RSL ANZAC Village

Performance Report

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**Commission ID:** 0531

**Provider name:** RSL LifeCare Limited

**Site Audit date:** 9 March 2021 to 12 March 2021

**Date of Performance Report:** 23 April 2021

# Publication of report

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

# Overall assessment of this Service

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| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-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) | Non-compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |
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# 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 conducted 9 – 12 March 2021, 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 8 April 2021.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found that overall consumers and representatives sampled considered the consumer is treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

The Assessment Team found that the organisation provides consumers with information which allows them to make informed choices and to understand their rights and the services available to them. The service’s staff overall respect and uphold consumer personal and information privacy. However, some sampled consumers and representatives provided information about the consumer not being treated with dignity and respect. Other information gathered showed some staff do not have an understanding of what treating consumers with dignity and respect means in practice.

The Assessment Team interviewed sampled staff who could not describe how they adapt the way care and services are provided so this is culturally safe for each consumer.

The Assessment Team interviewed some consumers and representatives who provided information about the consumer’s choices not being respected. Staff gave examples of how they help consumers make day to day choices, however the choices of some consumers have not been supported. It was not demonstrated there is a process to understand who the consumer wants involved in decisions about their care or that alternative decision-making arrangements (informal and formal) are understood and respected.

A system is not in place to identify, assess and manage risks to support consumer choice so they can live their best life. For the consumers sampled there was a lack of risk assessment and planned management to support their choices in relation to activity with associated risk.

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

## Assessment of Standard 1 Requirements

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

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

The Assessment Team found that overall consumers and representatives sampled said the consumer feels respected and valued as an individual at the service. They said staff speak to the consumer respectfully and staff know the consumer’s preferences.

The Assessment Team interviewed consumers and their representatives and were told that staff did not always speak to consumers respectfully and rushed during care which they did not feel was dignified or respectful.

The Assessment Team interviewed staff who demonstrated they are familiar with some consumers’ backgrounds and what is important to them, however not all staff were able to say or to demonstrate how they would access the consumer’s life story or care plans to gain insight into their background and preferences. One staff member was not aware what a care plan was or where it is located.

The response from the approved provider contains details of what actions have been taken since the audit and what actions will be taken to address all the issues. This

includes extensive training for all staff to better engage with and support consumers.

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

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

*Care and services are culturally safe.*

The Assessment Team spoke to consumers, representatives and staff who provided information which indicates the staff do not recognise, understand or respect the unique cultural identity of some consumers. Staff could not describe how they adapt the way care and services are provided so this is culturally safe for each consumer.

The Assessment Team spoke to consumer’s representatives who advised that the staff do not know about the consumer’s previous life and what is important to them and they don’t seem to terribly be interested.

The Assessment Team interviewed staff and found that they did not demonstrate a knowledge of the culture and backgrounds of consumers and were unable to explain how they deliver care to meet the consumers’ related needs and preferences.

The response from the approved provider contains details of what actions have been taken since the audit and what actions will be taken to address all the issues.  This includes webinars and training for all staff for cultural diversity to develop a mind-set for cultural agility and leveraging cultural diversity.

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

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

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

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

The Assessment Team interviewed consumers, representatives and staff. Sampled staff advised that consumers are supported to develop and maintain relationships of choice. Some consumers and representatives say they are supported to make decisions about the way the consumer lives, but others provided information about the consumers choices not being respected. Staff gave examples of how they help

consumers make day to day choices however, the choices of some consumers have not been supported. It was not demonstrated there is a process to understand who the consumer wants involved in decisions about their care or that alternative decision-making arrangements (informal and formal) are understood and respected. This was found to mostly occur with the consumer’s personal care and food preferences.

The Assessment Team spoke with staff who could not describe the process to establish who the consumer would like to be involved in their care and under what circumstances. The Assessment Team reviewed consumer’s assessments and care plans and found that while some consumers can make decisions about their care, these decisions are not always reflected in the consumer’s assessments and/or care plans.

The response from the approved provider contains details of what actions have been taken since the audit and what actions will be taken to address all the issues.  This includes webinars and toolbox talks for all staff.

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

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

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

The Assessment Team interviewed sampled consumers and their representatives who said consumers are supported to make choices including to take some risks in life. However, a system is not in place to identify, assess and manage those risks to support consumer choice. For the consumer sampled there was a lack of risk assessment and management to support their choices about activity with associated risk.

The Assessment Team identified that the service does not have a formal system to identify and document how staff support consumers to do the things they want to do where there is associated risk. The Assessment Team reviewed the care and service records for consumers, who the consumer, representative or staff said are supported to take risks. These show no or minimal consideration of risk or lack of comprehensive risk assessment.

The Assessment Team spoke to the management team who advised that consumers who are able to make their own decisions, activities conducted by them are not considered as risks but are their choice. This does not show an understanding of the need to identify, assess and manage risks to support consumer choice.

The approved provider advised that the organisation would be implementing several measures including a recently implemented risk consultation form to record a more comprehensive process of risk assessment in relation to supporting consumers to do the things they want to do.

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

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

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

The Assessment Team found that consumer’s feedback indicated they are given information which enables them to exercise choice. The organisation provides consumers with information which allows them to make informed choices and understand their rights and the services available to them.

The Assessment Team found that overall consumers said that staff give them a choice of meals daily and they can choose what they like. They said they also get an activity calendar every month and can choose which activities they would like to attend.

The Assessment Team spoke with staff who are aware of consumers with limited communication capacity and limited cognitive capacity and demonstrated effective ways they communicate with them.

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

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

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

The Assessment Team spoke to sampled consumers who said their privacy and confidentiality is respected. Staff gave examples of how they maintain the privacy of consumers in the delivery of care and services, and observations made were generally consistent with this. Staff gave examples of how they uphold consumer information privacy, and observations made were generally consistent with this. The organisation has systems to support consumer information privacy.

The Assessment Team observed handover on day one of the performance assessment being held in the dining room next to the nurses’ station and staff discussing information about consumers while consumers were walking to and from

the dining room. Otherwise staff were observed discussing aspects of consumer care in private.

The Assessment Team observed access to the computerised care records system is restricted through login according to staff roles and duties and staff accessing consumer care and service records only in the nurse’s stations.

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

# 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 found that overall consumers and representatives provided information indicating they are not a partner in care. Some consumers and representatives provided information about assessment and planning in ongoing partnership with them, but most advised this has not occurred. Some consumers and representatives said they have been advised of the outcomes of assessment and planning and the consumer’s care plan has been made available to them, but most said this has not occurred.

It was also observed that there are differences across the service in the systems and processes described for partnering with consumers, and these have not been followed. Review of consumer care and services records shows opportunities for partnering have not been made available or that case conferencing has occurred, but without the opportunity for consumer and representative input and consultation.

There are inconsistent processes and practices across the service for informing consumers of the outcomes of assessment and planning and making the care plan available to them. Regular review of consumer assessments and care plans has not

occurred or has not been effective. A lack of investigation of incidents means that strategies to minimise the risk of reoccurrence are not identified and actioned. There have been poor health outcomes for consumers who have experienced a change in their circumstances without review of their care and services.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found that for consumers who have recently moved into the service, assessment and care planning does not show consideration of all risks to their health and well-being and it has not been shown to inform the delivery of safe and effective care and services. Actions taken to address the clinical risks have not been adequate and there is adverse impact on some consumers.

It was also observed care planning documentation revealed for most of the consumers sampled care and service records do not provide evidence of comprehensive assessment and care planning that considers all risks to the consumer’s health and well-being. This includes an absence of a health assessment for one consumer, no care plan or bowel management plan for another consumer, no sleep evaluation assessments for several consumers, and no functional, continence and pain assessments for other sampled consumers.

The approved provider advised that the organisation will be reviewing systems to simplify the care management system for staff to develop more accurate care plans and include a plan for continuous improvement to address identified gaps.

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

### 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 that some consumers have assessment and planning which addresses advance care and end of life preferences. The organisation has assessment and care planning policy and procedure, but this has not been implemented at the service. Consumers generally do not have goals of care and have not been given the opportunity to develop these. Assessments and care plans show inconsistent and inaccurate information about consumer needs and preferences. The continence and behaviour assessment tools in use are not assessments, rather are logs or monitoring charts and there is a lack of evaluation of the information being collected using the tools.

The Assessment Team’s finding is also that a comprehensive assessment of consumer behaviour based on behaviour monitoring and the identification of triggers is not in place.

The regional manager advised a contract has recently been established with an external (contracted) registered nurse agency for the purpose of reviewing care plans for all consumers at the service in line with consumers’ needs, goals and preferences, and that training on palliative care, end of life and advance care planning would be conducted.

I find the approved provider is not 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 that while some consumers and representatives are provided information about assessment and planning in ongoing partnership with them, most advised this has not occurred. There are differences across the service in the systems and processes for partnering with consumers, and in these have not been followed. Review of consumer care and services records shows opportunities for partnering have not been made available or that case conferencing has occurred, however documentation indicates this is a one-way conversation with service staff informing consumers and/or their representatives about the care which is being provided without the opportunity for consumer and representative input and consultation.

For most consumers sampled, progress notes show that representatives are informed whenever there is a change in the consumer’s condition.

The Assessment Team interviewed sampled staff who said certain assessments are reviewed second-monthly and the consumer and/or their representative is consulted during the review. Inconsistent information was provided in relation to how often case conferences are held. Management advised case conferences are held annually whereas registered nurses said they are done second monthly when those assessments are reviewed.

The approved provider responded that a one-day refresher workshop will be run for registered nurses and enrolled nurses to obtain consistency in clinical essentials including assessment of care plans and case conferencing.

I find 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 found that some consumers and representatives say they have been advised of the outcomes of assessment and planning and the consumer’s care plan has been made available to them, but most said this has not occurred. There are inconsistent processes and practices across the service for this and in some areas the practices described by service management and registered nurses was not demonstrated to have occurred. Some staff did not know how and/or were not accessing consumer care plans.

The Assessment Team observed care planning documents were available to staff in the computerised care records system, however some care staff were unable to say or demonstrate how they would access care plans for consumers in the computerised care records system to gain an understanding of the consumer’s background and preferences. One staff member was not aware what a care plan was or where it is located.

Additionally, staff were observed using charts in the system to enter observations, but there is no evidence they contribute to consumer assessments, write care notes or participate in care plan review.

The approved provider responded that all care plans were to be reviewed and education would be made available to staff to assist them with the issues identified in this requirement.

I find 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.*

The Assessment Team identified that regular review of consumer assessments and care plans has not occurred or has not been effective. A lack of investigation of incidents means that strategies to minimise the risk of reoccurrence are not identified and actioned. There have been poor health outcomes for consumers who have experienced a change in their circumstances without review of their care and services

The Assessment Team reviewed sampled care plans and found they do not show evidence of review for effectiveness when circumstances change, when incidents occur or when the needs of the consumer change.

Care planning documentation reviewed did not have a date of last review. Comprehensive review of care plans is not conducted regularly as not all assessments are reviewed regularly. The assessment matrix showed that several assessments for some consumers have not been reviewed for more than a year.

The Assessment Team spoke to management who advised that they are aware of inconsistencies in comprehensive review of all assessments and have contracted registered nurses to review the assessments and care plans for all consumers.

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 – consumers were interviewed, their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Team also examined relevant documents and made observations.

The Assessment Team found that some consumers and representatives provided information about the consumer receiving personal and clinical care that is safe and right for them. However, some said this is not occurring and some of them provided information about adverse impact on the consumer’s health.

The Assessment Team observed that for sampled consumer’s personal and clinical care is not best practice, is not tailored to their needs and has not optimised their health and wellbeing. Consumers’ wounds are not prevented or managed effectively. Chemical restraint is not used as a last resort. Physical causes and depression are not explored as possible factors in consumer escalation in behaviour. Consumer pain is not monitored, assessed or effectively managed. There have been significant adverse health outcomes for some consumers.

The Assessment Team also identified that high impact and high prevalence risks associated with the care of consumers have not been managed effectively. This includes risk as relating to consumer behaviours, falls, malnutrition and medication management. There have been poor health and well-being outcomes for some consumers, and some consumers have not been kept safe.The Assessment Team identified that the processes for escalation and response to deterioration in a consumer’s condition are not clear and have not been effective for the consumers sampled. In addition to general deterioration in condition, sampled consumers have experienced deterioration with their wounds. While the deterioration has been identified (although after delay for some consumers), this has not led to appropriate response and referral to the medical officer. A consumer sampled has also experienced a deterioration in depressive illness without escalation of this to the

The Quality Standard is assessed as Non-compliant as seven 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 for the consumers sampled personal and clinical care is not best practice, is not tailored to their needs and has not optimised their health and wellbeing. Consumers’ wounds are not prevented or managed effectively. Chemical restraint is not used with consumers as a last resort. Physical causes and depression are not explored as possible factors in consumer escalation in behaviour. Consumer pain is not monitored, assessed or effectively managed. There have been significant adverse health outcomes for some consumers.

The response from the approved provider contains details of what actions have been taken since the audit and what actions will be taken to address all the issues.  This includes the employment of additional registered nurses to increase the clinical oversight of care delivery.

I find 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.*

The Assessment Team found that high impact and high prevalence risks associated with the care of consumers have not been managed effectively. This includes risk as relating to consumer behaviours, falls, malnutrition and medication management. There have been poor health and well-being outcomes for some consumers, and some consumers have not been kept safe.

The Assessment Team found that while multiple behaviour assessments are recorded, there has not been adequate identification of causes of the behaviours including in relation to possible wound pain and depression and the behaviour assessments are not used to identify triggers and/or are not evaluated for effectiveness.

The Assessment Team identified that the service does not have systems to detect consumers who have consistently lost weight over time. As a result of this consumers are not always referred to dieticians for review and the development of support strategies. Management acknowledged there is a need to review the consumers within the service who are at risk of malnutrition. The regional manager advised every consumer in the service would be reviewed by a dietician.

The response from the approved provider contains details of what actions have been taken since the audit and what actions will be taken to address all the issues.  This includes additional dieticians that have been engaged to complete reviews in all consumers to provide input on meals and food.

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

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

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

The Assessment Team found that for one consumer sampled who recently passed away, an end of life care plan was not developed or implemented and their pain and comfort at end of life was not maximised, the documentation reviewed shows a lack of understanding by staff regarding appropriate use of end of life medications.

For another consumer sampled who is currently receiving palliative care, treatment has occurred which is not in accordance with their advanced care plan. While her advance care wishes have been made known, they have not been followed; and her care plan does not include guidance for staff about supporting her goals and preferences.

The response from the approved provider contains details of what actions have been taken since the assessment and what actions will be taken to address all the issues.  This includes additional education in palliative care, end of life and advance care planning.

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

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

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

The Assessment Team found that processes for the escalation and response to deterioration in a consumer’s condition are not clear and have not been effective for the consumers sampled. In addition to general deterioration in condition, the consumers sampled with wounds have experienced deterioration of the wounds. While the deterioration has been identified (although after delay for some consumers), this has not led to appropriate response and referral to the medical officer. A consumer sampled has also experienced a deterioration in depressive illness without escalation of this to the medical officer for review.

The approved provider responded that they have initiated a range of measures to address the issues identified by the Assessment Team, these include training in recognising and reporting changes in consumer’s health.

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.*

The Assessment Team interviewed sampled consumers and representatives who provided information about staff appearing to communicate well in relation to consumer care. However, for the consumers sampled their care and service records do not provide adequate information to support effective sharing of information about the consumer’s health and care needs. Other health professionals have provided direction to staff however it is not evident this information is being shared with and among the staff for implementation.

The approved provider initiated a range of measures to address the issues identified by the Assessment Team, these will be reviewed and evaluated by quality coordinators to ensure continuous improvements are effective.

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

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

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

The Assessment Team have found that for the consumers sampled, timely and appropriate referrals have not occurred. There has been a lack of referral or timely referral to the medical officer when the consumer’s condition has changed. There has been lack of advocacy or actual referral for wound consultancy, podiatry, occupational therapy, behavioural review, dietetic review, geriatrician review and lack of follow up for orthopaedic review as recommended.

The Assessment Team interviewed staff who could articulate the process for referring consumers to other health professionals. Registered nurses said they use the local [Northern] Beaches rapid access care of the elderly (BRACE) team for referrals for wounds and contact them via phone or email. However, in relation to one consumer who could have benefitted from a referral to an occupational therapist, the Team was advised that the organisation does not have access to this service.

The approved provider responded with a range of initiatives to be implemented including a plan for continuous improvement to address the gaps identified in the Assessment Team’s report.

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

### 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 recent improvements have been made in relation to COVID-19 outbreak preparedness, however some staff have not completed related training or competency assessment. Registered nurses demonstrated an understanding of the importance of promoting appropriate antibiotic prescribing and said they implement practices to support this. However, for some consumers sampled testing was not undertaken to confirm the presence of infection prior to antibiotics being commenced.

The Assessment Team interviewed sampled staff who demonstrated an understanding of practices to support appropriate antibiotic prescribing. They gave examples of minimising the use of antibiotics by preventing urinary tract infections through increasing fluids, regular toileting and perineal hygiene, and using aseptic technique during wound dressings. Registered nurses were aware of the importance of collecting specimens for testing, in particular wound swabs and mid-stream urine samples before commencing antibiotics.

The Assessment Team found that the organisation has written policies and procedures in relation to infection control and antimicrobial stewardship to guide staff practice, however in some instances antibiotics were commenced prior to the presence of infection being confirmed.

The approved provider responded that they will be providing additional education for staff in Antimicrobial Stewardship for all staff to address the issues identified in this report.

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

# 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.

The Assessment Team found that some consumers and representatives considered the consumer 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.

The Assessment Team interviewed consumers and representatives and found that feedback was mixed in relation to services and support for the consumer’s emotional, spiritual and psychological well-being. Some consumers and representatives said consumers are being supported to participate in the community, have relationships and do things of interest to them. However, others provided feedback about a lack of support for these things to occur.

The Assessment Team spoke to management and staff who advised referrals are being made to other organisations, such as to social workers and volunteer support programs. Interviews with visiting social workers and review of consumer care and service records confirms referrals have been occurring. However, it was identified that consumer care and service records do not include sufficient information about the services and supports the consumer needs to help them do the things they want to do. It was not demonstrated that consumers are being adequately supported for health, well-being and quality of life including in relation to lifestyle activities and the dining experience.

The Assessment Team reviewed the sampled consumers’ care and service records which shows some consumers are well supported, but others are not. The records demonstrate the needs of some consumers have not been identified or the services and supports have not been provided. Staff said they provide related services and supports but this is not evident for some consumers sampled. Consumer care and service records do not always include information about what they like to do or how staff are to support them; and staff lacked knowledge of how to support some consumers. Observations show a lack of support for many of the consumers to engage in any activities.

While the service provides opportunities for consumers to give feedback about the food, the feedback is not consistently being used improve or adjust the meals to reflect consumer wants and needs.

The Assessment Team’s observations in some areas of the service showed equipment was broken, missing or was just not available for use. Linen was also observed to be in short supply in some areas of the service.

The Quality Standard is assessed as Non-compliant as six 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 interviewed consumers and representatives and found services and supports for daily living overall was generally positive, however a consumer raised an issue about the laundry service and a representative about missing clothing. Consumer care and service records do not include sufficient information about the services and supports the consumer need to help them do the things they want to do. It was not demonstrated that consumers are being adequately supported for health, well-being and quality of life including in relation to lifestyle activities and the dining experience.

The Assessment Team interviewed activity officers across the service indicate the focus of the activities program is group based. For those consumers who are unable or choose not to participate in group activities the options are very limited. Records kept of the individual engagement with consumers does not provide sufficient information for evaluation of the consumer’s program.

The approved provider responded that they initiated improvements to address the issues identified in the Assessment Team report and have created a new role for a Lifestyle and Wellness Manager to develop a consistent, high quality engagement program for consumers.

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

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

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

The Assessment Team obtained feedback from consumers and representatives which is mixed in relation to services and supports for the consumer’s emotional, spiritual and psychological well-being. Review of consumer care and service records shows some consumers sampled are well supported, but others are not. They show the needs of some consumers have not been identified or the services and supports have not been provided. Staff said they provide related services and supports but this is not evident for some consumers sampled.

The Assessment Team generated a report from the computerised care records system about the spiritual needs of consumers and found many consumers were identified as having no spiritual needs. The needs are not stated/mentioned or this is noted to be not applicable. Care plans have a domain about emotional, relationship, intimacy, spiritual-cultural and social community needs. However, for most consumers sampled this care plan domain did not include sufficient information about their emotional, spiritual or psychological well-being.

The approved provider has committed to a number of continuous improvement measures to ensure that the identified issues in the assessment report are remedied.

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

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

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

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

The Assessment Team interviewed sampled consumers and representatives who provided feedback about consumers being supported to participate in the community, to have relationships and to do things of interest to them. However, others provided feedback about a lack of support for these things to occur. Consumer care and service records do not always include information about what they like to do or how staff are to support them; and staff lacked knowledge of how to support some consumers. Observations show a lack of support for many of the consumers to engage in any activities.

The Assessment Team reviewed care planning documentation and identified that for consumers sampled, their care and service records do not always include information about what they like to do. If information is included, it is not comprehensive to assist staff to understand the consumer’s needs and preferences. There does not appear to be a connection between the consumer’s assessed needs (where assessment has occurred) and the activities program for them.

The approved provider has responded that with the engagement of their new Lifestyle and Wellness Manager, their new plan for continuous improvement, and the review of care planning documentation, the service is committed to improving the service delivery provided to consumers.

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

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

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

The Assessment Team found that sampled consumers and representatives generally said they felt there is effective communication within the organisation. However, the care and service records of consumers and interviews with staff show staff lack of knowledge and limited information about the consumers to support effective and safe services and supports for daily living.

The Assessment Team found that staff did not always demonstrate knowledge of the consumer’s needs or preferences relating to services and supports for daily living. The Assessment Team observed one consumer going out with an NDIS care worker. Upon asking staff, they could not identify who the consumer goes out with. One staff member said it was his family member. When the Assessment Team asked how the information is generally passed on about visitors and outings, staff referred the Assessment Team to the communication diaries. The communication diary on that

day indicated this consumer was going out with a worker. It appears that the staff member interviewed by the Assessment Team had not read this.

The approved provider has committed in their response to improving the effective and safe services to consumers through staff training and a pilot project to empower staff to better communicate with consumers.

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

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

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

The Assessment Team interviewed consumers who provided information about having been referred to other organisations who provide them with services and supports for daily living. Management and staff advised referrals are being made to other organisations, such as to social workers and volunteer support programs. Interviews with visiting social workers and review of consumer care and service records confirms referrals have been occurring.

The Assessment Team reviewed care planning documentation for the consumers sampled and found that their care and service records reflect the involvement of other organisations in the provision of services and supports for daily living. However, they do not always provide comprehensive information to assist the staff to provide related services and supports.

I have found that the approved provider is compliant with this requirement.

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

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

The Assessment Team found that consumers and representatives provided a mixture of positive and negative feedback about the food. While the service provides opportunities for consumers to give feedback about the food, the feedback is not consistently being used toimprove or adjust the meals to reflect the consumer wants and needs.

The Assessment Team observed in each building the kitchen servery area was noisy and the sound echoed across the dining area impacting on the consumer dining experience. The service’s complaint records include numerous complaints about the meals over the past six months, some are resolved and others remain open.

The approved provider responded that they have initiated changes and appointed a new Head of Hospitality to develop a new model for catering to improve the catering experience.

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

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

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

The Assessment Team interviewed staff who said the equipment the service provides to support lifestyle activities meets the needs of the consumer and they are satisfied it is clean and well maintained. However, an activity officer said they do not have the resources they need, and some care staff said there is a lack of linen. The Assessment Team’s observations in some areas of the service showed equipment was broken, missing or was just not available for use. Linen was also observed to be in short supply in some areas of the service.

The Assessment Team observed that some areas of the service had equipment that was broken or was not available for use, the padded arms of the chairs in the hairdresser’s room in Connie Fall were loose. The consumers rely on the arms of the chairs to assist in transitioning from a standing to sitting position and vice versa. Instability of the chair arms increases the chance of a consumer falling during this transition.

The approved provider has not specifically responded to this requirement, however, has said that regular audits will be conducted to evaluate the improvements in place.

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

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumers’ 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 staff about the suitability and safety of equipment. The Team also examined relevant documents.

The Assessment Team found that most consumers and representatives considered the consumer belongs in the service and feels safe and comfortable in the service environment.

Consumers confirmed they feel safe and at home living in the service and they can freely access outdoor areas. Consumers and representatives sampled reported the service is clean and well maintained. Most consumers and representatives provided feedback about the furniture, fittings and equipment being safe, clean and well maintained.

The Assessment Team identified that maintenance and safety issues were identified in relation to some consumer furniture and there were inconsistencies across the service in the processes for checking and cleaning consumer equipment. However, this had not adversely impacted on the consumers. One consumer with an identified need for pressure offloading did not have related equipment and there was adverse impact, but otherwise equipment sampled was available to the consumers. The maintenance records and the information gathered overall showed furniture, fittings and equipment were clean, safe and regularly maintained, and were suitable for the consumer.

The Assessment Team identified many areas of the service environment are not clean or well maintained. There was limited evidence the service employs a range of strategies to create a safe and comfortable service environment in line with the needs and preferences of consumers. Consumers have not been enabled to move freely indoors.

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

## Assessment of Standard 5 Requirements

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

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

The Assessment Team observed there are elements of the service environment that are welcoming and some of the areas have communal spaces for socialisation and lounge areas for consumers to receive guests. The service environment does not however reflect dementia enabling environmental principles and this has had an adverse impact on some consumers. The Assessment Team found this for two consumers sampled, and a consultant found the environment was adversely impacting on the functioning of some consumers.

The Assessment Team found that several dementia enabling design principles were not observed to be practices throughout the service.

The Assessment Team asked management about the features of the service environment that are designed to support the functioning of people with a cognitive impairment, service management acknowledged that improvement to the environment needs to occur.

The approved provider advised some work has been undertaken and other work is planned. A review of the service environment has been undertaken by a nurse practitioner who is a behavioural specialist and recommendations made in line with the dementia enabling design principles.

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

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

The Assessment Team found that consumers and representatives generally considered the service environment to be safe, clean, well maintained and comfortable; and said the consumer is able to use the outdoors. However, observations made show many areas of the service environment were not clean or well maintained. There is limited evidence the service employs strategies to create a safe and comfortable service environment in line with consumer needs and preferences. The Assessment Team found in all six buildings many of the consumer bedroom doors were locked and consumers were not able to move freely in and out of their rooms.

The Assessment Team observed that some areas of carpet had water damage, paint was chipped and peeling, one dining room had chunks of food and liquid on the floor several hours after the lunch time meal service which was a potential slip hazard. Food was also left on the floor in the lower lounge on the first and second day of the assessment. A lounge room was being used as a storage area for a floor cleaner and wire infection control trolleys, fully stocked with PPE which was open and accessible for consumers and visitors. A consumer with cognitive impairment was observed wandering around this lounge area.

The approved provider responded and advised that a range of initiatives have been and will be implemented to address these issues and a new provider has taken over the cleaning and this has improved the ambience and living environment.

I have found the approved provider is not compliant with this requirement.

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

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

The Assessment Team found that most consumers and representatives provided feedback about the furniture, fittings and equipment being safe, clean and well maintained. Maintenance and safety issues were identified in relation to some consumer furniture and there were inconsistencies across the service in the processes for checking and cleaning consumer equipment. However, this had not adversely impacted on the consumers. One consumer with an identified need for pressure offloading did not have related equipment and there was adverse impact, but otherwise equipment sampled was available to the consumers. The maintenance records and the information gathered overall showed furniture, fittings and equipment were clean, safe and regularly maintained, and were suitable for the consumer.

The Assessment Team observed there were some inconsistencies in practices noted for checking and cleaning consumer equipment across the service, but these were not found to have impacted the consumers.

I have found that the approved provider is compliant with this requirement.

# 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 and improvement plans, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

The Assessment Team found that overall consumers and representatives considered they are encouraged and supported to give feedback and make complaints. However, they were not aware of or recalled being informed about advocacy services. Some consumers and representatives were not aware of and did not recall being informed about the external complaint mechanism. Most explained their complaints had not been satisfactorily addressed and they did not believe their complaint led to an improvement in care and services.

The Assessment Team gathered additional information that confirmed that consumers and representatives have been encouraged and supported to provide feedback and to complain. However, it showed that consumers and representatives have not been made aware of advocacy services or the external aged care complaints mechanism. The information gathered did not demonstrate that appropriate action has been taken in response to some complaints or that an open disclosure process has been consistently applied. It showed few improvements made in response to consumer and representative feedback and complaints.

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

### The Assessment Team found that consumers and representatives advised they are encouraged to provide feedback and are supported to make a complaint. Mention was made of this occurring at consumer meetings and of specific management personnel and staff being supportive of this.

The Assessment Team interviewed staff who explained they would support a consumer or representative to provide feedback and to make a complaint. They spoke of escalating the feedback or complaint to management and offering the consumer or representative a form, if asked for this, to document their feedback or complaint.

The Assessment Team observed that the organisation has a complaint handling and resolution policy and procedure and that the organisation’s website demonstrates that the organisation values feedback and complaints with an online form that can be submitted.

I have found that the approved provider is compliant with this requirement.

### 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 found that consumers and representatives were not aware of aged care advocacy services and could not recall being informed about them. While some consumers and representatives were aware of the external aged care complaints mechanism, others were not. This was the case, for some sampled representatives who asked the quality assessor what they could do if they had any concerns or complaints in the future and requested the quality assessor’s contact details. The Commission’s role was explained, and the Commission contact details were provided.

The Assessment Team identified that management and staff were aware of the external aged care complaints mechanism and that management was aware of aged care advocacy services, but staff were not.

The Assessment Team observed there were no aged care advocacy service posters or brochures displayed in the service environment readily visible to consumers and their visitors. When management was asked about this they confirmed none were available but said they would source these.

The approved provider responded that they would be delivering training for all staff and toolbox talks on feedback and complaints and open disclosure.

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

### 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 that most consumers and representatives sampled explained their complaints had not been satisfactorily addressed. The registered nurses lacked an understanding of open disclosure. Management did not demonstrate that complaints had been adequately addressed or that an open disclosure process was consistently applied.

The organisation has open disclosure policy and procedure.

Some entries in the complaint registers outline how complaints have been addressed but few reflect an open disclosure process has been applied.

It also appears the complaint registers are not kept up-to-date

As discussed in above requirement the approved provider will be delivering training for all staff and toolbox talks on feedback and complaints and open disclosure.

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

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

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

The Assessment Team interviewed management who advised of some improvements made as a result of consumer feedback or complaints and one consumer said they believed there had been improvement as a result of complaints.

However, other consumers and representatives advised there had not been improvement as a result of complaints and the documentation provided showed very few improvements made as a result of complaints. Overall, it has not been demonstrated feedback and complaints are used on an ongoing basis to improve the quality of care and services.

The organisation’s complaint register includes prompts to reflect whether an improvement has resulted from the complaint. Review of the four complaint registers shows very few complaints have resulted in an improvement from September 2020 to the present.

As discussed in above requirement the approved provider will be delivering training for all staff and toolbox talks on feedback and complaints and open disclosure.

I find that the approved provider is not 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 found that overall consumers and representatives thought the staff were kind and caring to consumers, and other information gathered by the Assessment Team was consistent with this.

However, most consumers and representatives thought there was a lack of staff to meet the needs and preferences of the consumers. Some considered that the staff lacked knowledge and needed more training.

#### The Assessment Team interviewed staff and management who provided feedback about lack of staff and use of agency staff with this meaning they cannot complete their assigned duties. While most consumer calls for assistance via the call bell system have been responded to in a timely manner, some have not. Some observations made by the Assessment Team show that staffing as deployed has not enabled safe and effective care and services.

The Assessment Team observed it was not demonstrated there is a robust organisational system for establishing staff competency relevant to their role, or that the system which is in place has been effectively implemented at the service.

The Assessment Team found it was demonstrated there is a robust system for staff recruitment and induction, but not for the induction of agency personnel who have worked at the service. It was not demonstrated there are robust organisational systems for training, equipping and supporting staff, or that those systems have been effectively implemented at the service.

The Assessment Team also found it was not demonstrated that regular assessment, monitoring and review of the performance of each member of the workforce has taken place.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found that some consumers and representatives thought there were enough staff to meet the needs and preferences of consumers, however, most did not and some of them advised of adverse impact on the consumer. Management and staff provided feedback about lack of staff and the use of agency staff, which impacted on their ability to complete their assigned duties. Management advised of new roles being created, additional shifts being added to the roster and recruitment taking place to increase staffing.

The Assessment Team reviewed the roster coverage and discussion with service management about this showed most shifts are being filled, however some are not and agency staff are often used to fill care staff shifts and occasionally to fill registered nurse shifts. Management advised that in some areas over the past fortnight staff had worked short in the kitchen, cleaning, care and registered nursing. Service management explained that recruitment efforts continue to fill shifts permanently on the roster and to build the casual pool of staff.

The approved provider responded that they have recently employed five additional registered nurses and three new facility managers and a range of other specialised roles to address the issues identified by the Assessment Team.

I have found 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.*

The Assessment Team found that overall, it was demonstrated that staff are kind and caring to consumers and they respect the consumers. Consumers and representatives report staff are kind and caring. Observations made and documents reviewed were consistent with this.

The Assessment Team observed staff interactions to be kind, caring and generally respectful of the consumers.

Review of consumer care and service documentation showed that respectful terminology was generally used.

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

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

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

The Assessment Team found that some consumers and representatives considered the staff know what they are doing, whereas others did not and provided detail of adverse impact on the consumer. It was not demonstrated there is a robust organisational system for establishing staff competency relevant to their role, or that the system which is in place has been effectively implemented at the service.

The organisation has some documented core competencies for some different roles. These include for care staff: some basic personal care related and medication administration competencies; and for all or relevant staff: hand hygiene, don and doff personal protective equipment and manual handling. Of note at organisational level, there is a limited range of personal care related competencies for care staff, the medication administration competencies for care staff do not include a competency assessment about witnessing registered nurse administration of schedule eight medication, even though some care staff do this as part of their role. There is a lack of competency assessment for other staff roles.

The approved provider responded that they have recently employed additional staff including two roving clinical care managers to conduct reviews, education and training for staff to address the issues identified by the Assessment Team.

I have found 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.*

The Assessment Team found that some consumers and representatives did not think the staff needed more training, but others did particularly about caring for older people in general. It was demonstrated there is a robust system for staff recruitment and induction, but not for induction of the agency personnel who have worked at the service. It was not demonstrated there are robust organisational systems for training, equipping and supporting the staff, or that those systems have been effectively implemented at the service.

The approved provider responded as previous requirement above that they have recently employed additional staff to assist with staff education including two roving clinical care managers to conduct reviews, education and training for staff to address the issues identified by the Assessment Team.

I have found the approved provider is not compliant with this requirement.

### 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 regular assessment, monitoring and review of the performance of each member of the workforce has not been demonstrated.

The Assessment Team found that while there is information to show some members of the workforce have had a performance discussion or review in the past 12 months, performance assessment/monitoring/review was not demonstrated to have occurred for each member of the workforce.

The approved provider responded and advised that they have implemented a range of training initiatives, policies and procedures and additional staff to further develop and review staff.

I have found the approved provider is not compliant with this requirement.

# 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 interviewed consumers, 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).

The Assessment Team found that most consumers and representatives considered the organisation is well run and they can partner in improving the delivery of care and services. However, a consumer and a representative thought the organisation and service were not well run.

The Assessment Team found that overall consumer engagement in the development, delivery and evaluation of care and services was demonstrated. Overall promotion of a culture of safe, inclusive and quality care and services by the governing body was demonstrated as was the governing being accountable for their delivery.

However, there is not effective organisation wide governance in information management, continuous improvement, workforce governance, regulatory compliance, or feedback and complaints. In relation to financial governance, service and regional management advise there is organisational support when they seek changes to budget or expenditure to meet consumer needs.

There is an enterprise wide risk management framework. However, risk management systems and practices at the service are not effective for managing high-impact and high-prevalence risks associated with the care of consumers, identifying and

responding to the abuse and neglect of consumers or supporting consumers to live the best life they can.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team spoke with one of the facility managers who explained three consumers have been appointed as consumer representatives for the sub-service. She explained they are a point of contact for other consumers and can raise issues and complaints on their behalf.

The Assessment Team reviewed third party audit reports, meeting minutes and consumer surveys which shows consumers are invited to have input into and have provided feedback about the care and services. Some of this information has been used to develop, deliver or evaluate the care and services for consumers, including where consumers were involved in selecting new soft furnishings for interior decoration of the service environment.

The Assessment Team also reviewed minutes of the board quality and safety committee meeting held in November 2020 which reflect a consultant has been engaged to ensure the organisation’s quality strategy involves consumer perspectives.

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

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

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

### The Assessment Team found that most consumers and representatives thought the organisation and service were well run.

The Assessment Team identified that the organisation has a constitution and there is a board charter and board/ governance policy and procedure. Information in these documents and the organisation’s 2020 annual report and draft quality framework reflect a commitment to a culture of safe, inclusive and quality care and services.

Minutes of a board quality and safety committee meeting in November 2020 show one of the board directors emphasised the importance of a culture change approach to improve the consumer experience and staff morale, and further work is to be done around this. These minutes also identified a risk report to the board following a review of clinical risk management in February 2021. These show the board is receiving information and reports relating to safe, inclusive and quality care and services for the consumers.

The Terms of Reference were also reviewed for this board, which shows there is regular reporting to the board about service performance against the Quality Standards and risks to consumer health and safety.

While safe, inclusive and quality care and service provision has not been realised at this service, it has been demonstrated the governing body has promoted a culture which supports this and has been accountable for its delivery. The board is aware of deficits within the organisation to enable compliance with the Quality Standards and of many of the deficits at this service in relation to actual compliance. Overall, it has been demonstrated the board is directing and controlling the organisation, including holding the executive to account.

I have found that the approved provider is compliant with this requirement.

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

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

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

The Assessment Team found there is not effective organisation wide governance in relation to information management, continuous improvement, workforce governance, regulatory compliance, or feedback and complaints. In relation to financial governance, service and regional management advise there is organisational support when they have recently sought changes to budget or expenditure to meet consumer needs.

The Assessment Team spoke to the management team who advised that all of these governance areas have projects and initiatives that are either underway or are to be initiated to improve the systems across the organisation. This includes, in relation to

the recording, investigation and overall management of consumer accidents/incidents that new risk management software (Riskman) is to be introduced across the organisation.

The Regional Manager provided improvement plans and priority action plans for each sub-service. He explained a consultant has been engaged for the next six months to oversee this work. The regional manager advised he will be implementing a compliance checklist to be completed weekly by management at each of the sub-services and submitted to him for improved oversight. This will cover key areas such as clinical incidents and risks to consumers and psychotropic medication use.

The Regional manager also confirmed support was being provided to increase staffing, purchase items and refurbish the service environments. He also spoke of external service providers being engaged to undertake work to improve consumer care and services and provided some service agreements to confirm this.

The approved provider responded and advised that other initiatives are in place to provide training and updated policy and guidance and quality coordinators have been employed to work with the management team to audit and evaluate the continuous improvement plan to ensure continuous improvements are implemented and consumers are satisfied with the care delivered.

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.*

The Assessment Team has found that risk management systems and practices are not effective for managing high-impact and high-prevalence risks associated with the care of consumers, identifying and responding to the abuse and neglect of consumers, or supporting consumers to live the best life they can.

The Assessment Team interviewed management and asked them to describe the tool/s they use to monitor High Impact or High Prevalence risk associated with the care of consumers across the sub-service to identify the top risks; they advised the organisation does not have a tool for this. Service management in one of the sub-services said they had been discussing this recently and had begun developing their

own tool. For other sub-services the management team described having to go through the quality assurance data and results to identify this.

The Assessment Team found that that abuse of consumers is not being identified and responded to effectively and there is significant adverse impact on the health, safety and well-being of consumers. Organisational representatives acknowledged the need for improvement in the identification and response to consumer abuse at the service. They said local clinical governance is important and there is a need to upskill frontline clinical managers to look at key incidents and high-risk consumers.

The Assessment Team found that many consumers sampled have not been supported to live the best life they can, and their health, well-being and safety has not been optimised. This is evident, in particular, in the Assessment Team’s findings above and across Standards 3: Personal care and clinical care.

The approved provider’s response acknowledges the seriousness of these issues identified by the Assessment Team and has already commenced a number of mitigation strategies to mitigate any future risk by improving staffing, education, policies and procedures and quality oversight.

I have found that the 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.*

The organisation has a documented clinical governance framework, dated July 2019. The chief operating officer explained a new organisational quality framework has been developed and is in draft form/approval pending and this incorporates clinical governance. Review of the draft organisational quality framework 2021-2023 confirms this.

The Assessment Team identified that the Antimicrobial Stewardship (AMS) program has not been implemented. One facility manager said there is no AMS program at that sub-service. Some of the service managers were aware of the McGeer criteria for infections but said these are not used. Service management said there is a service wide medication advisory committee where AMS is discussed. Service management said they receive pharmacy reports about antibiotic use for the sub-service but they do not have to provide this information in any of their reports to

senior management. No information was provided to demonstrate antibiotic use or other AMS performance indicators are being monitored and reviewed across the service or organisation.

Organisational representatives said while there is a framework for AMS, work in relation to this needs to be ramped up.

The Assessment Team identified that the current policy/procedure relating to restraint minimisation is lacking relevant guidance. It was also identified that management and staff are lacking an understanding of chemical restraint, and chemical restraint is not being identified and restraint minimisation is not being practiced for the sampled consumers.

The Assessment Team identified that management have an understanding of open disclosure but this is not the case with other staff, it is not being demonstrated that open disclosure was consistently applied in relation to complaints. Consumer accident/incidents often are not investigated to understand what occurred so that an explanation can be provided to the consumer and/or their representative.

The approved provider’s response committed to providing training, education and a review of all policies and procedures to address the issues identified in this requirement.

I have found 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.

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

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

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

* Deliver training as noted in provider response and ensure staff can demonstrate understanding of cultural diversity and dignity and risk.

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

*Care and services are culturally safe.*

* Deliver training as noted in provider response and ensure staff can demonstrate understanding and develop a mind-set for cultural agility and leveraging cultural diversity.

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

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

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

* Deliver training as noted in provider response and ensure staff can demonstrate understanding of consumer choice.

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

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

* Implement and review risk consultation form for staff to record a more comprehensive process of risk assessment in relation to supporting consumers to do the things they want to do.

### 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.*

* Review systems to simplify the care management system for staff to develop more accurate care plans.
* Education and training for staff in assessment and planning and consideration or risks.

### 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.*

* Ensure staff hare recording accurate information about consumers needs and preferences.
* Deliver training and education for staff on palliative care, end of life and advance care planning.

### 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.*

* Deliver training and education for staff to obtain consistency in clinical essentials including assessment of care plans and case conferencing.
* Encourage consumers and their representatives to be involved in their assessment, planning and review of the consumer’s care and services.

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

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

* Ensure all staff have access to care plan information for the level that they require to access
* Ensure outcomes are clearly and effectively communicated to the consumer and available to the consumer.

### 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.*

* Review and investigate incidents and develop strategies to minimise reoccurrence of incident.

### 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.*

* Deliver training for staff in clinical and personal care to ensure that the consumer needs are managed effectively.

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

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

* Review high impact and high prevalence risks for consumers and identify triggers to prevent these risks from occurring.
* Deliver training for staff to manage high impact and high prevalence risks with appropriate education in recording of these risks and mitigation strategies.

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

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

* Deliver training education in palliative care, end of life and advance care planning.
* Ensure staff can demonstrate the understanding of the training to ensure that consumers needs and preferences are addressed.

### 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.*

* Deliver education and ensure that staff can demonstrate an understanding of deterioration in consumer and reporting and responding appropriately.

### 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.*

* Ensure staff are following health professionals direction and this information is being shared with and among the staff for implementation.

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

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

* Ensure referral or timely referral to the medical officer occurs when the consumer’s condition has changed.

### 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.*

* Deliver education for staff in Antimicrobial Stewardship.

### 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.*

* Review that consumers are being adequately supported for health, well-being and quality of life including in relation to lifestyle activities and the dining experience.

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

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

* Ensure consumers services and supports for emotional, spiritual and psychological well-being are identified.

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

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

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

* Review consumer care and service records to include information about what they like to do or how staff are to support them; and increase staff knowledge of how to support consumers.

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

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

* Review care and service records of consumers and increase staff knowledge to support effective and safe services and supports for daily living for consumers.

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

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

* Deliver a new model for catering to improve the catering experience.

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

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

* Review all equipment to ensure that it is safe, suitable and well maintained.

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

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

* Review and implement recommendations made in line with the dementia enabling design principles.

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

* Review areas of the service environment to ensure they are clean and well maintained.

### 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.*

* Delivering training for all staff on feedback and complaints and open disclosure to assist consumers with complaints and feedback.

### 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.*

* Ensure all complaints registers are up to date and training is delivered to staff on recording and reporting complaints.

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

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

* Review feedback and complaints to improve the quality of care and services.

### 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.*

* Review workforce to ensure that it 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) Non-compliant

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

* Deliver additional training and competencies to ensure staff can adequately 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.*

* Ensure that agency staff are supported and equipped to deliver outcomes of the Quality Standards.

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

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

* Ensure that regular assessment and performance reviews are undertaken for staff.

### 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.*

* Deliver training and review policy and guidance to address the governance systems.

### 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.*

* Develop effective risk management systems and education for staff to manage high impact and high prevalence risks of consumers, identify and respond to elder abuse and neglect and support consumers to live the best life that they can.

### 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.*

* Ensure that staff have the education and training to respond to antimicrobial stewardship; restraint minimisation and open disclosure.