RFBI Glen Innes Masonic Village

Performance Report

175 Lambeth Street   
GLEN INNES NSW 2370  
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**Commission ID:** 0305

**Provider name:** Royal Freemasons' Benevolent Institution

**Site Audit date:** 13 April 2021 to 16 April 2021

**Date of Performance Report:** 21 May 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **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) | 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) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Non-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** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 11 May 2021

# 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 interviewed by the Assessment Team considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Consumers and their representatives spoke positively about being treated with respect by staff and staff knowing what is important to them. One consumer representative spoke of the challenges for the consumer engaging and communicating with staff where English is their second language. Consumer/representative interviews, management/staff interviews, and documentation reviewed showed information is being provided to consumers which helps them make choices about their day to day care and services.
* Consumers spoke positively about the respect shown by staff in relation to their culture. Staff demonstrated knowledge about the consumers’ background and what is important to them.
* Consumer/representative interviews, management/staff interviews, and documentation reviewed showed consumer personal privacy is respected. The organisation does not have policy which addresses all the information privacy principles, however consumers’ personal information was kept secure at the service.
* Consumers or representatives gave examples of how they are supported to make decisions about care and services and maintain relationships. Staff interviewed described ways in which they support consumers to spend time with others of their choosing. The service keep information about who authorised decision makers are when consumers do not have capacity to make their own decisions.

However, for one consumer sampled risk assessment was not undertaken, and the consumers’ care and service records did not include relevant information to guide management and staff in supporting the consumers to take risks to live their best life. There has been no impact on the consumer.

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 and service records in detail, asking consumers how they are involved in care planning, and interviewing staff about how they use assessment and care planning documents and review them on an ongoing basis.

Most consumers or representatives interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of the consumer’s care and services. However:

* Consumer and representative feedback is mixed in relation to their involvement in assessment, planning and review of consumers’ care and services. While some said they had been involved in case conferences others said they had not.
* The Assessment Team received mixed feedback from consumers and their representatives about their ability to access the consumer’s care plan.

Care and service records do not provide adequate evidence of a comprehensive assessment and planning process, including consideration of risks to the health and wellbeing of the consumers sampled. This was found in relation to risk of pressure injury, skin conditions and risks associated with the use of chemical restraint.

For the consumers sampled, representatives on their behalf said they have had an opportunity to communicate the consumer’s end of life care wishes with the service’s staff. While all consumers sampled had an advanced care directive uploaded to their electronic care and services file, care planning documents do not always detail current care needs more broadly.

For consumers sampled, their care plans do not show evidence of review when circumstances change or incidents occur. Accident/incident investigations are limited and do not seek to identify root cause and therefore opportunity to implement strategies to minimise the risk of reoccurrence.

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

#### Overall consumers or their representatives interviewed by the Assessment Team were unable to describe their involvement in the care planning process and, in some cases did not know what a care plan is. Care and service records do not provide adequate evidence of a comprehensive assessment and planning process, including consideration of risks to the health and wellbeing of the consumers sampled. This was found in relation to risk of pressure injury, skin conditions and risks associated with the use of chemical restraint. There is a process for the assessment of consumers when they first move into the service however this has not been followed for the one consumer sampled who recently move into the service.

The response from the provider submits further details about the care of named consumers and details of actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is not compliant with this requirement.

### 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.*

#### For the consumers sampled, representatives on their behalf said they have had an opportunity to communicate end of life care wishes with the service’s staff. All consumers sampled had an advanced care directive uploaded to their electronic care and services file. However, the Assessment Team found for the consumers sampled care planning documents do not always detail current needs more broadly.

The response from the provider submits further details about the care of named consumers and details of actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is compliant with this requirement.

### 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 found consumer and representative feedback is mixed in relation to their involvement in assessment, planning and review of consumer’s care and services. For most consumers sampled, case conference documents reflect the consumer or their representative is involved in assessment and planning. However, for two consumers sampled recommendations provided by external organisations that are involved in the care of the consumer has not been included. For another consumer, their representative is consulted, however the consumer themselves is not and this causes distress. Case conference records reviewed indicate partnership with consumers or their representatives.

The response from the provider submits further details about the care of named consumers and details of actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is not compliant with this requirement.

### 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 received mixed feedback from consumers and their representatives about their ability to access the consumer’s care and service plan. While the Assessment Team found that case conference checklists recently introduced provide a process for ensuring the consumer (or their representative) is offered a copy of the care and service plan, this has not been fully implemented and only two consumers have had a case conference using this tool.

The response from the provider submits further details about the care of named consumers and details of actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is not compliant with this requirement.

### 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.*

For consumers sampled, their care plans do not show evidence of review when circumstances change or incidents occur. Accident/incident investigations are limited and do not seek to identify root cause and therefore opportunity to implement strategies to minimise the risk of reoccurrence. While there are documents to guide staff practice, these have not been followed by the staff.

The response from the provider submits further details about the care of named consumers and details of actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is not compliant with this requirement.

# 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 – their care and service records were reviewed and staff were asked how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents and made observations.

Most sampled consumers/representatives considered that consumers receive personal care and clinical care that is safe and right for them.

For example:

* Consumers and representatives interviewed by the Assessment Team said that the care provided is generally good, however one consumer representative said it could be better.
* Two consumer representatives spoke of poor communication within the staff and gave examples of this.
* Consumers and representatives said they have access to doctors and allied health professionals.

While the needs and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved, care and service records for the consumers sampled do not reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. Consumers are chemically restrained and this is not used as a last resort.

For the consumers sampled, key high impact or high prevalence risks, most notably in relation to falls risk and choking are identified however are not always recorded in care planning documentation. There is not effective management of the risks identified.

#### For the consumers sampled, care and service records do not reflect the identification of, and response to, deterioration or changes in condition. While clinical issues are identified and escalated to the registered nurse, for two consumers sampled no follow up has occurred and there has not been escalation to the medical officer for review. Care and service records do not support that the condition, needs and preferences of consumers are communicated adequately between the service’s staff or with others responsible for care.

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

#### Care and service records for the consumers sampled do not reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. Consumers are chemically restrained and this is not used as a last resort. Chemical restraint is not managed in accordance with the organisation’s expectation or legislative requirements. Interviews with staff and review of care and service records does not support that staff understand the risks associated with chemically restraining consumers and their role in minimising its use. For one consumer sampled, pain has not been monitored when they sustained significant injury after falling.

The response from the provider submits further details about the care of named consumers and details of actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is not compliant with this requirement.

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

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

#### For the consumers sampled, key high impact or high prevalence risks, most notably in relation to falls risk and choking are identified however are not always recorded in care planning documentation. There is not effective management of the risks identified. Consumer representatives are unaware of the high impact and high prevalence risks associated with the care of the consumers sampled.

The response from the provider submits further details about the care of named consumers and details of actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is not compliant with this requirement.

#### 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) 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.*

#### For the consumers sampled, care and service records do not reflect the identification of, and response to, deterioration or changes in condition. While clinical issues are identified and escalated to the registered nurse, for two consumers sampled no follow up has occurred and there has not been escalation to the medical officer for review.

The response from the provider submits further details about the care of named consumers and details of actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is not compliant with this requirement.

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

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

Consumer representatives spoke of poor communication between the staff and gave examples of this. Care and service records do not support that the consumer’s condition, needs and preferences are communicated effectively among the service’s staff or with others responsible for care. Service staff have raised concerns about communication within the team.

The response from the provider submits further details about the care of named consumers and details of actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is not compliant with this requirement.

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

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

### Requirement 3(3)(g) 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.*

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 or their representatives considered that consumers 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 and their representatives provided positive feedback about how the consumer is supported at the service and the services provided.
* Consumers and representatives provided positive feedback about how consumers are engaged to do things within and outside the service and how they keep in touch with the people important to them.
* Consumers or their representatives did not identify any concerns regarding referrals to individuals and other organisations in relation to services and supports for daily living. Service staff provided some examples of referrals required including the counselling services available, volunteers and visits by the chaplain.

However:

For three consumers sampled, their representatives expressed concern for the emotional and psychological wellbeing of the consumer.

Staff demonstrated an understanding of what consumers like to do and have implemented a new program to meet their needs. The activities calendar is flexible to meet the needs and preferences of consumers.

#### Staff interviewed provided examples on how they support consumers to participate in the broader community, maintain relationships and do things of interest to them.

Overall consumers and representatives provided information about the meals being varied and of suitable quality and quantity, although two consumers raised issues about the meal quality.

A new menu has been developed with consumer input and implemented with enhanced consumer choice. Adjustments are made to menu items at the service in response to trends in consumer feedback.

Observations, staff interviews, and documentation shows equipment for food services, cleaning, laundry, maintenance and recreational and social activities is available, clean, safe and well-maintained

However, risks to the emotional and psychological well-being of the consumers sampled have not been identified. This includes when the consumer’s emotional health has declined, and actions were not taken to address the decline. The organisation has procedures in relation to depression, anxiety management and suicide prevention, however they have not been followed for the consumers sampled.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-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) Non-Compliant

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

Consumer representatives expressed concern for the emotional and psychological wellbeing of consumers. Risks to the emotional and psychological well-being of the consumers sampled have not been identified. This includes when the consumer’s emotional health has declined and actions were not taken to address the decline. The organisation has procedures in relation to depression, anxiety management and suicide prevention, however they have not been followed for the consumers sampled.

The response from the provider submits further details about the care of named consumers and details of actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is not compliant with this requirement.

### 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 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 management and staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall consumers and representatives provided feedback about the consumer feeling safe within the service environment and the service environment being comfortable. For example:

* Feedback from consumers/representatives is that the service environment is welcoming, and consumers feel at home in the service.
* Feedback from consumers/representatives is that the service environment and furniture and equipment is well maintained and is mostly kept clean.
* A consumer said even though the maintenance staff are flat out all the time the gardens are well kept. The consumer said they enjoy spending time in the courtyard area with the pond.

Observations made and interview with management shows the service environment is welcoming and consumers feel at home in the service. Improvements have been made to make the service environment easier to understand for people living with dementia. Overall the service environment is optimising consumer independence, interaction and function.

Staff interviewed, observations made, and documentation reviewed shows the service environment is safe, clean, well-maintained and comfortable for consumers. This also shows overall consumers can move freely within the service environment and can access the outdoors.

Furniture, fittings and equipment are safe, well maintained and mostly are kept clean. Additional equipment has been purchased and is able to be accessed for the safety of the consumers.

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.*

Furniture, fittings and equipment are safe, well maintained and mostly are kept clean. Additional equipment has been purchased and is able to be accessed for the safety of the consumers. However, the Assessment Team found falls prevention and/or pressure injury management/ prevention equipment has not been provided consistent with the needs of three consumers to manage risks associated with their care. Further information about this matter was provided by the approved provider and I have found that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

I find that the approved provider is compliant with this requirement.

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall consumers and representatives interviewed by the Assessment Team considered they are encouraged and supported to give feedback and make complaints. For example:

* Consumers and representatives provided feedback they would feel comfortable raising a complaint.
* Consumers and representatives knew of ways to escalate their concerns if their complaint is not addressed.

Staff knew how to support consumers in relation to feedback and complaints. Review of records shows consumers are being encouraged and supported in relation to giving feedback and making complaints. Management and staff were aware of the availability and role of advocacy and language services. There is promotion of advocacy services and the external aged care complaints mechanism to consumers.

However the Assessment Team found that the recording of all aspects of complaints could be improved to ensure that resolution of complaints and records of open disclosure are clear.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The Assessment Team found that while most complaints are now being recorded, there is not a consolidated record of complaints for ease of management and the complaint records do not consistently show that open disclosure is implemented, and complaints are resolved. A registered nurse did not have an understanding of open disclosure. A consumer and a representative sampled provided information that generally indicated open disclosure and complaint resolution, however another consumer said their complaint had not been resolved. During the audit management was not able to provide information about progress in relation to some of the open complaints.

The response from the provider submits further details about the care of named consumers and details of actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is compliant with this requirement.

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

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

Three consumers and a representative provided information about their feedback or complaint not leading to improvement. Management was not aware of the complaint trends at the service or of consumer complaints which have led to improvements. Records reviewed do not support that overall improvements are being made in relation to consumer complaints.

The response from the provider submits further details about the care of named consumers and details of actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is compliant with this requirement.

# 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. The Assessment Team also made observations.

Consumers and representatives interviewed by the Assessment Team say staff are kind, caring and respectful towards consumers. A consumer described staff as pleasant, a representative said staff are kind and caring to all residents, and a representative said staff are kind to their mother even when she is having a bad day and when they do not know the representative is listening. Observations made show staff are kind, caring and respectful towards consumers.

Staff interviewed said they had recently had a performance appraisal and review of a sample of personnel files showed a performance appraisal had been completed when due. Review of a performance appraisal tracker showed some staff have not had a performance appraisal completed when due. Management has a plan to address this. Management was aware of the performance of the staff and need for staff development.

However:

* Additional shifts have been added to the roster to enhance the number and mix of staff, however there is increasing use of temporary (agency) care staff and staff are working extra hours. Some consumers and representatives say there is not enough staff to meet the needs and preferences of consumers. Care staff consistently provided feedback that they and their colleagues are unable to complete all of their duties and work effectively and efficiently. Some consumer assistance response times are excessive, including for consumers with risks associated with their care. There have been significant changes in key personnel/senior staff at the service and some staff are new to their role and lack experience.
* While some consumers considered that staff know what they are doing, other consumers and some representatives provided information about staff not knowing what they are doing or that staff may not know what they are doing. While some formal competency assessments are undertaken with staff, these have been limited to certain skill sets and there is no organisational policy/procedure in relation to this. The medication competency of most care staff has been re-assessed, but for some this had not taken place for just over 12 months and there has been and is poor medication administration practice. New graduate registered nurses have been employed and registered nursing staff lack skills in clinical leadership and some areas of clinical care. A support program is being put in place.
* Most consumers and representatives thought that staff were adequately trained and did not need training in any particular areas. However, one consumer said staff are not well trained and a consumer representative raised a concern about the conduct of a new temporary (agency) staff member. There has been improvement overall in training, equipping and supporting the staff who work at the service. However, some staff lack the knowledge to effectively perform their roles.
* 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.*

Additional shifts have been added to the roster to enhance the number and mix of staff, however there is increasing use of temporary (agency) care staff and staff are working extra hours. Some consumers and representatives say there is not enough staff to meet the needs and preferences of consumers. Care staff consistently provided feedback that they and their colleagues are unable to complete all of their duties and work effectively and efficiently. Some consumer assistance response times are excessive, including for consumers with risks associated with their care. There have been significant changes in key personnel/senior staff at the service and some staff are new to their role and lack experience.

The response from the provider submits further details about the care of named consumers and details of actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is not compliant with this requirement.

### 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) Non-compliant

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

While some consumers consider that staff know what they are doing, other consumers and some representatives provided information about staff not knowing what they are doing or that staff may not know what they are doing. While some formal competency assessments are undertaken with staff, these have been limited to certain skill sets and there is no organisational policy/procedure in relation to this. The medication competency of most care staff has been re-assessed, but for some this had not taken place for just over 12 months and there has been and is poor medication administration practice. New graduate registered nurses have been employed and registered nursing staff lack skills in clinical leadership and some areas of clinical care. A support program is being put in place.

The response from the provider submits further details about the care of named consumers and details of actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is not compliant with this requirement.

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

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

Most consumers and representatives thought that staff were adequately trained and did not need training in any particular areas. However, one consumer said staff are not well trained and a consumer representative raised a concern about the conduct of a new temporary (agency) staff member. There has been improvement overall in training, equipping and supporting the staff who work at the service. However, some staff lack the knowledge to effectively perform their roles. This was evident through interviews with them and through the Assessment Team’s findings across the Quality Standards.

The response from the provider submits further details about the care of named consumers and details of actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is not compliant with this requirement.

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

*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 (including as assessed through other Standards).

Most consumers/representatives sampled said they thought the service was well run by the organisation. However, a consumer said they did not think the service was well run and a representative said overall the service is well run but there are little things which need to be addressed.

Overall it has not been demonstrated there is an understanding at organisational level of the requirement to engage consumers in the development, delivery and evaluation of care and services. While there has been some consumer engagement at service level, it has not been demonstrated at organisational level there is documented guidance about this or that there are supporting systems or processes for it to occur particularly in relation to the development and delivery of care and services.

The organisation’s strategic plan has been amended to include some information about a commitment to a culture of safe, inclusive and quality care and services. There have been some improvements and others are in progress to strengthen the organisation’s foundations for the delivery of safe, inclusive and quality care and services for consumers. However, in recent months and at this time adequate information is not being provided to the board to enable them to be accountable for the delivery of safe, inclusive and quality care and services. Some decisions have been made by the executive against their best judgement. Overall, there has been a lack of progress made in relation to some areas of safe and quality care and service delivery since significant gaps in performance against the Quality Standards were identified by the Commission during a site audit in November 2020.

Organisation wide governance systems are not effective in relation to information management, continuous improvement, workforce governance, regulatory compliance, or feedback and complaints. It has been demonstrated there is effective financial governance as this relates to the service in recent months.

The organisation’s risk management systems and practices are not effective in general or in relation to managing high impact or high prevalence risks associated with the care of consumers at the service or supporting those consumers to live the best life they can. Organisational risk management systems for managing and preventing incidents are in development. It has been demonstrated overall that organisational risk management systems and practices for identifying and responding to the abuse and neglect of consumers are effective.

The organisation has a documented clinical governance framework but it does not clearly set out clinical performance/effectiveness measures. Other documentation reviewed does not demonstrate clinical performance monitoring at service level is robust. Where organisational monitoring has identified gaps in clinical performance at the service, action has been taken however this is recent and improvements have not yet been realised. An antimicrobial stewardship program is not in place. Use of chemical restraint is not being minimised. Open disclosure is not being consistently practiced, including in relation to consumer accidents/incidents.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment team found there has been some consumer engagement at service level. However, at organisational level there is no documented guidance, systems or processes to support consumer engagement in the development, delivery and evaluation of care and services.

The response from the provider submits further details about actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is not compliant with this requirement.

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

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

In summary, most consumers/representatives sampled said they thought the service was well run by the organisation however one consumer thought it was not. The organisation’s strategic plan has been amended to include some information about a commitment to a culture of safe, inclusive and quality care and services. There have been some improvements and others are in progress to strengthen the organisation’s foundations for the delivery of safe, inclusive and quality care and services for consumers. However, in recent months and at this time adequate information is not being provided to the board to enable them to be accountable for the delivery of safe, inclusive and quality care and services. Some decisions have been made by the executive against their best judgement. Overall, there has been a lack of progress made in relation to some areas of safe and quality care and service delivery since significant gaps in performance against the Quality Standards were identified by the Commission during a site audit in November 2020.

The response from the provider submits further details about actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is not compliant with this requirement.

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

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

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

In summary, organisation wide governance systems are not effective in relation to information management, continuous improvement, workforce governance, regulatory compliance, or feedback and complaints. It has been demonstrated there is effective financial governance as this relates to the service in recent months.

The response from the provider submits further details about actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is not compliant with this requirement.

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

In summary, the organisation’s risk management systems and practices are not effective in general or in relation to managing high impact or high prevalence risks associated with the care of consumers at the service or supporting those consumers to live the best life they can. Organisational risk management systems for managing and preventing incidents are in development. It has been demonstrated overall that organisational risk management systems and practices for identifying and responding to the abuse and neglect of consumers are effective.

The response from the provider submits further details about actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is not compliant with this requirement.

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

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

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

In summary, the organisation has a documented clinical governance framework but it does not clearly set out clinical performance/effectiveness measures. Other documentation reviewed does not demonstrate clinical performance monitoring at service level is robust. Where organisational monitoring has identified gaps in clinical performance at the service, action has been taken however this is recent and improvements have not yet been realised. An antimicrobial stewardship program is not in place. Use of chemical restraint is not being minimised. Open disclosure is not being consistently practiced, including in relation to consumer accidents/incidents.

The response from the provider submits further details about actions taken and planned to be taken to ensure all issues are addressed.

I find that the approved provider is not compliant with this requirement.

# 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 and relate to the following requirements:

### 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.*

### 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.*

### 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.*

### 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.*

### 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.*

### Requirement 3(3)(b)

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

### 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.*

### Requirement 3(3)(e)

*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 4(3)(b)

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

### 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.*

### Requirement 7(3)(c)

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

### Requirement 7(3)(d)

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

### Requirement 8(3)(a)

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

### Requirement 8(3)(b)

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

### 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.*

### Requirement 8(3)(d)

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e)

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

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