 Rosedurnate Aged Care Plus Centre (0130)

Performance Report

46 Orange Street   
PARKES NSW 2870  
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**Commission ID:** 0130

**Provider name:** The Salvation Army (NSW) Property Trust

**Site Audit date:** 24 February 2020 to 4 March 2020

**Date of Performance Report:** 21 April 2020

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 20 April 2020

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Overall, most consumers said they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Most consumers and representatives interviewed confirmed that staff always treat consumers with dignity and respect. They are encouraged to do things for themselves and are given information to make decisions to support them to live the best life they can. They said staff know what is important to consumers and respect their individual choices and preferences in relation to delivering care and services.

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.

Care planning documentation for consumers include comprehensive information about each consumer’s background, what is important to them and how they would prefer to have care and services delivered to support maintaining their identity and independence. Staff are educated to apply the requirements of this standard, are guided by relevant policies and procedures and have access to relevant written resources. The Assessment Team observed staff interactions with consumers are kind, caring and respectful. Staff confirmed they know consumers individual preferences, support them to maintain personal relationships and assist them to live the best life they can.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Overall sampled consumers and representatives said they felt like partners in the ongoing assessment and planning of their care and services. For example:

* Feedback provided by consumers is largely positive in relation to being kept informed about care.
* Consumers and representatives sampled, described a process that included involvement in assessment and planning on an ongoing basis for the consumer.
* Consumers did not know what a care plan was, were not aware they could have a copy of their care plan and no consumer sampled had a copy of their care and services plan.
* Consumers and representatives felt they were kept well informed by the staff about the outcomes of assessment and planning of their care.

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.

* For the consumers sampled, the Assessment Team found care plans are not complete. Many care plans have one word or a date as interventions in several domains of the electronic care plan with no other information. The use of psychotropic medications to influence consumer behaviour and chemically restrain the consumer is not documented in consumer care plans. Behaviour assessments do not include information about the consumers receiving regular psychotropics to influence behaviour. There are no interventions guiding staff to monitor for side effects such as over sedation for the consumer. When potentially serious risks occur, they are not effectively managed. There is a lack of specialist referral for input into consumer behaviours that are impacting on other consumers and staff. Risks are not documented in care plans for consumers who have had risks identified as part of the assessment process. End of life wishes are not included in all consumer care plans. Consumer goals are generic and not individualised in consumer care plans and evidence a lack of engagement with consumers. Consumers/representatives do not have copies of their care plans and fifteen consumers have not had their care and services reviewed at a case conference in the last twelve months.

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

## Assessment of Standard 2 Requirements

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

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

The assessment team found that there is a lack of individualised goals documented in care plans and consumer driven goals. Whilst management and staff describe processes for initial and ongoing assessment, care planning, and had some understanding of risks to the consumer’s health and wellbeing, review of documentation evidences this process is not consistently identifying and leading to the development of effective care plans and is not informing the delivery of safe and effective care and services.

In their response, the approved provider described activities undertaken following the site audit. These include escalating the new admission and care assessment flowchart to the Clinical Governance committee for review and reviewing consumers assessments, goal setting and care plans. They provided information about what specifically had been undertaken for the sampled consumers. They also described education for staff that is scheduled.

While I acknowledge that actions have been taken to address the issues raised by the Assessment Team, I do not consider that the response provided by the approved provider supports that they were compliant at the time of the assessment.

The approved provider does not comply with this requirement as they did not demonstrate that assessment and planning included consideration of risks to consumers health and wellbeing and informs the delivery of safe and effective care and services.

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

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

The assessment team found that for the consumers goals are generic and not individualised. Behaviour assessments do not identify consumers chemical restraint needs. Where care plans identify preferences, staff were not acting in accordance with these preferences. Consumers and representatives confirmed that end of life wishes have been discussed.

In their response, the approved provider acknowledged that goal setting for consumers is currently generic. They also stated that there is a gap in knowledge of some clinicians at the service. The approved provider described activities undertaken following the site audit. These include having their Quality Advisor reviewing care plans to provide support to the clinical staff to adopt a more personal approach to goal setting for all care plan domains and the Care Manager overseeing and updating a Case Management Tracker. They provided information about what specifically had been undertaken for the sampled consumers and what is planned.

While I acknowledge that actions have been taken to address the issues raised by the Assessment Team, I do not consider that the response provided by the approved provider supports that they were compliant at the time of the assessment.

The approved provider does not comply with this requirement as assessment and planning does not yet identify consumers current needs, goals and preferences.

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

*The organisation demonstrates that assessment and planning:*

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

### Requirement 2(3)(d) 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 whilst consumers and representatives said they felt they were well informed about the care and services they received, consumers did not know they could, and had not received, a care and service plan. The outcomes of assessment are not effectively communicated as many care plan interventions are not complete. There are single words or a date only in several domains of the electronic care plan with no other information about the consumer.

In their response, the approved provider acknowledged that it has been an on-going issue within the electronic clinical management system and the knowledge and competence of clinical staff when completing an assessment or profile to generate the care plan. It has been acknowledged by the National Quality Advisors the recording of single word answers generated from the assessment or profile and transitioning across when generating the care plan.

To address this issue, the provider has stated that they are conducting an overall review of the consumer’s care plan identified in the site audit report, with single words being archived and the respective assessment or profile amended. Education is dedicated to up-skilling clinicians in the assessment process in iCare, and is currently being planned to address these gaps

While I acknowledge that actions have been taken to address the issues raised by the Assessment Team, I do not consider that the response provided by the approved provider supports that they were compliant at the time of the assessment.

The approved provider does not comply with this requirement as they do not demonstrate that outcomes of assessment and planning are effectively communicated to consumers and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

### Requirement 2(3)(e) 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 found that consumers receiving a psychotropic medication to influence behaviour are not receiving regular effective review from registered or medical staff. When risks emerge including an escalation in behaviour, they are notinvestigated and assessed with a meaningful review of the care plan and appropriate action to prevent reoccurrence. There is also a lack of specialist referral for input into consumer behaviours that are impacting on other consumers and staff.

The approved provider did not provide a response to this requirement.

The approved provider does not comply with this requirement as they do not demonstrate that care and services are reviewed regularly for effectiveness, and when circumstances change.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Overall consumers consider they receive personal care and clinical care that is safe and right for them. For example:

* Consumers and representatives interviewed feel they receive the care they need and confirmed they have access to a medical officer and other health professionals when needed.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

However, the service’s approach is not consistent with best practice or recent legislation. There is a lack of understanding by management as to what constitutes a chemical restraint. Consumers who are prescribed psychotropic medications to influence behaviour are not regularly reviewed for side effects such as over sedation, the efficacy of the medication, the need for the restraint as a last resort and the ongoing need for the restraint. Pressure area care regimes are not being adhered to by staff. Wound management frequencies are not being adhered to for consumers. Policies and procedures need updating to reflect best practice and new legislative requirements. Specialist input into behaviours that impact on other consumers and staff have not always been sought.

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

### Assessment of Standard 3 Requirements

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

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

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

The assessment team found that there is a lack of understanding by management as to what constitutes a chemical restraint. Consumers who are prescribed psychotropic medications to influence behaviour are not regularly reviewed for side effects such as over sedation and for the efficacy of the medication and the ongoing need for the restraint. Pressure area care regimes are not being adhered to by staff. “As required” (PRN) analgesics and other medications are not always evaluated for efficacy. Wound management frequency is not adhered to and measurement and photography is not always completed.

In their response, the approved provider described strategies they’re implementing since the site audit. This includes:

* education of clinicians and care staff to ensure care and outcomes related to the comfort and well-being of consumers, which is consistent and within best practice principles and legislation;
* reviewing all consumers receiving psychotropic medication for adverse effects, over sedation, the efficiency of the chemical agent and on a regular basis;
* providing information to clinicians about referring to specialists to assist in de-escalating challenging behaviours; and
* information about preventing and managing pressure injuries;
* conducting an internal audit to further explore consumer feedback;
* reviewed wound procedures;
* outsourced to a wound care consultant to review 5 consumer’s complex wounds where there is limited improvement;
* all clinical governance policy and procedures are under review and will be up dated to reflect evidence- based practice and once updated, education of all key stakeholders will be conducted;
* consulting Meditrax to schedule a date for the medication review (RMMR). The RMMR process will highlight a comprehensive overview of those consumers prescribed PRN psychotropics which meets the criteria of a ‘Chemical Restraint’.

The approved provider submitted specific information about actions taken or yet to be taken regarding the sampled consumers. They did not dispute the findings of the Assessment Team.

While I acknowledge that actions have been taken to address the issues raised by the Assessment Team, I do not consider that the response provided by the approved provider supports that they were compliant at the time of the assessment.

The approved provider does not comply with this requirement as they do not demonstrate that consumers get safe and effective clinical and personal care which considers best practice, is tailored to the individual and optimises consumers wellbeing.

### 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 for the consumers sampled, key risks associated with their care such as behaviour management that impact on staff and wound management are not effectively managed.

In their response, the approved provider accepts the findings of the assessment team concerning this requirement. The approved provider submitted specific information about actions taken or yet to be taken regarding the sampled consumers.

The approved provider does not comply with this requirement as they do not demonstrate that they effectively manage high impact and high prevalence risks associated with the care of consumers.

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

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

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

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

The assessment team found that consumers at the service had not been managed effectively in relation to the escalation of behaviours. There is a lack of follow up by a medical officer in relation to complaints such as chest pain and a lack of pain monitoring for consumers. Wounds have not had specialist review resulting in deterioration for consumers.

In their response, the approved provider stated that while they have reviewed the care and services of the sampled consumer’s the service is unable to provide evidence of why referral to a consumers medical practitioners was not initiated when he was experiencing chest pain or why the attending clinician’s documentation did not demonstrate the appropriate monitoring of chest pain with a focus on consumer outcomes.

The service recognises the monitoring and wound management of another consumer’s foot by the clinicians was far from acceptable including the gap in knowledge of strict monitoring of wounds when a consumer has diabetes and contribute to poor wound healing.

The approved provider stated that they will provide education for clinicians related to management of diabetes and the potential complications of healing of wounds and the relevance of referral to specialist services to aid the healing and minimise complications.

While I acknowledge that actions have been taken to address the issues raised by the Assessment Team, I do not consider that the response provided by the approved provider supports that they were compliant at the time of the assessment.

The approved provider does not comply with this requirement as it does not recognise deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition. They do not respond in a timely manner.

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

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

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

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

The assessment team found that whilst staff were able to describe the process for referring consumers to other health professionals, the consumers sampled had not been referred in a timely manner to wound specialists and behaviour specialist services.

In their response the approved provider submitted information about actions taken since the site audit. This includes undertaking discussions with both senior management and clinicians in relation to the nursing process, critical thinking and seeking specialist referral in a timely manner to ensure the well-being of all consumers.

While I acknowledge that actions have been taken to address the issues raised by the Assessment Team, I do not consider that the response provided by the approved provider supports that they were compliant at the time of the assessment.

The approved provider does not comply with this requirement as it does not make timely referrals to individuals, other organisations and providers of other care and services.

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

*Minimisation of infection related risks through implementing:*

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

The assessment team found that while the organisation has an infection control procedure which includes antimicrobial stewardship, it did not reflect best practice and staff were not familiar with the term antimicrobial stewardship nor the practice of minimising the use of antibiotics. Antibiotics are not used appropriately at the service as they are prescribed without specimens obtained or a review of pathology results. There was a low rate of immunisation of staff and consumers for influenza and an ineffective system for recording staff immunisation. Outbreak equipment is not well stocked and checked routinely in readiness for an outbreak.

In their response, the approved provider stated, all policies related to clinical governance, infection control and antimicrobial stewardship are under urgent review. The Executive Leadership Team, National Clinical Quality Manager and Clinical Governance committee recognises the urgency in reviewing all policies as the current suite of policies do not provide guidelines and directives to the staff in maintaining evidence- based practice to ensure the comfort and well- being of consumers and safety of staff delivering the services. They do not dispute the findings of the Assessment Team.

The approved provider does not comply with this requirement as it does not minimise infection related risks or understand antimicrobial stewardship.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Some consumers interviewed confirm that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers interviewed indicated they feel supported to do the things they want to do; they said they have the freedom to choose what to do and when to do it.
* Consumers interviewed indicated they are supported to keep in touch with people who are important to them through visits, telephone calls, and through social outings.
* Feedback from consumers interviewed included that meals provided are of a suitable quality, variety, and quantity. Consumers said they enjoyed most meals provided and all said they are consulted about their dietary needs, meal preferences and are able to have choice and provide feedback on menu options.

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

Most consumers / representatives interviewed indicated that they were not satisfied with the lifestyle program provided, in terms of frequency, quantity, quality and staff numbers providing the lifestyle services. Regarding laundry and cleaning services, consumers interviewed indicated that they were mostly satisfied with the level of services provided.

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

## Assessment of Standard 4 Requirements

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

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

The assessment team found that whilst the service’s cleaning and laundry services are appropriate and meet the consumer’s needs, goals and preferences, management acknowledges that the lifestyle services provided to the consumers do not optimise their independence, well-being and quality of life.

In their response, the approved provider submitted information about actions taken to address the findings of the Assessment Team. This has included:

* reviewing lifestyle plans to tailor the interventions and to correct conflicting information;
* arranged coaching and support for the current lifestyle team;
* appointed a new recruit to the team and cover the weekend shifts;
* A ‘Triggers Behaviour Information sheet’ to support Lifestyle and care staff when a consumer presents with challenging behaviour has been developed;
* New ‘Participation Records” have been developed and implemented to evaluate the activities scheduled, delivered and gather feedback from consumers as to their participation;
* “Lifestyle Action Plan” developed by the seconded lifestyle coordinator that clearly explains what tasks need to be completed by the lifestyle department by when

While I acknowledge that actions have been taken to address the issues raised by the Assessment Team, I do not consider that the response provided by the approved provider supports that they were compliant at the time of the assessment.

The approved provider did not comply with this requirement as it does not ensure that consumers get safe and effective services and supports for daily living that meet consumers needs, goals and preferences which optimises their independence, health, wellbeing and quality of life.

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

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

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

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

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

The assessment team found that despite evidence of some consumers participation in the community and doing some activities of interest, feedback provided regarding the range of activities provided and the care plans reviewed indicated the presence of gaps in services and care. Management at the service acknowledged that these were identified gaps and indicated that all consumers care plans would be reviewed to reflect organisational policy / procedures and consumers needs and preferences.

In their response, the approved provider provided information about actions they’re considering since the site audit. This includes facilitating consumers to see their preferred doctor, a bigger bus for wheelchair access to support the consumers to participate in the community during bus trips and Thursday shopping outings.

While I acknowledge that actions have been taken to address the issues raised by the Assessment Team, I do not consider that the response provided by the approved provider supports that they were compliant at the time of the assessment.

The approved provider does not comply with this requirement as it does not provide services and supports which support daily living which enables consumers to participate in their community, have social and personal relationships and do the things of interest to them.

### 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 whilst some information about the consumer’s condition, needs and preferences is communicated within the organisation (especially relating to services such as laundry, cleaning and catering), conflicting and fractured information within the documents from the two systems running parallel, have a potential negative impact on the consumers.

In their response, the approved provider stated that since the site audit Consumers care plans have been reviewed and personalised with fields updated.

While I acknowledge that actions have been taken to address the issues raised by the Assessment Team, I do not consider that the response provided by the approved provider supports that they were compliant at the time of the assessment.

The approved provider does not comply with this requirement as it does not communicate information about consumers condition, needs and preferences effectively within the organisation or with others where responsibility for care is shared.

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

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

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

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

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

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

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Most consumers interviewed indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers confirmed the service is always kept clean. Consumers spoke positively about the staff and confirmed that they keep the environment in their room and in the communal areas clean and tidy.
* Consumers interviewed confirmed that they feel safe at the service. They said the staff are kind and they are satisfied with the care they receive.
* Consumers interviewed confirmed that they feel at home, that visitors feel welcome when visiting them. Mr Alexander said “I am very happy here”. Mr Phillip Renshaw said “Place is ok”. Other consumers said “Place is ok, needs some tidy up”, “(Garden area) it’s a bit of a mess” and “Outside area not very nice”.

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

* The Assessment Team observed that whilst the front garden / entrance of the service presents as neat, tidy and welcoming, the internal gardens and courtyards in the service did not present the same way. There is an accumulation of old and unused equipment throughout the service, and areas of the service that require maintenance work, impacting on the ability of staff performing their duties and consumers fully enjoying access to common areas of the service.

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 found that whilst the front area of the service presents as neat and tidy, several areas within the service are not welcoming and inviting to consumers and representatives. Service areas were cluttered, unkept and presented as WH&S risks to staff working in those areas. Maintenance issues presented a risk to consumers and impacted on staff’s ability to complete their work.

In their response, the approved provider submitted information about what they’ve done since the site audit in response to feedback from the Assessment Team. This includes:

* full environmental audit conducted;
* door/window screens were inspected to ensure correct fittings;
* electronic flyzappers installed throughout the service;
* pest control contractor attended the full inspection of the service;
* plumber urgently engaged to investigate the extent of the leakage from Lily Pily area ceiling and if water entering the internal building is tracking along the stays;
* improvement was made in the courtyard area.
* The service obtained a quote from Quicksew for new furniture.

The catering and domestic care services were audited by The Salvation Army Aged Care (TSAAC) Hospitality Manager after the site audit and the following improvements are scheduled:

* service of “Genus Fli Fly Light Insect Killer” by the provider;
* grease trap cleaning
* staff education to close doors to the exterior of the building.

While I acknowledge that actions have been taken to address the issues raised by the Assessment Team, I do not consider that the response provided by the approved provider supports that they were compliant at the time of the assessment.

The approved provider does not comply with this requirement as it does not ensure the service environment is welcoming and easy to understand nor optimise each consumers sense of belonging, independence, interaction and function.

### 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 observed that areas of the service are not clean, safe and well maintained.

In their response, the approved provider submitted information about actions taken since the site audit to address the issues raised by the Assessment Team. This includes:

* the lifestyle calendar was reviewed to ensure that DSU consumers will be provided access to the courtyard on daily basis.
* all areas that were highlighted in the report as being not clean, was cleaned and a schedule was developed to clean all those areas on regular basis.
* information in regard to room numbers were reviewed to ensure all room numbers are recorded correctly in electronic system and hard copy system.
* the admin and registered nurses were informed that evacuation folders must be up to date 24/7.
* new “Evacuation ID” template designed and implemented at the service.

While I acknowledge that actions have been taken to address the issues raised by the Assessment Team, I do not consider that the response provided by the approved provider supports that they were compliant at the time of the assessment.

The approved provider does not comply with this requirement as it does not demonstrate that the service environment is appropriately safe, clean and well maintained.

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Overall, most sampled consumers and their representatives did consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers and representatives interviewed felt they could make complaints and felt safe to do so. They are informed about how to access advocates, language services and other methods for raising and resolving complaints including external complaint mechanisms. Changes are implemented, and service planning is updated in response to complaints and other feedback which improves the quality of care and services for consumers.

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

The service views complaints and feedback as opportunities for improvement. They encourage consumers and others to provide feedback through numerous options such as approaching staff directly, regular surveys, consumer and representative meetings, feedback forms, anonymous feedback mechanisms, confidential locked box repositories around the service and by an electronic feedback management kiosk which is directly linked to their electronic complaints management system.

The service addresses complaints in a timely and efficient manner to foster a positive and cooperative attitude with consumers and representatives. Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Feedback and complaints are analysed and used to improve the quality of care and services.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Some sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Some consumers and representatives said not all staff are knowledgeable or experienced enough to meet all consumers’ needs. Some consumers said they wait too long for staff to respond to call bells.

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.

Consumers and representatives said not all staff are knowledgeable or experienced enough to meet all consumers’ needs. Recreation staff are not qualified or experienced to adequately perform their roles. Records show there are consistently call bell response times over 10 minutes every day and every week there are several unfilled rostered shifts for care staff. New management, clinical and care staff need to be recruited and/or oriented to the service and to become familiar with and knowledgeable about consumers, what is important to consumers, what their preferences are and how to deliver care in accordance with the requirements of the Quality Standards.

The Quality Standard is assessed as Non-compliant as two 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 consumer/representative and staff feedback was negative about the number of staff deployed and indicated that there is not enough staff to always deliver high quality care and services, particularly in the weekends. Consumers and representatives are dissatisfied and concerned about the number and length of call bell response times. There are consistently response times over 10 minutes every day. There are no written processes for managing negative call bell response times.

In their response, the approved provider stated that following the feedback received from the Assessment Team, the Operational Support Manager and Area Manager conducted a full review of the centre’s roster. As a result, gaps in the roster were identified, a recruitment process was initiated and all shifts which were previously allocated to Agency Staff are now allocated to TSAAC’s employees to ensure the workforce deployed enables the delivery and management of safe and quality care at the service.

The service has increased its budgeted hours for an extra lifestyle coordinator to provide 4 hours activities on Saturdays and Sundays for consumers.

The centre’s management team has now been provided with access to the centre’s call bell records. The record is generated on weekly basis and reviewed by the Care Manager to ensure consumers’ call bells are responded within 5 minutes. The TSAAC’s National Clinical Quality team and Clinical Governance Team will develop a written policy for call response times in accordance with guiding principles of call bell response times in aged cares.

While I acknowledge that actions have been taken to address the issues raised by the Assessment Team, I do not consider that the response provided by the approved provider supports that they were compliant at the time of the assessment.

The approved provider does not comply with this requirement as it does not demonstrate that it has a workforce that is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

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

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

### Requirement 7(3)(c) 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 consumers and representatives said not all staff are knowledgeable or experienced enough to meet all consumers’ needs. Recreation staff are not qualified or experienced to adequately perform their roles. There are recruitment activities taking to place to fill roster shifts. It will take time for the new registered nurse and other new staff to be recruited and oriented to care delivery systems. It will also take time for new staff to become familiar with and knowledgeable about consumers, what is important to consumers, what their preferences are and how to deliver care in accordance with the requirements of the Quality Standards.

In their response, the approved provider submitted information about actions taken in response to issues raised by the Assessment Team. The service has reviewed its monthly education calendar and introduced the Residential Aged Care Education Tracker to ensure ongoing review and oversight of staff education at the center. The Center Manager is responsible to ensure the workforce have the qualifications and knowledge to effectively perform their roles.

While I acknowledge that actions have been taken to address the issues raised by the Assessment Team, I do not consider that the response provided by the approved provider supports that they were compliant at the time of the assessment.

The approved provider does not comply this requirement as they do not demonstrate that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

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

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

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

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

# STANDARD 8 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

Most consumers interviewed indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* All consumers and representatives interviewed said that the service’s management are approachable and listen to their suggestions and other feedback. One consumer said they are involved in the management of the service and have been given this opportunity by management.
* Consumers are involved in a range of activities to improve the care and services including consumer representation of staff recruitment panels and input into the monthly newsletter.

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

* The service did not demonstrate they have efficient monitoring systems in place to ensure regulatory compliance and safe care delivery. The organisation’s governing body has developed governance systems that ensure accountability and a reporting system to and from the chief executive and chairperson of the Board to service level, but those systems have not identified risks to consumer safety and actioned it.

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.*

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

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

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

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

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

The assessment team found that the service does not have an effective organisation wide governance system relating to regulatory compliance including; regulatory compliance of reportable assaults, information management systems and workforce governance.

In their response, the approved provider submitted information about actions taken by the service about issues raised by the Assessment Team concerning the governance system for information management, continuous improvement and regulatory compliance. This includes:

* the center’s Wi-Fi system was reviewed for any inefficiencies, no systemic issue could be identified; however, as result of the audit; six new desktop computers and three laptops and printers have been purchased for the center to meet the demand of the workload;
* The IT equipment will not be installed until post pandemic;
* the Center Manager and Care Manager will participate in Continuous Improvement Meeting on weekly basis to ensure the Continuous Improvement Plan is up-to-date at all times. Compliance with this plan will be monitored by the Area Manager of the service who is responsible for ensuring the proper and effective operation of the service.
* the service reported the incident described in the Assessment Team’s report to the Department of Health on 19th of February 2020, and implemented strategies to ensure similar incidents won’t happen again;
* the service provided further education for all staff about “Mandatory Reporting”;
* instructed all employees to complete “Mandatory Training Module” through E-learning portal;
* moving forward, all employees’ attendance in Annual Mandatory Education Sessions; including Elder Abuse Education, will be monitored by the Centre Manager, and staff attendance will be recorded in “Mandatory Education Register”.

While I acknowledge that actions have been taken to address the issues raised by the Assessment Team, I do not consider that the response provided by the approved provider supports that they were compliant at the time of the assessment.

The approved provider does not comply with this requirement as it does not demonstrate that it effective organisation wide 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.*

The Assessment Team found that systems and processes in place at the service failed to identify and assess high prevalence risks associated with the clinical care of consumers, such as behaviour management, wound management, pressure care, use of psychotropics and lifestyle related gaps identified for the majority of consumers at the service.

In their response the approved provider submitted information about actions taken and proposed for future, to address issues raised by the Assessment Team. This includes:

* End of Shift Report: eliminate communication gaps by providing snapshot of shift events
* Complex Health Care Needs Register: alerts clinicians to high impact and high prevalence consumers. The register is updated by Centre Manager and Care Manager and filed in shared drive for access
* Clinical and Quality Indicators: are managed by both the Centre Manager and Care Manager twice weekly – these indicators are a measure to identify areas of concerns and may require further review to minimise risk including the Annual Audit Schedule 2020
* Psychotropic Medication Self-Assessment: implemented at the centre. This aims to help the team at Rosedurnate Aged Care to record how their use of chemical restraints is managed.
* External Wound Specialist: has sourced for the center to provide wound management support for the center.
* Wound Managed Training: was conducted at the center on 26.03.2020. Further training will be conducted in the next 3 months.
* While I acknowledge that actions have been taken to address the issues raised by the Assessment Team, I do not consider that the response provided by the approved provider supports that they were compliant at the time of the assessment.

While I acknowledge that actions have been taken to address the issues raised by the Assessment Team, I do not consider that the response provided by the approved provider supports that they were compliant at the time of the assessment.

The approved provider does not comply with this requirement as it does not demonstrate that it has effective risk management systems and practices.

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

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

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

The assessment team found that despite the service having policies and a clinical governance framework, staff interviewed were unaware and / or confused regarding antimicrobial stewardship, chemical restraint and open disclosure.

In their response, the approved provider stated that following the feedback received from the assessment team, further education was provided for staff in relation to;

* antimicrobial stewardship;
* chemical restraint; and
* restraint minimisation to ensure all staff are aware of these clinical governance frameworks. In addition, TSAAC undertook full review of “Bed

Rail Installation/Consent” to demonstrate TSAAC’s commitment to minimise the use of bed rails in its facilities and ensure those consent to use of bed rails are fully aware of all risks involved with the use of bed rails*.*

While I acknowledge that actions have been taken to address the issues raised by the Assessment Team, I do not consider that the response provided by the approved provider supports that they were compliant at the time of the assessment.

The approved provider does not comply with this requirement as they do not demonstrate that they have an effective clinical governance framework.

# Areas for improvement

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

### Requirement 2(3)(a)

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

The approved provider must ensure:

* initial and ongoing assessment, care planning, considers risks to the consumer’s health and wellbeing, and leads to the development of effective care plans, which inform the delivery of safe and effective care and services.

### Requirement 2(3)(b)

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

The approved provider must ensure:

* that care plans document individualised goals and consumer driven goals.
* That behaviour assessments identify consumers chemical restraint needs. Where care plans identify preferences, staff are acting in accordance with these preferences.

### Requirement 2(3)(d)

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

The approved provider must ensure:

* that consumers know they can and have, received a care and service plan.
* the outcomes of assessment are effectively communicated, and care plan interventions are complete.

### Requirement 2(3)(e)

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

The approved provider must ensure:

* that consumers receiving a psychotropic medication to influence behaviour are receiving regular effective review from registered or medical staff.
* That when risks emerge including an escalation in behaviour, they are investigated and assessed with a meaningful review of the care plan and appropriate action to prevent reoccurrence.
* That there is specialist referral for input into consumer behaviours that are impacting on other consumers and staff.

### Requirement 3(3)(a)

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

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

The approved provider must ensure:

* that there is a an understanding by management as to what constitutes a chemical restraint.
* Consumers who are prescribed psychotropic medications to influence behaviour are regularly reviewed for side effects such as over sedation and for the efficacy of the medication and the ongoing need for the restraint.
* Pressure area care regimes are being adhered to by staff.
* “As required” (PRN) analgesics and other medications are evaluated for efficacy.
* Wound management frequency is adhered to and measurement and photography is completed.

### Requirement 3(3)(b)

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

The approved provider must ensure:

* that risks associated with the care of consumers such as behaviour management that impact on staff, and wound management are effectively managed.

### Requirement 3(3)(d)

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

The approved provider must ensure:

* that consumers at the service are managed effectively in relation to the escalation of behaviours.
* There is adequate follow up by a medical officer in relation to complaints such as chest pain and a pain monitoring for consumers.
* Wounds have had specialist review where they contribute to deterioration of consumers.

### Requirement 3(3)(f)

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

The approved provider must ensure:

* that consumers are referred to other health professionals in a timely manner for example, to wound specialists and behaviour specialist services.

### Requirement 3(3)(g)

*Minimisation of infection related risks through implementing:*

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

The approved provider must ensure:

* assessment that the organisation has an infection control procedure which reflects best practice; and
* staff are familiar with the term antimicrobial stewardship and the practice of minimising the use of antibiotics.
* That antibiotics are used appropriately at the service by prescription being considered after specimens are obtained or a review of pathology results.
* There is an improved rate of immunisation of staff and consumers for influenza and an effective system for recording staff immunisation.
* Outbreak equipment is well stocked and checked routinely in readiness for an outbreak

### Requirement 4(3)(a)

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

The approved provider must ensure:

* that lifestyle services provided to the consumers optimise their independence, well-being and quality of life.

### Requirement 4(3)(c)

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

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

The approved provider must ensure:

* that the range of activities provided is appropriate and participation is reflected in the care plans
* that all consumers care plans are reviewed to reflect organisational policy / procedures and consumers needs and preferences.

### Requirement 4(3)(d)

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

The approved provider must ensure:

* that information about the consumer’s condition, needs and preferences is adequately communicated within the organisation despite having two systems running parallel.

### Requirement 5(3)(a)

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

The approved provider must ensure:

* that areas within the service are welcoming and inviting to consumers and representatives.
* That Service areas are not cluttered, unkept and don’t present WH&S risks to staff working in those areas.
* Maintenance issues don’t’ present a risk to consumers and impact on staff’s ability to complete their work.

### Requirement 5(3)(b)

*The service environment:*

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

The approved provider must ensure:

* that areas of the service are clean, safe and well maintained.

### Requirement 7(3)(a)

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

The approved provider must ensure:

* that the number of staff deployed is enough staff to always deliver high quality care and services, particularly on the weekends.
* Consumers and representative’s satisfaction improves about the number and length of call bell response times. There are consistently response times over 10 minutes every day and;
* that there is a written process for managing excessive call bell response times.

### Requirement 7(3)(c)

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

The approved provider must ensure:

* that all staff are knowledgeable or experienced enough to meet all consumers’ needs.
* Recreation staff are qualified or experienced to adequately perform their roles.
* There are recruitment activities taking place to fill roster shifts.

### Requirement 8(3)(c)

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

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

The approved provider must ensure:

* that the service has an effective organisation wide governance system relating to regulatory compliance including; regulatory compliance of reportable assaults, information management systems and workforce governance.

### Requirement 8(3)(d)

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

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

The approved provider must ensure:

* that systems and processes in place at the service identify and assess high prevalence risks associated with the clinical care of consumers, such as behaviour management, wound management, pressure care, use of psychotropics and lifestyle.

### Requirement 8(3)(e)

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

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

The approved provider must ensure:

* that staff are aware of antimicrobial stewardship, chemical restraint and open disclosure.