, life story, interests and lifestyle needs and preferences of consumers.

Staff interviewed demonstrated a good understanding of the background, interests, and lifestyle needs and preferences of the consumers. They described ways they are able to support the consumers’ wellbeing.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-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

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

Overall sampled consumers considered they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Some consumers said the service is becoming home to them and this is their second home, and they feel safe living there. Consumers commented on the pleasant environment which is tastefully decorated and how they enjoy the courtyards and garden spaces. Consumer's representatives said they feel welcome when they visit, and they have good relationships with the staff.
* Some consumers expressed satisfaction with the satisfaction of cleaning, however, some consumer representatives were not satisfied with the standard of cleaning.

While the service environment is generally welcoming, it is not easy to understand and navigate. Consumers (or representatives on their behalf) interviewed provided examples of how consumers were unable to find their rooms. Observation of the environment in one of the service’s buildings showed that consumers are not assisted to find their rooms or the bathrooms through the provision of suitable signage or visual prompts.

The service has cleaned and well-maintained areas however it is not consistent and some areas of the service are not as clean as others. There are no documented cleaning routines or schedules for cleaners to follow. Cleaning staff said they do not have time to do all the cleaning that is needed. The Assessment Team interviewed consumer representatives on behalf of consumers who said that some of the cleaning is inadequate, and this is especially evident in one of the buildings at the service which is malodorous; this was confirmed by the team’s observations.

The service is tastefully fitted out with furniture and fittings which are colour-coordinated and are arranged to provide a pleasant, inviting environment. However, some areas are not arranged with consideration to consumers with mobility issues and limits their access. The service also does not have a comprehensive schedule for ensuring non-electrical equipment is regularly maintained.

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

## Assessment of Standard 5 Requirements

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

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

The Assessment Team interviewed consumer and representatives who said the service environment was comfortable and attractive, although they described it as hard to navigate. They supported their feedback with examples of consumers being unable to find their own rooms and often entering or spending time in the room of other consumers as a result.

The Assessment Team observed the service environment and similarly noted that the environment is difficult to navigate for consumers in one of two buildings at the service. For example, there is a lack of signage or features to assist consumers in navigating the different areas of the service including finding their own room or the toilets, and the service uses similar white colours throughout the service that do not provide contrast to assist consumers with dementia and deteriorating eyesight to use the facilities. The team also noted that there is a malodour in this building and stains on carpets.

The provider has acknowledged the above concerns. They have noted they have previously started working on a number of projects to redesign the building and improve the consumer experience. During the audit, they had arranged for the stained carpet to be removed and the maintenance team will continue to monitor the carpet. Since the audit, they have also engaged with interior designers to develop and design directional signage for the service, although further time will be required to see that this is implemented and successful in addressing the concerns.

I find this requirement 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 interviewed consumers who mostly expressed satisfaction with the comfort of the environment and said they felt the service is well maintained and clean. However, one consumer mentioned that their blinds were never cleaned and another consumer representative described their consumer’s building having a malodour.

Staff interviewed explained how they enable consumers to move freely outdoors and how maintenance is logged and completed. However, some staff reported issues with maintaining the cleanliness of the environment and said there is no consistent cleaning process, no plan or schedule for full room cleans and window/curtain cleaning on a regular basis, and two cleaners reported that they cannot ensure all rooms are cleaned consistently due to their workload.

The Assessment Team observed the environment and noticed that many parts of the service is clean and well maintained, although this was not consistent throughout the service. For example, consumers overbed tables were often observed to be unclean, skirting boards in most corridors were dusty, stains were observed on carpet with a malodour, and spills were noted on walls in consumer rooms and bed frames were dusty. The team also noticed that the service environment may be unsafe during cleaning as cleaning trolleys were observed to be unsecured, and a cleaner staff interviewed said that consumers on occasion will rummage through their trolley and wander off with a bottle of chemical. It was also observed that the lounge rooms contained a lot of furniture and they are arranged in such a way which limited free movement and access for consumers using walking frames.

The Assessment Team reviewed maintenance logs and noted maintenance to the environment is attended in a timely way with a preventative maintenance schedule in place. However, the team identified that review of environmental audits were not always completed correctly.

The provider has since commenced addressing the above concerns. They have held meetings with their staff to develop cleaning schedules and evenly distribute responsibilities regarding cleaning the service environment, although further time will be required to confirm if this has been effective in addressing staff concerns and ensure a consistently clean environment. They have since reviewed their preventative maintenance schedule and additional items have been added to ensure all parts of the service are attended to on a regular basis. The provider has also booked in to provide a lockable storage area on the cleaning trolleys to allow for chemicals to be locked away and ensure a safe environment for consumers, and rearranged furniture to enable more access for consumers using walking frames.

Based on the information at the time of assessment, I find this requirement Non-Compliant.

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

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

The Assessment Team interviewed consumers who said that furniture is comfortable and they did not raise any concerns about equipment safety or availability. One consumer mentioned that their four-wheel walker needed repairs and this had been completed by the service.

The Assessment Team observed that furniture and fittings are arranged to provide a pleasant aesthetic environment for the consumer. However, it’s arrangement and maintenance did not show suitably for some consumers. The lounge rooms contained furniture arranged in a way that restricted access for consumers using walking frames, and there was restricted room for consumers in comfort chairs placed in front of lounges. The team also observed two consumers having difficulty sitting down on the lounge chairs as they were quite low compared to their heights. Furthermore, the team observed that some furniture had food and drink spills/stains that were not cleaned.

Staff interviewed said they clean equipment after each use, although they sometimes find they don’t have enough commodes/shower chairs, and there are issues with the digital enhanced cordless telecommunications which is currently being investigated. They noted they do not clean the furniture but needed to lodge a maintenance request for steam cleaning whenever they notice furniture is dirty. Maintenance staff described completing repairs and maintenance according to a maintenance schedule, although this schedule did not include the regular monitoring and cleaning of non-electrical equipment such as furniture, comfort chairs, shower chairs and trolleys. A staff also mentioned how they regularly assess consumers to ensure equipment is safe and suitable, and they are aware many of the lounges are too low for tall consumers as observed by the Assessment Team, but the service wishes to maintain the integrity of the non-clinical interior design and they are only able to provide suitable seating within each consumers room; the only option they have currently is to place a cushion riser on the lounge for tall consumers.

The service had responded during the site audit by rearranging some of the furniture, and staff had commented that the new arrangement was more practical and improved safety for consumers. The service also elaborated on the internal audits they conduct to identify additional needs, repairs and replacements required. Furthermore, the service wished to note that there are other chairs available within the service for the tall consumers identified; however, it is not clear to me if the consumers have access to these based on a comment in the staff interviews. Since the site audit, the provider has arranged for monthly checks of common areas and rearranging spaces as identified based on the needs of the residents. They also updated the service’s maintenance with regular cleaning of common area furniture.

Further time will be required to confirm that these improvements will ensure furniture will remain clean, well maintained, and arranged in a manner that is suitable for the consumer.

Based on the evidence at the time of assessment, I find this requirement Non-Compliant.

# 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

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 sampled consumers felt they could safely make complaints, staff were able to demonstrate how they support consumers to make a complaint, and open disclosure processes have occurred. However, some consumers and representatives provided examples where they have not been updated on the actions taken as a result of their feedback or complaint and are unaware of improvements that have been made as a result of feedback.

The service also did not demonstrate that all complaints are documented or resolved.

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

## Assessment of Standard 6 Requirements

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

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

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

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

### Requirement 6(3)(c) Compliant

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

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

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

The Assessment Team identified the service has systems and processes to support the review of feedback and complaints, although it has not always been effectively used to review and improve the quality of care and services.

Whilst there is a system in place, many consumers and representatives interviewed provided an example where feedback not been used to improve the quality of care and services, the outcomes were unclear or not communicated to consumers, or their feedback has either not been captured. As examples, one consumer said they made a complaint that did not lead to improvement internally, which then required them to make an external complaint. Some consumers and representatives also noted that they have lodged feedback but do not know if improvements have been made as a result, as they have not received an update on their individual feedback or otherwise information on complaint trends and general improvements in the service on an ongoing basis. Furthermore, seven consumers and two representatives interviewed stated their expressed feedback regarding damage to the consumer’s clothes during the laundry process, however, management staff were not aware that this has been an issue when interviewed.

Staff interviewed were able to describe how they address concerns raised by consumers and note the main area of complaints and actions subsequently. However, they advised verbal complaints are not captured as feedback.

The Assessment Team reviewed the documentation at the service and noted staff do not ensure verbal feedback or related emails are logged into the complaint system, which would have otherwise enabled them to capture all feedback and complaints to be reviewed for improvement. The team also noted that feedback cannot be provided anonymously. Furthermore, they reviewed meeting minutes which indicated that feedback is received but the outcomes are not communicated at following meetings, as previously described by consumers.

The provider has since provided further information to refute some of the findings, including demonstrating that feedback can be provided anonymously and they noted actions that have already been taken in addressing some consumers feedback. They also wished to note the consumer surveys they regularly conduct and analyse to ensure consumer feedback is captured. However, the provider has acknowledged the concerns raised by consumers and representatives and have planned actions such as reviewing their processes to ensure the outcome of feedback is delivered to residents and representatives. The provider has not commented on any changes made to ensure verbal feedback and emails related to feedback will be captured into the complaint system to enable their review for improvement.

I find this requirement Non-Compliant.

# STANDARD 7 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

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 sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers and representatives interviewed confirmed their treatment from staff is consistently kind and caring and interactions with care staff are positive and respectful.
* Overall consumers and representatives interviewed felt staff members were knowledgeable in providing personal care and are confident staff know how what they are doing.
* Feedback from consumers and representatives interviewed was positive about staff being able to provide quality care and did not think staff required additional training.
* Feedback from consumers regarding staffing levels were mixed in regard to whether they thought it was adequate. This was reflected similarly in staff feedback with some stating that there is adequate staff while some other staff members stated that afternoon and nightshifts require additional staff to support consumer’s needs.

The service demonstrated that a majority of call bells are answered within an appropriate timeframe within their internal policy benchmark. They also demonstrated that staff performance is assessed, monitored and reviewed through regular surveys and audits and consumers and representatives' feedback. The service provides a wide range of training and education for staff members and regularly monitors and ensures staff have completed their mandatory training and performance reviews.

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

## Assessment of Standard 7 Requirements

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

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

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

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

### Requirement 7(3)(c) Compliant

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

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

*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.*

# STANDARD 8 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).

Overall sampled consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Consumers and representatives interviewed provide feedback to the management team through participation in regular resident meetings and online surveys and audits. The management team use audit results to inform improvement projects to develop, evaluate and deliver quality care and services.

The management team demonstrated it has governance systems, a risk management plan and clinical governance framework to deliver safe and quality care and services to consumers. The management team use clinical indicators to monitor trends and analyse incident and risk data to develop and implement strategies to minimise consumer risks.

The organisation promotes a culture of safe, inclusive and quality care through policies and training aligned to the Quality Standards and measures and monitors outcomes through regular surveys and audits.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Compliant

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

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

### Requirement 8(3)(d) 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.*

### 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.*

# 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)(e)

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

* Ensure systems and process enable staff to access and provide accurate and timely information to consumer and representatives
* Ensure consumer representatives have opportunity to access information from resident meetings if they choose

### 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 consumers and/or their representatives are involved in the decision making process when making assessment, planning, and review of a consumer’s care and services.

### 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 consumers and/or representatives are aware of their consumers care plans, and can readily access or request a copy of them

### 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 care is reviewed on a regular basis as per internal policies, including a regular review of care plans, restraints, and advanced care.
* Ensure documentation can evidence review of assessments and behaviour care plans after related incidents occur

### 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 environmental, physical and chemical restraints are reviewed regularly as per best practice and have appropriate authorisations and consent
* Ensure wound monitoring techniques are completed according to best practice and systems are effective in identifying wounds in their early stages
* Ensure that weight and blood glucose checks are conducted at their required frequencies for consumers

### Requirement 3(3)(b)

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

* Ensure high impact or high prevalence risks are effectively managed, in regards to weight loss, behaviour management and chemical restraints, medication management, and falls.

### Requirement 3(3)(d)

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

* Ensure deterioration or changes in physical conditions are recognised in consumers and responded to appropriately

### Requirement 3(3)(f)

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

* Ensure timely and appropriate referrals are made, particularly regarding falls, palliative care, and weight related referrals

### 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.*
* Ensure staff are trained and can demonstrate appropriate PPE usage to minimise infection related risks

### 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.*

* Ensure the service environment has signage or features to assist consumers in understanding and navigating the service

### Requirement 5(3)(b)

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*
* Ensure the service is consistently clean and well maintained through a regular cleaning schedule
* Ensure chemicals are secured to ensure the safety of consumers
* Ensure the service environment is arranged to enable consumers to move freely indoors

### Requirement 5(3)(c)

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

* Ensure furniture and fittings are arranged to be suitable for consumers
* Ensure furniture and fittings are cleaned and well maintained

### Requirement 6(3)(d)

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

* Ensure consumers and representatives are informed of the outcome of their complaints and feedback
* Ensure verbal feedback is captured and logged in the service’s feedback and complaint systems