Peter Cosgrove House

Performance Report

90 Veterans Parade   
NARRABEEN NSW 2101  
Phone number: 02 9982 6666

**Commission ID:** 2326

**Provider name:** RSL LifeCare Limited

**Site Audit date:** 14 December 2021 to 17 December 2021

**Date of Performance Report:** 21 January 2022

# Performance report prepared by

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# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the Commissioner’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 18 January 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers interviewed spoke in a very positive way about the interactions they have with staff members and feel they are treated with respect and kindness. In addition, consumers felt staff know their needs, preferences and routines, and support their independence and what is important to them.

Staff interviewed were aware of consumers cultural backgrounds, personal circumstances, interests and things important to them. The Assessment Team observed staff members and the management team interacting with consumers with dignity and respect. Furthermore, the service demonstrates it supports consumers to maintain their independence and provides information to make informed choices and participate in their community and interests.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

### 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) Compliant

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

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

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

# STANDARD 2 NON-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.

The Assessment Team interviewed consumers and representatives and overall, they considered that they feel like partners in the ongoing assessment and planning of the consumer’s care and services. Most consumers confirmed they are involved in the care planning process, such as through the annual case conferences, face to face discussions and phone conversations with the registered nurses. Representatives said they generally have discussions with the registered nurses when their relative’s health needs change or when an incident occurs.

In contrast, it was not demonstrated the organisation’s policies and procedures for consumers care and clinical assessment are being routinely followed. Assessments and care plans do not include all relevant information about the needs, goals and preferences of consumers or the risks associated with their care.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found that from some consumers sampled, assessments and care plans did include information and management strategies about some risks associated with their care. However, for some consumers a risk management approach was not considered and/or alternative strategies to mitigate risks trialled. This was evidenced by the Assessment Team in relation to bed and lap devices in use, and a consumer’s safety when smoking. In addition, there are minimal risk assessments, ongoing reviews and monitoring in place to ensure the consumers are safe. The service was also unable to demonstrate, for some consumers sampled, that their assessments and care plans inform the delivery of safe and effective care.

In contrast, overall consumers and representatives interviewed said they felt very informed and representatives said they felt engaged in the management of their consumers. They said they can speak to the registered nurses at any time and are notified of any changes in the consumers health and wellbeing. In addition, care staff interviewed could describe how they use assessment and planning to inform how they deliver safe and effective care and that the organisation is still reviewing the issue of the bed bars and the best options for the safety and monitoring the consumes and equipment.

The Approved Provider did not provide any further information to refute the Assessment Team findings. The Approved Provider did present a comprehensive continuous improvement plan that was very specific in relation to the concerns identified by the Assessment Team. It is also acknowledged that the Approved Provider has already taken steps to perfect the assessment and planning, particularly in relation to risks to consumers. However, at the time of the site audit the evidence shows that the service was unable to demonstrate consistent assessment and planning considering risks to consumers.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

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

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

The Assessment Team found, after reviewing records for consumers sampled, that advanced care plans are being completed and reviewed as required. This was also confirmed through consumer interviews where consumers said they were very satisfied with the care and attention received from staff especially at end of life stage. The organisation also has a documented process about the initial assessment and care planning for new consumers. However, The Assessment Team found that this was not followed for some consumers who did not have some initial assessments completed within the specified timeframe. In addition, for some other consumers sampled their care plans did not include all information about their current needs, goals and preferences, or if documented were not followed by the staff.

The care plans sampled were noted to have advanced care plans completed by or for the consumers on entry as required. The advanced care plans document the consumer’s wishes including if they prefer to stay at the service or be transferred to hospital when their condition deteriorates and for end of life care. However, the Assessment Team found that orientation checklists and initial care plans process was not completed as per the organisation policy. In addition, the goals and preferences of a consumers was not followed as per the documented care plan and care plans have not been updated to include all information about their current needs of the consumers or old information removed from care plans.

The Approved Provider did not provide any further information to refute the Assessment Team findings. The Approved Provider did present a comprehensive continuous improvement plan that was very specific in relation to the concerns identified by the Assessment Team. In addition, The Approved Provider has already taken steps to perfect the assessment and planning, particularly in relation to risks to consumers. It is also acknowledged that the Approved Provider was able to demonstrate that advance care planning and end of life planning is delivered according to consumer wishes. However, at the time of the site audit the Approved Provider was unable to demonstrate consistency in relation to assessment and planning identifying and addressing consumer’s current needs, goals and preferences

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated assessment and planning identifies and addresses the consumer’s current needs, goals and preferences.

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

*The organisation demonstrates that assessment and planning:*

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

### Requirement 2(3)(d) Compliant

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

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

# 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

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 and service records and interviewing consumers, representatives and staff about safe and quality care and service delivery. The team also examined other relevant documents.

Most consumers and representatives interviewed by the Assessment Team considered the consumers receive personal care and clinical care which is safe and right for them. Review of organisational policy, procedure, resources and interviews with staff show there is support available for consumers nearing end of life. In addition, the organisation has policy and procedures to guide staff in recognising and responding to consumer deterioration or change in condition. Review of consumer care and service documents and interviews with staff shows this was well managed, in a timely manner.

Review of documentation and interviews held with consumers, representatives and staff showed information about the condition, needs and preferences of consumers is communicated among staff and with others where responsibility for care is shared. It also showed consumers are referred to appropriate services and specialists in a timely manner and in response to the needs of the consumer.

Although the feedback from most consumers and representatives was very positive in relation to the care the consumers receive, the Assessment Team identified deficits in pain, wound and psychotropic medication management for some consumers. In addition, documentation reviewed and discussions with senior management show the organisation’s related policies/procedures and best practice guidelines are not being followed. For the consumers sampled personal and clinical care has not been tailored to their needs and has not optimised their health and well-being

In relation to the management of high impact and high prevalence risks associated with the care of some consumers medical directives and the organisation’s policy and procedure have not been consistently followed. The consumers’ safety and comfort has not been effectively monitored by the staff. Furthermore, it was not demonstrated there is effective management of standard and transmission-based precautions to prevent and control infections.

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 although the feedback from most consumers and representatives was very positive in relation to the care the consumers receive, there were deficits identified in pain, wound management and ensuring the consumers psychotropic medication is being monitored and consent is provided in a timely manner. Documentation reviewed and discussions with senior management show the organisation’s related policies, procedures and best practice guidelines are not being followed. For the sampled consumers personal and clinical care has not been tailored to their needs and has not optimised their health and well-being.

The Assessment Team found wound charts were not being completed as documented. A review of some printed medication charts also showed that best practice is not being followed to enable the safe administration of medications. In addition, psychotropic medication deficits were identified in the accuracy of the information documented on the psychotropic authority forms, monitoring of the medication review process and the prolonged timeframe when consent of the medications was signed by the representatives or there is no consent signed.

The Assessment Team identified the service is unable to demonstrate an effective system is in place to manage consumers prescribed psychotropic medications. This includes ensuring the consumers psychotropic medication is being monitored and consent is provided in a timely manner. In relation to skin integrity for some of the consumer sampled, the Assessment Team identified the organisation’s policies and procedures and best practice wound management guidelines have not been followed. The early identification and escalation to the wound care specialist or medical officer for skin breakdown is also not consistently occurring. In addition, there are gaps and inconsistencies in the timing of dressing changes, reviews, photo uploads and wound charts do not show effective wound management. Lastly, in relation to pain management, the Assessment Team identified for some consumers their pain has not been assessed and monitored in accordance with organisational policy and procedure and best practice guidelines about pain management.

Most registered nurses and care staff interviewed said they were satisfied with the care and services provided for the consumers with both consumers and representatives providing positive feedback. However, some staff said due to a lack of staff they are not always able to meet each consumer’s personal care needs and preferences.

The Approved Provider did not provide any further information to refute the Assessment Team findings. The Approved Provider did present a comprehensive continuous improvement plan that was very specific and committed in relation to the concerns identified by the Assessment Team. The continuous improvement plan also included a strong commitment to staff training in the deficit areas. In addition, The Approved Provider has already taken steps to improve wound and pain management and continues to review and improve the use of psychotropic medications. However, at the time of the site audit the Approved Provider was unable to demonstrate consistency in relation to consumer care practices.

I am of the view that the approved Provider does not comply with this requirement as it has not demonstrated each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

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

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

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

The Assessment Team found deficits in the management of high impact and high prevalence risks associated with the care of residents. This included consumers post falls neurological observations, skin and pressure area care. The safety and comfort of consumers is also not effectively monitored by the staff. In addition, medical directives and the organisation’s policy/procedure have not been consistently followed.

In relation to deficits identified in the management of consumers with high prevalence risks the Assessment Team evidenced a review of a consumer’s medical diabetes plan that had not been followed by the registered staff. A dietitian review was completed and the monitoring charts for weight, vitals and dietary supplements were completed inconsistently. A review of the neurological observation chart completed after falls and on return from hospital was not consistently being completed as per the services neurological and vital signs observation procedure. In addition, pressure care for one consumer had no clear instructions to guide staff practice and wound identification and deterioration notification to a medical officer did not happen in a timely manner.

Lastly, the Assessment Team also observed the issues with medication. The medication trolley was left unattended and not locked on two occasions in the and the Assessment Team observed no medication charts/folders on the trolley to guide their medication practice.

The Approved Provider did not provide any further information to refute the Assessment Team findings. The Approved Provider did provide a comprehensive continuous improvement plan that was very specific and committed in relation to the concerns identified by the Assessment Team. The continuous improvement plan also included a strong commitment to staff training in the deficit areas. In addition, the Approved Provider has already taken steps to improve the management of high prevalent and high impact risks. However, at the time of the site audit the Approved Provider was unable to demonstrate consistency in relation to the effective management of high impact and high prevalence risks.

I am of the view that the approved Provider does not comply with this requirement as it has not demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found that the service has organisational policy and procedure about infection prevention and control and some consumers, representatives and staff have provided feedback about the practice at the service. There has also been support for consumer and staff vaccinations to occur. However, it was not demonstrated there is effective management of standard and transmission-based precautions to prevent and control infections.

The Assessment Team observed some poor staff and visitor practices for infection prevention and control. Many staff members and visitors from various departments were not wearing their face mask covering their nose as per the NSW Health guidelines and this happened throughout the four days of the performance assessment. The Assessment Team raised the deficits in face mask compliance with the facility manager who immediately responded by placing increased signage at the front entrance, and throughout the service and issued reminders to all staff. However, in contrast, the Assessment Team saw the service was well prepared to respond to an infection outbreak with a well-stocked PPE outbreak cupboard and prevention signage. The organisation also has infection control policies and procedures with links to the relevant state and peak body resources.

In relation to practices promoting appropriate antibiotic prescribing the registered staff reported encouraging fluids, ensuring pathology results are available prior to commencing antibiotics and undertaking monitoring when consumers are prescribed antibiotics.

Consumer feedback in relation to infection prevention and control was positive with consumer representatives interviewed saying they were pleased with COVID-19 pandemic management at the service. All consumers and representatives interviewed said the service environment is kept clean and one consumer interviewed who has a hand washing sink in the corridor that is visible from their room sees staff regularly washing their hands.

The Approved Provider did not supply any further information to refute the Assessment Team findings. The Approved Provider did provide a comprehensive continuous improvement plan that was very specific and committed in relation to the concerns identified by the Assessment Team. It is noted that the Approved Provider was able to demonstrate the minimisation of infection practices to promote appropriate antibiotic prescribing. It is also noted that the Approved Provider responded immediately to the Assessment Team feedback on site in relation to poor mask wearing protocols seen however; given the current COVID outbreak situation this is seen as first line of defence that is paramount in the delivery of infection prevention. Taking all this in to consideration, with such a fundamental lapse infection control the Approved Provider is not compliant in minimising infection related risks through standard and transmission-based precautions to prevent and control infection.

I am of the view that the approved Provider does not comply with this requirement as it has not demonstrated minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Most sampled consumers did not consider 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. In addition, overall consumers interviewed felt the taste and quality of meals where not satisfying and required improvement. Staff members confirmed the lack of food quality and the need for improvement.

The service demonstrated services and supports for daily living are not being fulfilled due to insufficient lifestyle recreational officers. Lifestyle recreational officers are not always able to provide one-on-one activities with consumers who have limited mobility and update care plans, conduct assessments for new consumers or update care plans when consumers need or preferences change.

In contrast, overall consumers interviewed feel they are supported to engage in things they enjoy and are able to readily communicate with family and friends and people who are important to them. The service provides consumers with emotional, spiritual and psychological support and encourages consumers to maintain personal relationships and engage in interest they enjoy. Staff members are well informed of consumer needs and preferences and have access to suitable and well-maintained equipment required to provide quality care. The service uses external service providers to enhance and supplement its care and services and ensure consumers health and well-being.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team found that the service provides consumers with safe and effective services and supports for daily living within Peter Cosgrove House section of the facility. However, the Phyllis Stewart House section demonstrates it has insufficient lifestyle recreational officers to meet consumer’s needs, goals and preferences in relation to daily living activities. The Assessment Team observed on several occasions throughout the visit when consumers were sleeping in lounge chairs in the main lounge room in Phyllis Stewart House and not engaged in activities.

The service acknowledged the key issue in the Phyllis Stewart House is an insufficient number of lifestyle staff available to ensure consumer’s daily living needs are being met and consumers are not receiving adequate support for their well-being and quality of life in relation to daily living activities. Consumers, care staff and lifestyle staff members interviewed confirmed the Phyllis Stewart House has insufficient lifestyle staff and unable to consistently meet consumers’ needs in relation to daily living activities.

Consumers interviewed in the Peter Cosgrove House said they enjoy most activities and staff members provide support to engage in things they enjoy. However, consumers in the Phyllis Stewart House felt they do not enjoy most activities and are not engaged in many group activities. In addition, a consumer confirmed they would like to have more frequent one-on-one activities in their room and but knows staff are busy and cannot always provide individual one-on-one activities. One consumer also said that generally there is nothing of interest to them and they go back to their room.

In contrast staff interviewed were able to describe in detail the things important to consumers and the things they enjoy which align with feedback provided by consumer interviews and information contained in consumer care plans. For example, a registered nurse was able to describe how a consumer enjoys being social and physically active and likes to help other consumers. In addition, the facility manager stated the lifestyle team have been trained to observe and recognise day to day changes in consumers emotional stated and social interactions. The facility manager said most staff know consumers regular routines and emotional states and can identify changes in emotions and behaviour and are reported to registered nurses to investigate. The lifestyle team engage in additional activities with consumers who are susceptible to depression and feelings of anxiety or loneliness.

The Approved Provider did not supply any further information to refute the Assessment Team findings. The Approved Provider did provide a comprehensive continuous improvement plan that was very specific and committed in relation to the concerns identified by the Assessment Team. It is noted that the Approved Provider is in the process of addressing the lack of lifestyle staff through a current recruitment process. However, at the time of the site audit the Approved Provider was unable to demonstrate consistency in relation to each consumer getting safe and effective services and supports for daily living particularly in relation to the provision of lifestyle activities.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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) Non-compliant

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

The Assessment Team found that overall consumers interviewed stated they are not satisfied with the taste and quality of meals and feel food needs improvement. Most consumers said the food is bland, not hot enough and the meat is tough. Staff members interviewed reported the meals lack quality and need improvement. Some staff members said they have seen some improvements with the food; however, meals are still not of a suitable quality. The complaint register, and resident’s meeting minutes demonstrate a high number of food complaints from consumers. In addition, some care plans did not state consumers food preferences. However, the Assessment Team observed the kitchen and serveries to be clean and tidy with staff observing general food safety and WHS protocols.

The Assessment Team interviewed the service’s chef. They confirmed the menu is changed every six months and consumer feedback is sought before the release of new menus. All food menus are assessed by a dietitian to ensure nutritional needs are met. However, the service’s complaint analysis shows a high number of consumers complained about food and meals. The chef stated there have been three main areas of complaints and trends concerning food. These are meat being too tough, low quality and taste of food and food temperature.

The facility manager stated he acknowledges the food concerns and feels the current set up with the kitchen and meal preparation area not being within the individual wings needs improvement, and he is working with the management team to implement future strategies.

The Approved Provider did not supply any further information to refute the Assessment Team findings. The Approved Provider acknowledged there was an issue with meal provisions and that the service was working to resolve these issues. The Approved Provider also submitted a comprehensive continuous improvement plan relating to improving consumer meals based on their feedback.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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 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 that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed said they feel at home at the service and their families are made to feel welcome when visiting.

The Assessment Team observed the environment is conducive to the well-being and safety of consumers. The staff have systems in place to ensure equipment is serviced regularly and maintained in optimal condition. Maintenance logs are kept up to date to ensure the service and the environment is safe for consumers. All staff have been trained in the use of equipment and are responsible for overseeing that equipment that is not appropriate or suitable is reported.

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.*

### 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.*

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

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

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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.

Most sampled consumers did not consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. In addition, consumers and staff interviewed are not aware of advocacy services and are not informed about how to make a complaint outside of the service.

Some consumers and representatives interviewed feel the service does not always action their complaints to their satisfaction however overall consumers interviewed felt safe in making complaints and providing feedback. Staff interviewed stated most consumer complaints are concerning meals and laundry services and stated consumers feel their complaints are not always resolved.

Documentation reviewed shows not all complaint records have received a response from the service.

The Quality Standard is assessed as Non-compliant as two 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.*

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

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

The Assessment Team interviewed staff and found that they were able to effectively communicate with consumers with difficulty communicating. However, were not aware of advocacy services. Consumers interviewed were unable to describe making a complaint if they felt uncomfortable raising concerns with staff or the management team. Consumers were also not familiar with advocacy services and said they did not know how to make a complaint unless it was made to staff members or the management team.

The service demonstrated it has documented information about advocacy services, however, consumers and staff are not aware of advocacy services and how to make a complaint outside the service.

In contrast, consumers interviewed with difficulty communicating said staff listen to their concerns and action their requests or help them complete a complaint form using family members or language and translation services. Staff showed they can effectively communicate with consumers through communication cards, hand actions and sign language and utilising family members when possible.

The Approved Provider did not supply any further information to refute the Assessment Team findings. The Approved Provider was able to demonstrate that they have already addresses the concerns relating to advocacy information and making complaint methods for consumers. However, at the time of the site audit the Approved Provider was unable to demonstrate consistency in relation to consumers being aware of and having access to advocates, language services and other methods for raising and resolving complaints.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

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

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

The Assessment team found from consumer/representative interviews that complaints are not always actioned and resolved to satisfaction. Staff interviews confirm consumer complaints relating to food have not been resolved and complaint records show some complaints have not received a response from the service. In addition, most consumers and representatives interviewed who have submitted complaints stated their concerns have not been addressed.

Staff interviewed said most consumer complaints relate to food or laundry services. Most staff members stated they have seen some improvements in the quality of meals. However, staff said consumers are still not happy with the quality of meals and feel insufficient action has been taken to resolve food complaints. The data in the complaints register seen by the Assessment Team confirms the service does not always address and action complaints.

In contrast, staff members interviewed were able to accurately describe the processes involved in the service’s open disclosure policy and how it relates to consumer complaints. In addition, the facility manager provided an example of a consumer who had a fall and he acknowledged, explained and apologised to the family and discussed strategies on how to prevent future occurrences.

The Approved Provider did not supply any further information to refute the Assessment Team findings. Whilst there was some evidence to demonstrate that the Approved Provider does have an operational open disclosure policy there were significant deficits identified at the time of the site audit in responding to and actioning complaints.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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 from people who are knowledgeable, capable and caring. Consumers/representatives interviewed were satisfied with the care and services provided. They said the staff are very good and were responsive to their needs and are treated with care and respect. This was confirmed by the Assessment Team by observing staff interacting with consumers in a kind, caring and respectful manner.

Consumers were confident that the staff are competent to deliver the care and services they require. They said staff generally know what they are doing and did not identify areas where further education and training are required.

However, a large number of consumers and representatives indicated that the service is understaffed, and this impacted negatively on care and services. For example, consumers complained of delays in answering to call bells and delays in being assisted with care needs. In addition, some staff members interviewed during the site audit indicated that the service is understaffed, and this impacted on their ability to perform tasks and complete assigned duties. They are also directed to perform duties for which they have not received the relevant training.

The service did not demonstrate that performance appraisals are completed in a timely manner for the majority of the staff and training provided to staff has not been structured despite some training being provided.

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.*

Some consumers and representatives interviewed considered there are not enough staff at the service to provide the care consumers require and staff are always rushing. Care staff have provided feedback to the organisation and to the Assessment Team that there is not enough staff rostered and they spoke of impacts of this on consumers. Management has provided information regarding ongoing difficulties in securing permanent and casual staff.

Throughout the site audit visit, consumers and representatives interviewed said staff numbers are not adequate and often have to wait extended periods of time for staff to answer call bells. For example, one consumer stated that there are some days of the week she is not provided with the same level of care and services, including having to wait prolonged times for assistance to position and with dentures as well as call bells not being answered promptly. They also believed that their care was impacted when the service uses agency staff who did not know about their needs and preferences.

The Facility Managers for both houses acknowledged that the service has faced ongoing difficulties in securing permanent and casual staff, as well as securing agency staff to fill in vacant shifts. Several care worker, enrolled nurse and registered nurse positions are advertised in job platforms on an ongoing basis. However, this still has been unable to address the ongoing staffing needs. Management indicated that RSL’s Human Resources team is in the process of conducting a rostering restructure to ensure that better allocation of resources is happening.

The Assessment Team reviewed the residents meeting minutes for the two houses. This indicated that staffing concerns were discussed with management regularly. Call bell response times were also reviewed by the Assessment Team and were being impacted by the staff shortage.

The Approved Provider did not supply any further information to refute the Assessment Team findings. The Approved Provider did provide a comprehensive continuous improvement plan that was committed in relation to the concerns identified by the Assessment Team. It is noted that the Approved Provider has had ongoing issues in finding and retaining staff and that this is being addressed through various initiatives to with varying success. In addition, the Approved Provider did acknowledge there is an impact on the care provided due to these staffing difficulties which was in turn confirmed by staff and consumers.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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.*

### 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) Non-compliant

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

The Assessment Team found though interviews conducted and observations that most staff have the qualifications and knowledge to perform their roles. However, the organisation did not demonstrate that staff are provided with ongoing and scheduled training to refresh and maintain their skills. This has been identified by management and a new training coordinator was recently appointed. The training coordinator has presented a training plan which will address all the identified gaps in training over the next few months.

Review of the 2021 education documentation for staff demonstrated some training was provided, but management agreed that despite staff having access to education, training was not structured, it was reactive to specific situations/incidents, rather than as part of a scheduled training calendar. However, processes are in place to address a range of identified training gaps, especially face to face training, lack of communication regarding ‘legislation’ and ‘the changes occurring in Aged Care’. The training coordinator has indicated that her approach to training is to return to basics, focussing in the Quality Standards and identified needs for staff.

The Approved Provider did not supply any further information to refute the Assessment Team findings. The Approved Provider did provide a training continuous improvement plan that addresses the concerns identified by the Assessment Team. It is noted that the Approved Provider has acknowledged that training and recruitment has been an ongoing issue and has been trying to improve this prior to the site audit. However, at the time of the site audit the Approved Provider was unable to demonstrate staff are recruited, trained to deliver the outcomes required by these standards.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

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

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

The Assessment Team found that the service confirmed that performance appraisals for all staff are overdue. The service mangers indicated that this would be addressed during in the new year. A renewed focus will be in place to ensure that all staff attend to their performance appraisals. The Assessment Team reviewed the personal files for three staff members and all performance appraisals were overdue.

The Approved Provider did not supply any further information to refute the Assessment Team findings. The service has acknowledged that they are not compliant with this standard but did however provide a continuous improvement plan that addresses the concerns identified by the Assessment Team.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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 considered that the organisation is well run and that they can partner in improving the delivery of care and services. Some consumers confirmed they have the opportunity to attend consumer meetings and provide feedback and suggestions by other means.

The service demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation also demonstrated it has governance systems, a risk management plan and clinical governance framework in place for the delivery of safe and quality care and services.

However, the Assessment Team identified gaps in the service’s practices related to the managing of high impact or high prevalence risks associated with the care of consumers; consumers are not engaged in the development, delivery and evaluation of care and services and, feedback and complaints workforce governance.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found from consumers/representatives interviewed that they believe the service is well run and they feel comfortable making comments, suggestions for improvements. In addition, management explained they encourage and support consumers/representatives to participate in the development, delivery and evaluation of care and services in a range of ways. This includes through residents’ meetings, food focus groups and regular surveys. A review of resident meeting minutes demonstrated consultation and involvement of consumers in the running of the service.

However, the Assessment Team found that this was inconsistent across the two houses of the service. In Phyllis Stewart House they do not have a resident’s representative. The facility manager indicated that consumers residing in this house are ‘contented’, and that consumers do not engage or provide feedback. The facility manager indicated that they intend to be proactive in this area and work with consumers and representatives to get them engaged in the running of the service.

Furthermore, a review of residents’ meeting minutes did not demonstrate that residents were consulted or participated in decisions made at the service and the Assessment Team were not provided examples of a variety of meeting minutes just those for the Food Focus Group.

The Approved Provider did not supply any further information to refute the Assessment Team findings. The Approved Provider has provided continuous improvement plan that addresses the concerns identified by the Assessment Team. However, at the time of the site audit the Approved Provider was unable to consistently demonstrate consumers are engaged in the development, delivery and evaluation of care and services.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated consumers are consistently engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

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

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

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

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

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

The Assessment Team found that effective organisation wide governance systems were not demonstrated in relation to workforce governance. In addition, deficiencies were seen in relation to feedback and complaints. However, the service has information systems to ensure all stakeholders have the information they need. Consumers are provided information about the care and services provided through notices, emails, brochures, a regular activities program, and the organisation’s website.

The service has a continuous improvement system in place and identifies opportunities for improvement through input from consumer feedback, complaints, audits, staff suggestions, review of clinical indicators, incidents, organisational initiatives, and external audits. In addition, management explained they are given a budget and are given a delegation authority for discretionary spending. They said they can seek authorisation for further spending as required. They gave the example of purchasing care equipment, monitoring of consumers equipment and renovating areas of the houses.

The organisation centrally manages regulatory compliance. Policies and procedures are updated in line with legislative changes. The organisation provides regular legislative and policy updates to notify management and staff of any new regulatory requirements and any new or updated policies and procedures. In addition, the organisation has an incident management and reporting (SIRS) policy and procedure in place. The organisation’s orientation program also covers the reporting responsibilities in relation to abuse, assault and missing consumers. All incidents are reviewed by the care manager or manager and incident management is monitored and reviewed.

The Approved Provider did not supply any further information to refute the Assessment Team findings. The Approved Provider has provided continuous improvement plan that addresses the concerns identified by the Assessment Team. It is also acknowledged that the Approved Provider is compliant with some aspects of this requirement such as regulatory compliance and information and financial management. However, the Approved Provider was unable to demonstrate effective governance systems in relation to workforce and feedback and complaints.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated effective organisation wide governance systems relating to the following:

* workforce governance, including the assignment of clear responsibilities and accountabilities;
* 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.*

The organisation provided a documented risk management framework, including policies describing how:

* high impact or high prevalence risks associated with the care of consumers is managed
* the abuse and neglect of consumers is identified and responded to
* consumers are supported to live the best life they can.
* incidents are managed and prevented.

The service identifies high impact/high prevalence risks through daily review and ongoing monitoring, collection and analysis of clinical data, internal and external audits, and oversight by regional and senior management. In addition, the organisation has a policy and procedures for identifying and responding to abuse and neglect of consumers.

The service has a policies and procedures to support consumers’ freedom of choice and a consumer’s right to engage in activities that may involve risk. Where a consumer may choose an activity that involves some risk, a risk assessment process and a risk consultation form are used. The dignity of risk is discussed with consumers and their representatives at case conferences.

Staff confirmed these policies had been discussed with them and that they had been educated about them. They could describe the steps they would take in response to an incident, including caring for the consumer’s immediate needs, recording and reporting the incident and follow up action as needed.

The Approved Provider did not supply any further information to refute the Assessment Team findings. Upon considering this decision the evidence presented by the Assessment Team does demonstrate that the Approved Provider has effective risk management systems and practices. This combined with the Approved Providers continuous improvement plan shows that the service is compliant with these requirements.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated 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 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.*

* Continue to improve assessment and planning as provided to the Aged Care Quality and Safety Commission.
* Ensure that when improvements are made they are applied consistently and mitigates risk to consumers.

### 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.*

* Continue to improve assessment and planning as provided to the Aged Care Quality and Safety Commission.
* Ensure that when improvements are made they are applied consistently and address the consumer’s current needs, goals and preferences.

### 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.*

* Continue to improve safe and effective consumer care as provided to the Aged Care Quality and Safety Commission.
* Ensure that when improvements are made they are applied consistently to ensure that each consumer gets safe and effective care.
* Develop practices to ensure the service is aware and up to date with best practice care provision methodologies.

### Requirement 3(3)(b)

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

* Continue to improve the management of high impact and high prevalence as provided to the Aged Care Quality and Safety Commission.
* Ensure that when improvements are made they are applied consistently to ensure that each consumer is receiving effective management of high prevalence and high impact risks that affect the quality of their care.
* Ensure staff are encouraged to come forward and report noticed inconsistencies in managing risks to allow for continuous improvement.
* Review monitoring systems to ensure that medical advice/care is implemented effectively.

### 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.*

* Continue to improve infection control as provided to the Aged Care Quality and Safety Commission.
* Develop a method to spot check mask wearing on site regularly and make staff more involved in mask wearing policing of each other and visitors.

### 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.*

* Continue to improve the safety and effectiveness of consumer services to support daily living as provided to the Aged Care Quality and Safety Commission.
* Complete lifestyle staff recruitment and work in partnership with consumers to develop activities both group and one on one that relate to their needs, goals and preferences.

### Requirement 4(3)(f)

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

* Continue to improve meal provision as provided to the Aged Care Quality and Safety Commission.
* Work in partnership with consumers to resolve the issues relating to the provision of meals.

### Requirement 6(3)(b)

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

* Continue to improve consumer awareness and access of advocacy and methods for raising complaints as provided to the Aged Care Quality and Safety Commission.
* Continue to promote long term the language services and advocacy programs available to consumers to resolve complaints to their satisfaction.

### Requirement 6(3)(c)

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

* Review and improve the complaints process to ensure that action is consistently taken relating to all complaints.
* Improve the use of open disclosure so it consistently applies to all complaints raised.

### 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.*

* Continue to improve workforce as provided to the Aged Care Quality and Safety Commission and continue to utilise varying processes to secure and retain appropriate staffing levels.

### Requirement 7(3)(d)

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

* Continue to improve training and recruitment as provided to the Aged Care Quality and Safety Commission and continue to adapt and evolve training to meet the specific staffing needs.

### Requirement 7(3)(e)

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

* Continue to improve monitoring and assessment of staff performance as provided to the Aged Care Quality and Safety Commission and ensure that the process is solidified to continue long term.

### Requirement 8(3)(a)

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

* Continue to improve consumer engagement in care and services of staff performance as provided to the Aged Care Quality and Safety Commission.
* Ensure that the processes are solidified and continue long term but are also consistently applied across the service and recorded and evaluated regularly.

### 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.*

* Continue to improve organisation wide governance system as provided to the Aged Care Quality and Safety Commission specifically in relation to workforce governance and feedback and complaints.