Ross Robertson Memorial Care Centre

Performance Report

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**Commission ID:** 6898

**Provider name:** Allity Pty Ltd

**Site Audit date:** 29 March 2021 to 31 March 2021

**Date of Performance Report:** 3 August 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

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received date received 27 April 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* staff treat them with dignity and respect.
* were able to discuss how the service has supported them to exercise choice and independence.
* are provided information which is current, accurate and timely.
* staff delivering care and services understand their needs and preference.

Assessment and care planning documentation reflects what is important to individual consumers with respect to their identity, culture and diversity to ensure care and services being provided are culturally safe. Staff interviewed provided examples of how they treat consumers with dignity and respect. The Assessment Team observed staff interacting with consumers in a kind and caring manner.

Consumers are supported to exercise choice and independence about their own care and services. Staff interviewed provided examples of how they give consumers privacy to maintain personal relationships. Care planning documentation viewed identifies consumers who are under Guardianship, Public Trustee or have a nominated representative

Staff interviewed described how consumers are supported to take risks such as leaving the facility to attend activities. Assessment and care planning documentation viewed showed risk assessments are completed for consumers who chose to take risk with strategies implemented to mitigate risks.

The service has a range of mechanisms to provide information to consumers to ensure they can exercise choice. This includes through Resident and Relative meetings, noticeboards, newsletters, menu and brochures.

Based on the evidence documented above, I find Allity Pty Ltd, in relation to Ross Robertson Memorial Care Centre, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

### 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 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

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

The Assessment Team have recommended Requirement (3)(a) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

## In relation to all other Requirements in this Standard, the Assessment Team found that most consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and during interviews with the Assessment Team:

* they have a say in their daily activities and how their care and services are provided.
* are consulted in relation to assessments, reviews and changes to their care and service needs.
* satisfied with the level of communication by the staff in relation to the outcomes of assessment and planning.

Assessment processes identify needs, goals and preferences for individual consumers and considers risk to consumers’ health and well-being. In addition, assessment processes identify end-of-life and advanced care planning care and service needs. Consumers and representatives interviewed confirmed they are involved in the assessment process. The Assessment Team viewed a sample of care files which showed advanced care planning directives are recorded and comfort care charts are completed when consumers are nearing end-of-life. Staff interviewed described care and service needs for individual consumers which were in line with documentation viewed.

Staff, consumers and representative have access to an electronic and hard copy care and service plan. This outlines individual consumer’s needs, goals and preferences. Staff confirmed they are informed of changes to consumers’ health through the handover process and for newly entered consumers via the interim care and service plan. Care and services are reviewed regularly according to a six month schedule and as required. Policies and procedures sampled by the Assessment Team outline the Assessment Process.

Based on the evidence documented above, I find Allity Pty Ltd, in relation to Ross Robertson Memorial Care Centre, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

The Assessment Team have recommended Requirement (3)(a) in Standard 2 as not met. The Assessment Team found the service was unable to demonstrate they consistently ensure assessments and planning includes the consideration of risks to each consumer’s health and well-being and informs the delivery of safe and effective care and services. Two consumers did not have a full care plans to guide staff to assist and provide care and service. This was evidenced by:

* The service’s process is to have all consumers who have newly entered the service to have a full care plan completed by day 26.
* Two new permanent consumers did not have the required number of assessments or a full completed care plan in accordance with the service’s process.
* Consumer A entered the service 26 days prior to the Site Audit and Consumer B entered the service 27 days prior to the Site Audit. Both consumers did not have a full care plan completed. Both had outstanding assessments including sleep, toileting, communication including vision, hearing and personal hygiene.
* Consumer A interviewed was satisfied with the provision of care and services.
* Both consumers had an interim care plan and staff were aware of consumers’ care and service needs.
* The Assessment Team noted four other consumer files viewed for consumers who entered the service approximately one month prior to the Site Audit, had all assessments completed and a full care plan in accordance with the service’s process.

The provider’s response indicates they accept the Assessment Team’s recommendation of not met. The provider’s response included investigations and actions implemented/to be implemented to resolve the deficiencies identified and documentation to support and/or demonstrate the actions initiated. Actions include, but are not limited to:

* Staff have been emailed an updated copy of the Organisational Policy in relation to care planning and assessment.
* All consumers’ care files have been reviewed to ensure full care plans have been completed where required.
* Additional training provided to staff has been scheduled.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service was able to demonstrate 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.

I acknowledge whilst the service had not followed their internal process of ensuring all consumers have all their relevant assessments completed which includes considerations of risk to inform the care plan within 26 days of the consumer entering the service. However, both consumers, had undergone an assessment process which was used to inform the interim care and service plan and support staff to deliver safe and effective care. In coming to my finding, I have also considered and placed weight on evidence presented by the Assessment Team inclusive of staff interviewed being able to describe care and service needs for both consumers and the positive feedback from Consumer A. In addition, I noted four other consumer files sampled by the Assessment Team where the service had followed their internal process and ensured all relevant assessments had been completed to inform the delivery of safe and effective care and services within the service’s prescribed timeframe.

I find the Approved Provider’s actions implemented in response to the Assessment Team’s report to be satisfactory to support that all consumers have the specified assessments completed within the service’s prescribed timeframes.

For the reasons detailed above, I find Allity Pty Ltd, in relation to Ross Robertson Memorial Care Centre, Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

### Requirement 2(3)(b) Compliant

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) Compliant

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant.

The Assessment Team have recommended Requirement (3)(b) as not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-Compliant with Requirement (3)(b). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers sampled considered that they get personal care and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* they get the care they need.
* have access to Medical Officers and referrals to allied health professionals if necessary. They are notified of outcomes to assist in the delivery of safe and effective personal care, clinical care, or both, that is right for them.
* are confident staff know their needs.

Assessment processes identify consumers’ needs, goals and preferences to ensure each consumer gets safe and effective personal care and clinical care. This includes end-of-life care. Sampled care files showed staff are providing care and services in accordance with the care and service plan with respect to end-of-life care.

Staff are aware how to monitor and respond when a consumer declines in mental health, cognition, or physical function. Where changes to consumers’ health are identified, documentation viewed demonstrated further charting and monitoring processes are implemented. Consumers are referred to a range of health service providers which includes allied health professionals and Medical Officers when required. Staff interviewed were able to describe how they refer consumers when required.

Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation. This includes electronic care and service plans, handover documentation and a range of meetings and forums.

The service has processes to promote appropriate antibiotic prescribing. However, staff did not demonstrate competence in effective use of Personal Protective Equipment which was reflected in Standard 7 Requirement (3)(c).

Based on the evidence documented above, I find Allity Pty Ltd, in relation to Ross Robertson Memorial Care Centre, to be Compliant with Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

### 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 have recommended Requirement (3)(b) in Standard 3 as not met. The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer specifically in relation to medication management and behaviour management. This was evidenced by:

* The Assessment Team viewed medication charts for Consumer A, B and C and noted several administrations of medications were not in line with the ten rights to medication administration including ‘right dose’. Consumer A, B and C did not have their maximum medication dosage for 24 hours recorded on the medication chart to guide staff when administering their medication.
* Medication chart for Consumer A indicates the consumer was administered medication which was of a higher dose then prescribed on the medication chart on six occasions in the month prior to the Site Audit. Management indicated staff may have documented medication administration incorrectly in the medication chart.
* Consumer B’s medication chart indicates a medication is to be administered in the morning when needed. However, the medication was administered on six occasions outside this ordered time. Staff were not able to provide an explanation why the medication was not administered at the correct times.
* In the month prior to the Site Audit, Consumer C’s progress notes shows on two occasions their as required medication which was administered was recorded as being a higher dose than on the order on the medication chart.
* Both Consumer D and B did not have a relevant diagnosis to demonstrate the medication was not being used as a chemical restraint. Both consumers did not have a restraint consent forms completed. Clinical staff stated they are currently working on completing all chemical restraint forms.
* Consumer C was observed to be in their bed positioned by staff in a manner which impacts on the consumer’s mobility and freedom of movement. Staff confirmed Consumer C has their bed positioned in such a manner to stop them trying to get out of bed. Documentation informing the representative of risk associated of this practice was completed during the Site Audit by staff.
* The service was unable to demonstrate staff are actively using and documenting non-pharmaceutical interventions for behaviour management prior to the administration of as required medications. Non-pharmaceutical interventions were not recorded on seven occasions for Consumer C prior to administering as required medication from two to one month prior to the Site Audit.

The provider’s response indicates they accept the Assessment Team’s recommendation of not met. The provider’s response included investigations and actions implemented/to be implemented to resolve the deficiencies identified and documentation to support and/or demonstrate the actions initiated. Actions include, but are not limited to:

* All staff have been provided education on medication management which included documenting trialling alternative strategies prior to administering of as required medication for managing behaviours of concern.
* All staff have been provided the organisation’s policy on restraints.
* All medication charts have been reviewed in relation to as required medication.
* All behaviour management care plans have been reviewed.
* Staff have been scheduled to complete training on behaviour management.

I acknowledge the provider’s response and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer with respect to safe and effective management of medications, behaviours of concern and restrictive practices.

In relation to safe and effective medication management, medication administration records and/or progress notes viewed for Consumer A, B and C indicate medications are not being administered as ordered by the Medical Officer. In addition, medication charts did not have the maximum the ‘as required’ medication dosage for 24 hours recorded on the medication chart to guide staff.

In relation to safe and effective behaviour management, records show staff are not consistently documenting non-pharmaceutical interventions prior to administering medication for the management of behaviours of concern for individual consumers. Consumer C, was administered their ‘as required’ medication to manage their behaviours of concern on seven occasions without having non-pharmaceutical strategies documented prior to medication administration.

In relation to safe and effective restrictive practices, the service did not consider a bed positioned in a manner which impedes the freedom of movement of a consumer as a form of physical restraint. Consequently the representative was not informed of risks associated with such a practice until after the Assessment Team had notified management. In addition, both Consumer D and B did not have a relevant diagnosis to demonstrate the medications being administered were not being used as form of chemical restraint.

For the reasons detailed above, I find Allity Pty Ltd, in relation to Ross Robertson Memorial Care Centre, Non-Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care Non-compliant.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The Quality Standard is assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant.

The Assessment Team have recommended Requirement (3)(f) as not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-Compliant with Requirement (3)(f). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers sampled said they get the services and supports for daily living that are important for their health and well-being. The following examples were provided by consumers during interviews with the Assessment Team:

* feel supported to do the things they like to do.
* felt connected and engaged in meaningful activities that are satisfying to them.
* services and supports promote their spiritual, emotional and psychological wellbeing.
* referrals occur promptly when their needs, goals or preferences change.

Initial and ongoing assessment processes identify each consumer’s needs and preferences in relation to services and supports for daily living and are used to inform the care and service plan. Consumers’ files sampled show consumers participate in spiritual practices on a regular basis according to their needs goals and preferences. Staff interviewed described how they emotionally support consumers when they first enter the service. Documentation viewed confirmed consumers who have identified spiritual care and service needs have them addressed.

The service maintains a diverse lifestyle activity calendar with activities suitable for consumers with differing needs. Care planning documentation includes information about how consumers participate in their community within and outside the service environment and relationships which are important to consumers.

An electronic care planning documentation system supports staff in recording and communicating information about consumers’ conditions, needs and preferences. Staff interviewed confirmed they have access to relevant information to enable them to provide care and services for individual consumers.

Staff were able to describe how they refer consumers to other organisations and providers of other care and services. Care planning documentation sampled showed consumers are referred to a range of service providers including the orchid club and National Insurance Disability Scheme (NDIS).

The Assessment Team observed equipment used to provide or supportlifestyle services to be safe, suitable, clean and well maintained. The service was observed to have adequate equipment to provide lifestyle and cleaning services. Staff interviewed confirmed they have adequate equipment to perform their job and provide services and support for daily living.

Based on the evidence documented above, I find Allity Pty Ltd, in relation to Ross Robertson Memorial Care Centre, to be Compliant with Requirements (4)(a), (4)(b), (4)(c), (4)(d), (4)(e) and (4)(g) in Standard 4 Services and support for daily living.

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

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

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

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

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

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

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

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

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

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

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

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

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

The Assessment Team have recommended Requirement (3)(f) in Standard 4 as not met. The Assessment Team found the service was unable to demonstrate where meals are provided, they are varied and of suitable quality and quantity. In particular, the menu lacked variety and consumers did not have effective influence on the menu. This was evidenced by;

* Nine of 13 consumers and representatives interviewed indicated the food was not of suitable quality, quantity or variety.
* Resident Meeting minutes for the month prior and the month of the Site Audit show consumers providing negative feedback on the quality of food which was not actioned by the service.
* The Assessment Team noted the last logged complaint related to food in the complaints/feedback folder was three months prior to the Site Audit.
* Two surveys completed in relation to the quality of food in the month prior indicated a food score below the service’s key point indicator with no follow-up action completed. Management said that action needs to be taken only if the number of consumers interviewed meets the required quota and as the number of consumers interviewed was below the quota, no action was required.
* Management provided Food Experience Survey which indicated consumers are happy with the food provided, noting a satisfaction score between 4.6 to 4.9 out of 5 for performance completed during the six months preceding the Site Audit.
* The Assessment team requested evidence of how the service is using feedback to influence the menu. The Hospitality Coordinator said feedback is provided verbally at meal service, during consumer meetings and via the consumer experience surveys, however, did not provide examples of how these have been used to influence the menu.

The provider’s response indicates they accept the Assessment Team’s recommendation of not met. The provider’s response included investigations and actions implemented/to be implemented to resolve the deficiencies identified and documentation to support and/or demonstrate the actions initiated. Actions include, but are not limited to:

* Notified all staff to record feedback in relation to food to ensure follow-up action is undertaken.
* The organisation’s Food Services General Manager has been engaged to provide additional support to the service.
* Hospitality Coordinator to seek feedback from consumers regarding quality of food services.
* The organisation is implementing a new dinning framework which is to be implemented in the service to improve the dinning experience.

I acknowledge the provider’s response and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service was not able to demonstrate where meals are provided, they are varied and of suitable quality and quantity.

In coming to my decision I have noted the significant number of consumers who are dissatisfied with the quality, quantity or variety of the meals provided. In addition, I have noted the feedback provided from consumers in the Resident Meeting and the two surveys completed in the month prior indicating dissatisfaction with meals which was not addressed by staff from the service.

I acknowledge the service has processes to seek feedback from consumers and use this information to inform the menu. However, whilst information is being captured in relation to quality of meals, this information is not being used to identify opportunities for improvement. I have placed weight on the feedback provided to the Assessment Team from management in relation to not being able to provide evidence of how feedback from consumers has been incorporated into menu planning.

For the reasons detailed above, I find Allity Pty Ltd, in relation to Ross Robertson Memorial Care Centre, Non-compliant with Requirement (3)(f) in Standard 4 Services and supports for daily living.

### 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

The Quality Standard is assessed as Non-compliant as one of the three specific Requirements has been assessed as Non-compliant.

The Assessment Team have recommended Requirement (3)(c) as not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-Compliant with Requirement (3)(c). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in the Standard, the Assessment Team found consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* felt the service environment was safe, welcoming and easy to navigate.
* garden spaces at the service make it a nice place to live.
* rooms are regularly cleaned and attended to.

Observations of the service environment shows it is welcoming and offers areas for consumers to interact. The service has extensive signage to assist consumers, visitors and staff to navigate the facility. Dining and activity areas are furnished with tables, chairs, sofas, televisions and bookshelves to support a home-like environment. Staff described how consumers’ rooms are personalised with individual rooms adorned with personal belongings important to consumers.

The Assessment Team observed the service environment to appear safe, clean and well maintained. Consumers were able to move freely both indoors and outdoors. Records showed the environment to be regularly maintained including a proactive pest management process.

Based on the evidence documented above, I find Allity Pty Ltd, in relation to Ross Robertson Memorial Care Centre to be Compliant with Requirements (3)(a) and (3)(b) in this Standard.

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

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

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

The Assessment Team have recommended Requirement (3)(c) in Standard 5 as not met. The Assessment Team found whilst the environment was clean the service was unable to demonstrate all equipment is adequately maintained to ensure the safety of consumers and staff. This was evidenced by;

* The Assessment Team observed two electric beds in use which appeared to be in a defective condition whilst in use in consumers’ rooms.
* One bed had a power cord which was wrapped with electrical tape and connected to the mains power.
* Documentation provided indicates the bed was serviced approximately one month ago. However, documentation does not specify what was reviewed or if any repairs were undertaken.
* The other bed had electrical wiring hanging below the bed. Care staff interviewed said due to the use of consumer lifting equipment and the wires hanging below the bed, wires can break. On one occasion, a care staff member said they held the wires together to get the bed to work.
* Documentation indicates the bed was serviced two months prior. Documentation states ‘checked & repairs where needed’. The documentation does not specify what repairs were completed or which beds required repair.
* In relation to both beds, staff interviewed said they believed maintenance requests had been completed. However, the service was unable to locate any maintenance requests in relation to both beds.
* The Assessment Team observed Consumer A sitting in a wheelchair which appeared to have defective brakes. Staff informed the Assessment Team Consumer A’s brakes have not been working for some time, that a maintenance request was completed previously and nothing had happened.
* The representative of Consumer A said they are aware the wheelchair was not working effectively and it had made it more difficult for them to provide care and services to Consumer A.
* Documentation provided indicates wheelchair maintenance was completed two months prior to the Site Audit. Documentation does not specify any repairs were made.
* Three staff members said maintenance personnel require prompting to ensure maintenance tasks are completed as required.

The provider’s response indicates they accept the Assessment Team’s recommendation of not met. The provider’s response included investigations and actions implemented/to be implemented to resolve the deficiencies identified and documentation to support and/or demonstrate the actions initiated. Actions include, but are not limited to:

* Random spot checks have been implemented to monitor the environment.
* Maintenance requests books have been implemented and staff have been provided education on logging maintenance requests.
* Bed and equipment audit was commenced.

I acknowledge the provider’s response and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service was not able to demonstrate all furniture and equipment is safe, well maintained and suitable for the consumer.

In coming to my decision I have noted the two beds and electric wheelchair which were observed by the Assessment Team to appear faulty and in use prior to the Site Audit posing a safety risk to the consumer and staff. In addition, I have noted the feedback provided to the Assessment Team from the staff indicating outstanding maintenance tasks are not promptly addressed and the service being unable to find maintenance requests for the three faulty items. I have also considered the risk associated with staff continuing to use the three pieces of equipment whilst knowing the equipment appeared faulty and not escalating this to other personnel within the service.

For the reasons detailed above, I find Allity Pty Ltd, in relation to Ross Robertson Memorial Care Centre, Non-compliant with Requirement (3)(c) in Standard 5 Organisation’s service environment.

# 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

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

The Assessment Team have recommended Requirements (3)(c) and (3)(d) as not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-Compliant with Requirements (3)(c) and (3)(d). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in the Standard, The Assessment Team found that overall, sampled consumers consider that they are encouraged and supported to give feedback and make complaints. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they felt safe in raising their concerns.
* could describe how they can make a complaint if they felt uncomfortable raising concerns with staff.
* aware of several ways they can provide feedback.

Consumers are informed of complaint processes through the consumer information pack and orientation processes when they first enter the service which includes information on advocacy services. Staff described how they address issues or concerns raised immediately, and where necessary, escalate a concern or issue to senior management. The Assessment Team observed paper feedback forms and a feedback box in the reception area which is accessible to consumers.

Staff are aware of other methods for raising complaints and described how they support consumers who speak different languages. The Assessment Team observed written materials posted on a noticeboard in the service reception area outlining advocacy services available to consumers.

Based on the evidence documented above, I find Allity Pty Ltd, in relation to Ross Robertson Memorial Care Centre, to be Compliant with Requirements (3)(c) and (3)(d) in this Standard.

## 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) Non-compliant

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

The Assessment Team have recommended Requirement (3)(c) in Standard 6 as not met. The Assessment Team found the service was unable to demonstrate consistent and appropriate action is taken in response to complaints and how it uses an open disclosure process when responding to a consumer incident. This was evidenced by;

* Consumer A said they had raised feedback five days before the Site Audit during a consumer meeting and was not provided with a response they were satisfied with. In addition, consumer meeting minutes reflect Consumer A had provided feedback in the last two consumer meetings in relation to meals and expressed to the Assessment Team they were dissatisfied with the service’s lack of action in response to the feedback.
* Consumer B said they had advised the service about their dissatisfaction of the meals provided, food choices and meat quality however believed no changes had been made following the feedback.
* A representative said the service promptly and consistently contacts them when an incident occurs and confirmed that where relevant, the service provides an apology.  However, when asked what explanation the service provided following a specific incident, the representative described a discrepancy to what the service had documented; omitting that the incident was partly the result of the service’s actions.
* Several staff were unfamiliar with the concept of open disclosure and no specific examples were provided where staff had followed this process in response to a consumer incident.
* The Assessment Team viewed the service’s 2021 education calendar, noting that a session dedicated to open disclosure was scheduled for two months prior to the Site Audit. However, training records were not provided.
* The Compliments, Complaints and Suggestions folder contained five feedback forms in the last twelve months. The policy states complaints are to be documented in the consumers’ progress notes (for complaints resolved immediately) or in the complaints log (for complaints that need to be escalated), however, this process was not followed for all five feedback forms.

The provider’s response indicates they accept the Assessment Team’s recommendation of not met. The provider’s response included investigations and actions implemented/to be implemented to resolve the deficiencies identified and documentation to support and/or demonstrate the actions initiated. Actions include, but are not limited to:

* Staff to be reminded to ensure feedback from consumers is logged and followed up.
* Feedback to be included as a standing agenda item in the monthly consumer meeting.
* Increasing the number of feedback boxes.
* Increased the monitoring of feedback mechanisms.

I acknowledge the provider’s response and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service was not able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers and representatives who provide feedback to the service do not always have their feedback addressed and responded to and the service was not able to demonstrate they are aware and consistently undertake open disclosure practices.

In coming to my decision, I have considered the feedback from Consumer A and B in addition to the two surveys completed in the month prior identifying feedback from consumers which were not addressed. Furthermore, the folder which contained five feedback forms was not actioned as per the service’s process. In addition, I have considered the lack of staff understanding of open disclosure practices identified by the Assessment Team in addition to no training records being provided to further support staff understanding and application of open disclosure.

For the reasons detailed above, I find Allity Pty Ltd, in relation to Ross Robertson Memorial Care Centre, Non-compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

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

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

The Assessment Team have recommended Requirement (3)(d) in Standard 6 as not met. The Assessment Team found the service was unable to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services.

* The Assessment Team viewed the Compliments, Complaints and Feedback folder containing hard-copy feedback forms and other documentation in the last 12 months. Five complaint entries were noted in the folder, however no further analysis or information relating to review or trending of these complaints was provided by the service.
* The Assessment Team viewed Resident Meeting Minutes for the last four months preceding the Site Audit which showed six consumers raised 16 issues with records showing these issues were not addressed, analysed and trended as per the service’s process.
* During the entry meeting, management advised there are no real trends evident in complaints data and that general complaints are around food and care. However, the service did not describe how complaints data is monitored or trended, nor what has been done (or proposed to be done) to address issues in the aforementioned areas.

The provider’s response indicates they accept the Assessment Team’s recommendation of not met. The provider’s response included investigations and actions implemented/to be implemented to resolve the deficiencies identified and documentation to support and/or demonstrate the actions initiated. Actions include, but are not limited to:

* All complaints are to be discussed at a weekly leadership meeting including discussions of any trends.
* General Manager to draft an improvement log for identified feedback from the Resident Meetings.

I acknowledge the provider’s response and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service was not able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services.

In coming to my decision, I have noted the feedback provided from consumers which was not addressed, analysed or trended to identify opportunities for improvement from neither the Resident Meetings nor the Compliments, Complaints and Feedback folder. To further support my view, I have also noted information identified by the Assessment Team in relation to the two surveys completed in the month prior to the Site Audit which indicates dissatisfaction with meal services which whilst identified by the service was not used to improve the quality of care and services.

For the reasons detailed above, I find Allity Pty Ltd, in relation to Ross Robertson Memorial Care Centre, Non-compliant with Requirement (3)(d) in Standard 6 Feedback and complaints.

# 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

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

The Assessment Team have recommended Requirements (3)(a) and (3)(c) as not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-Compliant with Requirements (3)(a) and (3)(c). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements, the Assessment Team found that consumers are knowledgeable and caring. The following examples were provided by consumers during interviews with the Assessment Team:

* are kind and caring when attending to their needs.
* believed staff had appropriate training

Staff interactions with consumers were observed by the Assessment Team to be kind, respectful and caring. Staff interviewed provided examples of how they tailor and individualise care to ensure services are kind caring and respectful of each consumers’ identity, culture and diversity.

The Assessment Team viewed training records which confirmed staff are provided training in accordance with the training matrix and education calendar. Staff complete training when initially recruited and ongoing based on their role, observations of staff practice, and feedback provided by consumer. Staff confirmed they are provided regular training accordioning to the training schedule.

Based on the evidence documented above, I find Allity Pty Ltd, in relation to Ross Robertson Memorial Care Centre to be Compliant with Requirements (3)(b) and (3)(d) in this Standard.

## 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 have recommended Requirement (3)(a) in Standard 7 as not met. The Assessment Team found the service was unable to demonstrate the workforce is planned to enable, and the number and mix of the workforce deployed enables the delivery and management of safe and quality care and services, specifically in relation sufficiency of staffing. This was evidenced by;

* Seven of ten consumers and representatives asked about staffing levels and said there were inadequate staff numbers to provide safe and quality care and services when it was required, and that it could result in a lengthy wait when they use their call bell. Consumers and representatives provided examples of how insufficient staffing impacted on consumer’s continence and falls management.
* Consumer A said there was not enough staff which routinely impacted their care and service needs overnight specifically around continence care.
* Four care staff described how insufficient staffing was impacting on the care of consumers.
* A clinical staff member confirmed shifts are not always able to be filled when staff members call in sick which means consumers are showered after lunch and this happens often. A clinical staff said the 7:00am to 1:30pm Registered Nurse shift was not filled on the day of the audit. They said it was a regular occurrence, however, they can generally access agency staff when needed.
* Staff in all roles (care, clinical and hospitality) also stated there were inadequate staff to consistently achieve a high standard of consumer care. Staff said they have inadequate time to care for consumers and often focus on essential aspects of care only.
* Two care staff members said they must ‘pick and choose’ who needs a shower or a wash as there isn’t time to shower everyone as they would like.
* A staff member responsible for cleaning said it is hard to get everything done and some rooms aren’t cleaned as often as they should be.
* Call bell data for a week-long period two weeks prior to the Site Audit showed 154 instances (an average of 22 per day) where the service considered the waiting time to be above their Key Performance Indicator (KPI).
* Staff allocation sheets for a two week-long period approximately one month prior to the site audit (13 February 2021 to 28 February 2021) indicated only on three dates (21, 22 and 26 February) the roster fully covered by Ross Robertson staff. On 25 February, two care staff shifts, and one Registered Nurse shift were not filled. On 24 February, two care worker shifts were not filled. On 20 February, two care worker shifts were not filled. On, 19 February 2021 one care worker and one cleaning shifts were not filled.

The provider’s response indicates they accept the Assessment Team’s recommendation of not met. The provider’s response included investigations and actions implemented/to be implemented to resolve the deficiencies identified and documentation to support and/or demonstrate the actions initiated. Actions include, but are not limited to:

* Roster is being reviewed.
* Audit of staff rosters to identify shift vacancies.
* Daily review of delivery of care and services during the huddle sessions.

I acknowledge the provider’s response and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service was not able to demonstrate 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. In particular, in relation to sufficiency of staffing to meet the care and service needs of consumers.

In coming to my decision, I have placed weight on the feedback provided from consumers in relation to the insufficiency of staffing and the impact to the delivery of their care and services. In addition, I have noted the feedback from staff, in addition to the call bell data indicating insufficient staffing. To further support my view, I have noted the information identified by the Assessment Team in relation to the shifts which were not able to be filled recorded on the staff allocation sheets.

For the reasons detailed above, I find Allity Pty Ltd, in relation to Ross Robertson Memorial Care Centre, Non-compliant with Requirement (3)(a) in Standard 7 Human resources.

### 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 have recommended Requirement (3)(c) in Standard 7 as not met. The Assessment Team found the service was unable to demonstrate how they ensure the workforce is competent and staff have the qualifications and knowledge to effectively perform their roles in the delivery of safe and effective care and services to all consumers in relation to medication management. This was evidence by;

* A care staff observed by the Assessment Team was unable to answer questions regarding the medication they were administering, which is a component of the service’s medication competency assessment.
* Documentation indicated staff had administered medication incorrectly to Consumer A with respect to medication dose on six occasions.
* Documentation indicated staff had administered medication incorrectly to Consumer B with respect to medication timing on six occasions.
* The Assessment Team observed a consumer requiring droplet precautions while awaiting pathology swab results. A staff member was observed to don PPE that was not reflective of the required precautions. There was also a bin observed outside the consumer’s room containing gowns, which should have been doffed inside the consumer’s room.

The provider’s response indicates they accept the Assessment Team’s recommendation of not met. The provider’s response included investigations and actions implemented/to be implemented to resolve the deficiencies identified and documentation to support and/or demonstrate the actions initiated. Actions include, but are not limited to:

* Implementing correct signage in relation to infection control precautions.
* All relevant staff to complete medication management competencies.
* All staff to complete Donning and Doffing Refresher Training.

I acknowledge the provider’s response and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service was not able to demonstrate the workforce is competent and the members of the workforce have the knowledge to effectively perform their roles specifically in relation to safe medication management including monitoring of high risk medications and infection control practices.

In coming to my decision, I have noted the evidence considered in Standard 3 Requirement (3)(b) in relation to safe and effective medication management where medication administration records and/or progress notes viewed for three consumers indicated medications are not being administered as ordered by the Medical Officer or in accordance with professional guidance for medication administration. To further support my view, I have noted the observations made by the Assessment Team in relation to infection control practices for a consumer who was on droplet precautions in light of the current declared Pandemic which indicates a staff member did not have skills or knowledge to correctly use personal protective equipment.

For the reasons detailed above, I find Allity Pty Ltd, in relation to Ross Robertson Memorial Care Centre, Non-compliant with Requirement (3)(c) in Standard 7 Human resources.

### 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 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

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

The Assessment Team found that overall, consumers and representatives sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by consumers during interviews with the Assessment Team:

* are supported by the service and have input into how their care and service needs are delivered.
* the service is run well.

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Lifestyle entries demonstrate that when new activities are trialled, the results are documented and reviewed prior to implementation.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Management discussed examples of Board-driven change; some that were recently implemented and others currently in progress, including implementing new medication management software to improve safety outcomes for consumers.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce, regulatory compliance and feedback and complaints. Policies and procedures are reviewed on a set schedule at relevant meetings to ensure policies and procedures are up-to-date and reflective of best practice.

The service demonstrated effective risk management systems and practices including in identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. Staff interviewed were aware of how to respond to abuse and neglect of consumers and how the organisation supports consumers to live the best life they can.

The organisation demonstrated a clinical governance framework which included a range of policies and procedures to support staff practice in antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed demonstrated an awareness of antimicrobial stewardship and minimising the use of restraint. However, staff did not have a thorough understanding of open disclosure which has been considered in Standard 6 Requirement (3)(c).

Based on the evidence documented above, I find Allity Pty Ltd, in relation to Ross Robertson Memorial Care Centre, to be Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

### Requirement 8(3)(d) Compliant

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

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

### Requirement 8(3)(e) Compliant

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

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

# Areas for improvement

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

Standard 3 Requirement (3)(b)

* Review processes for the management of medications, behaviours of concerns and restrictive practice.

Standard 4 Requirement (3)(f)

* Review the menu with consideration of the feedback provided from consumers.
* Review processes for actioning consumer feedback in relation to meals and processes for consumers to have an opportunity to influence the menu.

Standard 5 Requirement (3)(c)

* Implement processes to ensure reactive maintenance is identified and actioned using a risk based approach.

Standard 6 Requirement (3)(c) and (3)(d)

* Review processes for actioning feedback provided.
* Review processes for open disclosure practices and ensures staff implement open disclosure practices through their day to day duties. This includes when adverse clinical incidents impact on consumers.
* Review processes for identifying opportunities for improvement through feedback mechanisms.

Standard 7 Requirement (3)(a) and (3)(c)

* Review the staff roster to identify opportunities for improvement and ensure staffing levels are sufficient to meet consumers’ needs.
* Implement further training in deficits outlined in Performance Report to ensure staff competence in relation to medication management and use, and the use of personal protective equipment.