Scalabrini Village Nursing Home (Austral)

Performance Report

65 Edmondson Avenue   
AUSTRAL NSW 2171  
Phone number: 02 8795 4100

**Commission ID:** 2656

**Provider name:** Scalabrini Village Ltd

**Site Audit date:** 23 November 2020 to 26 November 2020

**Date of Performance Report:** 19 February 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-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) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others;
* the provider’s response to the Site Audit report received 8 January 2021.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Most sampled consumers considered that they are treated with respect and can maintain their dignity, however they raised concerns about their ability to make informed choices about their care. Most consumers and their representatives said that their personal privacy is respected, and they are treated with dignity, however there were instances where privacy and confidentiality were not maintained. Care planning documents demonstrated that for most consumers sampled there was evidence that care and services are delivered in a culturally safe way, however some consumers did not have a social profile recorded to guide their delivery of care and services. The service was unable to demonstrate that each consumer is provided with information which is communicated in a way that enables consumers to be supported to exercise choice or independence about decisions affecting their care and services.

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

## Assessment of Standard 1 Requirements

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

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

The Assessment Team found that that while consumers and representatives provided feedback that the consumer is generally treated with respect, their identity, culture and diversity valued; there have been many reported instances where consumers have not been treated with dignity or respect. For example, some consumers and representatives said that while they find staff are generally respectful, they did express concern about some staff not displaying respect such as not listening to their concerns and being dismissive.

The Assessment Team found that staff were able to demonstrate that they are familiar with consumers’ backgrounds and identity and that most staff were observed to interact with consumers respectfully, although a few instances were observed where this was not supported. Additionally, the Assessment Team reported that staff spoke about consumers in a way that indicated respect and an understanding of their personal circumstances and life journey, however several staff raised concerns about the impact of staff practices on consumer’s dignity. The Assessment Team found that review of documentation indicated that not all consumers are treated with their dignity preserved and that the service does not cater to those who identify with having a faith other than Catholic. The Assessment Team noted that the service was unable to provide a diversity framework when requested.

The Approved Provider submitted information about the issues raised by the Assessment Team. This information indicated that the Approved Provider caters to consumers who have a faith other than Catholic, however this is only one component to culture and diversity. The approved provider response did not address consumer/representative feedback about staff not listening to concerns or staff concerns about practices on consumer dignity.

I am of the view that the Approved Provider does not comply with this requirement as each consumer is not treated with dignity and respect, with their identity, culture .and diversity valued.

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

*Care and services are culturally safe.*

The Assessment Team found that that not all care planning documents demonstrate that care and services are provided in a culturally safe way and this was particularly so for consumers who had recently entered the service. It was noted that some consumers did not have a social profile to guide the delivery of their care in accordance with the service’s policy. Information in care planning documents is not always current and care and services are not always delivered accordingly. For example, not all consumers were receiving care that was culturally safe and in line with their background.

The Assessment Team found that despite some staff demonstrating they have been trained in the delivery of culturally safe care there were instances where staff practices adversely affected the consumer’s outcome. The Assessment Team were unable to view the service’s diversity plan as this was not provided when requested.

The Approved Provider submitted information about the issues raised by the Assessment Team. The information clarified how the service provides culturally safe care for a specific consumer and this is accepted, however it did not address issues identified for other consumers. Additionally, the approved provider response did not submit evidence to refute instances where staff practices adversely affected consumer outcomes.

I am of the view that the Approved Provider does not comply with this requirement as care and services are not culturally safe.

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

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

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

The Assessment Team found that while the review of documentation referenced how consumers are supported to make decisions and maintain relationships, this has not been achieved for all consumers. Similarly, staff were able to provide some examples of how they support consumers to make informed choices about their care but there were other examples where decisions have not been consumer driven. For example, staff said that that some consumers were showered at times that were inconsistent with their choices.

The Assessment Team found that consumers and their representatives sampled confirmed that consumers had choice in relation to a general practitioner, however not in relation to pharmacy services. Additionally, while some consumers were supported to exercise choice regarding maintaining contact with their family and loved ones, feedback from consumers and representatives indicated that consumers were not always supported to maintain relationships according to their preferences. Many consumers and representatives raised concerns about the impact of ongoing visitor restrictions some representatives commented that they did not have theopportunity to spend time their loved one as their condition deteriorated

The Approved Provider submitted information about the issues raised by the Assessment Team. The Approved Provider submitted evidence to demonstrate that the organisation’s visitor restrictions were in line with NSW Health guidelines related to allowing visits for those consumers on end of life pathways and this is acknowledged. However, the approved provider response did not adequately address the limited choice consumers have regarding pharmacy services nor did it address feedback and examples from staff where care was not consumer driven highlighting the deficiencies of choice and independence.

I am of the view that the Approved Provider does not comply with requirement as eachconsumer is not 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.*

The Assessment Team found that overall the service demonstrated that consumers were supported to take risks. Consumer’s and their representatives provided feedback about the impact of COVID-19 visitor restrictions on their ability to live the best life they choose. Representatives also said that they would like consumers to be supported to take risks to leave their room to increase physical activity. However, the Assessment Team noted that staff were able to describe areas where consumers were supported to take risks and for those consumers who prefer alternative meals to their prescribed needs a risk assessment is conducted to acknowledge the risk and a referral made for speech pathology review. Additionally, there were specific examples of consumers being supported to take risks consistent with their expressed wishes

The Approved Provider submitted information about the issues raised by the Assessment Team. The Approved Provider response service does support consumers to take risks and the additional information does provide evidence that consumers are supported to take risks to enable them to live the best life they can.

I am of the view that the Approved Provider complies with this requirement as each consumer is supported to take risks to enable them to live the best life they can.

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

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

The Assessment Team found that staff were able to provide examples about the different ways information is presented to consumers consistent with theircommunication needs and preferences. While the Assessment Team observed noticeboards in the common areas offering choices to consumers in relation to food and lifestyle activities, some of the consumers sampled said they did not receive the food menu beforehand except what is displayed on the noticeboard and another consumer advised that they are not provided with the activities schedule.

The Approved Provider submitted information about the issues raised by the Assessment Team. The information did not refute the findings of the Assessment Team; however, the Approved Provider was of the view that the findings were mostly positive in relation to consumers receiving timely and clear information to enable them to exercise choice. I have considered the Approved Provider’s perspective however, on balance, based on the feedback provided by consumers during the visit relating to exercising choices regarding food and lifestyle activities that this is does impact the quality of care for consumers.

I am of the view that the Approved Provider does not comply with this requirement as information provided to each consumer is not 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.*

The Assessment Team found that most consumers said that staff respect their privacy and were confident that their personal information is kept confident. Staff were able to describe ways they respect the personal privacy of consumers and provided examples of consumers who prefer to keep their bedroom doors open and closed. A ‘do not disturb’ sign was observed to be placed on a consumer’s door.

The Assessment Team noted that review of progress notes reported that a consumer living with dementia entered the rooms of fellow consumers’ disturbing their privacy and commented that staff took a photo of a consumer to send to their representative. Review of progress notes indicated that a visiting service’s health assessment for one consumer took place in the front yard of the service.

The Approved Provider submitted information about the issues raised by the Assessment Team. The information submitted evidence to contextualise the findings of the Assessment Team which demonstrated that the health assessment which took place in the front yard of the service was due to the consumer’s preference of feeling comfortable in outside spaces and it was advised that this area is not a thoroughfare and utilised by consumers and their visitors and can accommodate private conversations. The Approved Provider submitted evidence that consent was provided by the consumer for a photograph to be taken and sent to their representative when the representative was unable to visit. Additionally, in relation to the consumer living with dementia entering fellow consumer rooms the approved provider acknowledged this was a behavioural symptom for the named consumer and that while this behaviour can be managed it cannot be completely eliminated. I am satisfied the approved provider response adequately addressed the issues raised by the Assessment Team.

I am of the view that the Approved Provider complies with this requirement as each consumer’s privacy is respected and personal information is kept confidential.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most sampled consumers and their representatives did not consider they have been involved in the process of assessment and care planning and they were unable to demonstrate they were aware of the care plan or if this was available to them. Several care planning and assessment documents were not individualised to the consumers health and well-being. Care plans did not always demonstrate appropriate review when circumstances and did not identify if whether interventions have been effective in meeting the needs of consumers.

Some consumers said they have had the opportunity to communicate end of life care wishes with the service while other consumers and their representatives said they had not been able to have input into end of life planning.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found while the service has policies and procedures to guide staff practice in relation to conducting assessments and developing care plans they are not always followed by staff. Additionally, records for some consumers provide evidence of assessment and planning that considers risk to the consumers health and well-being, however comprehensive care planning and assessment was not occurring for several consumers and care planning documents were not individualised relative to the risks to each consumer’s health and well-being.

The Assessment Team found that staff were able to describe how they use assessment and planning to inform the delivery of safe and effective care and that registered nurses conduct assessments and plan for risks which contributes to formulating the care plan. Despite staff knowledge, the Assessment Team noted several examples where consumers did not receive assessment and planning inclusive of consideration of risks, resulting in adverse outcomes for those consumers.

The Approved Provider submitted information about the issues raised by the Assessment Team. The information sought to address issues relating to some specific cases however it did not adequately address the issues for all named consumers, nor provide evidence to the contrary relating to inconsistencies in approach to care planning and the delivery of these plans.

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

### 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 care staff were able to describe what is important to the consumers in terms of how their care is delivered including their individual needs, goals and preferences. Clinical staff were able to describe how they approach conversations with consumers about end of life and advanced care planning and there were relevant policies and procedures to guide staff through this process.

However, the Assessment Team also found that for consumers sampled they and their representatives were not adequately consulted about their personal goals and preferences in relation to end of life care planning. The Assessment Team found deficits in end of life care planning and completion of advanced care directives to provide guidance on how to preserve the goals and preferences for consumer’s entering end of life care. Some consumers and their representatives said they have had an opportunity to communicate end of life care wishes to staff while other consumers and their representatives interviewed advised they have not been able to have meaningful input into end of life care planning. It was also identified that consumers current care needs are not always addressed in assessment and planning which impacted the consumer’s well-being.

The Approved Provider submitted information about the issues raised by the Assessment Team. The Approved Provider countered the findings of the Assessment Team in relation to some named consumers. They provided information to confirm end of life planning was undertaken for a specific consumer and was documented. However, this does not negate some of the consumer and representative feedback regarding not being provided with the opportunity to provide input into advance care and end of life planning or the impact on consumers wellbeing due to consumer current needs not being addressed in assessment and planning.

I am of the view that the Approved Provider does not comply with this requirement as assessment and planning does not identify and address the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes for all consumers.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found that some consumers and representatives said they are involved in assessment, care planning and review, and clinical staff explained that case conferences are completed if requested by the consumer or representative. However, while case conferencing had occurred for some consumers sampled in partnership with the service and their representative, there were many other consumers where this had not occurred.

The Assessment Team found that some consumer representatives said they were not consulted regarding consumers care planning and review especially in relation to clinical deterioration and decisions for hospital intervention. Additionally, review of the consumer’s care planning and review documents showed items for discussion and feedback from consumers and representatives, however these forms were not signed by the consumer and/or their representative.

The Approved Provider submitted information about the issues raised by the Assessment Team. The information provided additional context for some named representatives who expressed concerns regarding deficiencies in ongoing partnership in planning. However, this did not address all named representative feedback or explain why case-conference had not occurred for some consumers along with why review/planning documents were not signed. Therefore, the evidence shows that there is a systematic issue with assessment and planning consistency for all consumers.

I am of the view that the Approved Provider does not comply with this requirement as the organisation has not demonstrated 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 for consumers and representatives sampled, they mostly reported that they were not aware of what is in the consumer’s care plan, they had not been provided a copy and were not aware this was available for them. Staff were aware that the case-conferencing meetings provide a tool to communicate care planning to consumers and their representatives, however staff did not demonstrate an understanding that the care plan should also be readily available to consumers and their representatives*.* The Assessment Team reviewed documentation which identified deficiencies in the outcomes of assessments and planning being documented and effectively communicated to consumers and their representatives and most representative feedback further supported this.

The Approved Provider submitted information about the issues raised by the Assessment Team. The Approved Provider response refuted information in the Assessment Team report and stated that assessment and planning was communicated to three named consumer representatives effectively and promptly. This has been considered. However, the Approved Provider acknowledged that they are in the process of improving by providing consumers with a simplified version of the care plan. These improvements are noted but they do not reflect the observations at the time of the site audit. In addition, the Approved Provider response does not negate the negative feedback provided by consumers.

I am of the view that the Approved Provider does not comply with this requirement as the outcomes of assessment and planning are not 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) 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 for some consumers their care plans are reviewed, however for many other consumers care plans did not demonstrate whether interventions have been effective in meeting their needs or appropriately reviewed when circumstances change, and incidents occur. The Assessment Team cited several examples for different consumers where an incident had occurred impacting the consumers’ needs and well-being and there was a significant delay between the date of the incident and review of the consumer. This is consistent with most representative feedback which raised concerns that consumers are not adequately reviewed or assessed when an incident occurs. Furthermore, review of incident data also identified at time lack of timely reassessment for the consumer.

The Approved Provider submitted information about the issues raised by the Assessment Team. The information provided did not adequately address all of the findings in the Assessment Team report and failed to explain the delay in review for consumers subsequent to an incident occurring.

I am of the view that the Approved Provider does not comply with this requirement as care and services are not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers - 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.

Some sampled consumers and their representatives considered they received safe personal and clinical care while an equal number of others considered they did not. The service demonstrated standard and transmission-based precautions to minimise the risk of infection, however review of documentation identified that wound, pain, behaviour and falls management is not aligned with best practice and does not optimise the consumer’s health and well-being.

The service has policies and procedures for high impact and high prevalence risks associated with the care of the consumer, however care plans demonstrate that risks are not always adequately reported or managed. For consumer’s sampled, negative outcomes consumers were identified in relation to pain management, medication management, aspiration and falls.

The service does not consistently demonstrate timely and appropriate referrals when appropriate and deficiencies were observed in the identification and response to changes or a deterioration in the consumer’s condition. Some consumer representatives provided negative feedback regarding the communication and sharing of information related to the consumers’ condition.

The Quality Standard is assessed as Non-compliant as six 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 while some consumers and their representatives provided positive feedback about aspects of personal and clinical care, review of care documentation indicates that consumers do not consistently receive effective personal and clinical care that is best practice and optimises their health and well-being. The Assessment Team found some examples where staff have not accurately reported information which has impacted review and management of the consumer needs and condition. Some staff confirmed that at times information is not accurately reported and reviewed and management of incidents does not always optimise consumer well-being. Inconsistencies regarding a consumer being administered the incorrect amount of oxygen were observed.

The Assessment Team identified that wound care is not aligned with best practice management principles and an example where for one consumer the care plan lacked detail to direct staff to appropriately manage the wound. While the wound chart demonstrated that staff were consistently monitoring the wound, it did not support it is done effectively or accurately completed. For example, photographs of wounds were of poor quality and did not show how the wound had deteriorated and there were discrepancies between dimensions recorded on wound charts and photographs. Some staff interviewed expressed concerns about wound management at the service. A consumer experienced and adverse outcome to their health due to staff not following manual handling instructions.

The service has a restraint policy which reflects best practice principles of assessment, consent, monitoring and review, however there is a high use of restraint and behaviour management is not always tailored to the consumer’s needs. Consent forms for the use of chemical restraint are not always signed by the consumer or their representative and risks associated with the medication use are not always reflected in in the consumer’s care plan.

The Assessment Team reported that review of consumers’ pain management identified that pain assessments are not routinely completed and reviewed when required, impacting on adequate pain management and consumer well-being. There were examples of staff assessing consumers as having no pain when other documentation and evidence suggests the consumer is experiencing pain.

The Approved Provider submitted information about the issues raised by the Assessment Team. The Approved Provider response disputed factual inaccuracies in the Assessment Team’s findings for some named consumer. However, the Approved Provider did not submit evidence to demonstrate that all consumers receive safe and effective care. The Approved Provider did not show the service implements restraint and pain/wound management that is aligned with best practice principles and optimises the consumer’s health. The evidence also demonstrates that at times this has impacted consumers’ well-being negatively. In addition, the information provided did not negate staff feedback that information is not always accurately reported.

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

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

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

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

The Assessment Team found that while care plans include some information about high impact and high prevalence risks for consumers, interventions were not adequate to minimise the risk. For consumers sampled, negative outcomes for consumers were identified in relation to pain management, medication management, aspiration and falls.

The Assessment Team reported that high impact and high prevalence risks are trended and discussed at monthly clinical meetings, although minutes from these meeting were not available. Staff were able to explain how they safely administer medication and the appropriate checks required prior to administration, however a consumer was administered a restricted medication without having a current signed medication chart and there were instances of missing opioid medication. The Assessment Team identified three consumers where there was a risk of aspiration had not been effectively managed.

Consumers identified as high risk of falls did not have effective strategies to minimise risks such as bed sensors. Additionally, review of falls did not always occur within organisational time-frames and there have been gaps with some staff effectively managing falls along with calls for assistance not being responded to in a timely manner. Meeting minutes from the clinical and quality risk meeting held in October 2020 identified staff required training in manual handling education and use of correct sling training.

The Approved Provider submitted information about the issues raised by the Assessment Team. The Approved Provider submitted evidence to demonstrate that risk of aspiration for three consumers was managed with speech pathology review and I am satisfied with the evidence provided this is no longer a concern. The Approved Provider suggested that sensors are responded to in a timely manner and provided an explanation for the missing opioid medication. However, this does not negate the evidence of the Assessment Team or demonstrate how the service effectively manages high impact and high prevalence risks.

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

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

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

The Assessment Team found gaps in the service recognising the needs and preferences for consumers nearing the end of life and examples where dignity and comfort is not always preserved. Staff were able to describe strategies used and care provided for consumers receiving end of life care and the importance of pain management and facilitating visits from family. However, despite staff awareness they also provided examples of how there was minimal end of life support for some consumers.

Review of end of life care for some sampled consumers did not demonstrate their needs and preferences were recognised with some files containing no evidence of end of life care wishes. Although comfort medications were provided for consumers who deteriorated and entered an end of life pathway there was a lack of consultation with the consumer and their representative to guide how the consumer’s needs and preferences could be preserved during end of life care. Some representatives sampled provided negative feedback surrounding events related to end of life care for their loved ones. The Assessment Team were informed that at the time of the audit there were no consumers on active palliation however, review of pharmacy reports identified two consumers were prescribed medications routinely used in end of life care.

The Approved Provider submitted information about the issues raised by the Assessment Team. The submission clarified information regarding one consumer on end of life medication and that these medications were prescribed when the consumer’s condition deteriorated and were not actively being administered when the condition improved and at the time of the site audit. This information relates to a specific consumer and I am satisfied that it does explain the events relating to that consumer. However, the approved provider was unable to clarify this for the other named consumer nor able to negate staff feedback where there were deficiencies in end of life support or concerns expressed by representatives.

I am of the view that the Approved Provider does not comply with this requirement as 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 reported that clinical and care staff were able to describe the processes for the escalation of changes and deterioration in a consumers’ condition however this was not always evident in the review of clinical documents. For example, for some consumers sampled the service was unable to demonstrate that processes for escalation and deterioration are effective and timely.

The Assessment Team identified instances where staff did not respond appropriately to deterioration in consumers condition and for one consumer pain and wounds were not escalated or the deterioration in condition reported to the consumer’s family. Despite the service having guidelines and procedures to support staff to recognise, respond to and manage changes and deterioration in a consumer’s condition, this is not always followed accordingly.

Overall, staff interviewed said they report changes in the consumer’s condition for further assessment and document any changes in progress notes and discuss at clinical handover meetings. However, several staff raised concerns about identification and response to acute changes or deterioration and provided examples of where this had not occurred.

The Approved Provider submitted information about the issues raised by the Assessment Team. This evidence did not demonstrate a systematic approach to the way consumer deterioration or change is recognised or responded to that quantifies the inconsistencies. The Approved Provider challenged the relevance of the Assessment Team’s findings of not notifying a family member of a deterioration in a consumer’s condition, however the approved provider did not provide any additional information to negate additional findings. This includes staff did not always escalate acute changes in pain and wounds or address the concerns provided by staff.

I am of the view that the Approved Provider does not comply with this requirement as deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is not recognised and responded to in a timely manner.

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

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

The Assessment Team reported that clinical and care staff could describe how changes in consumers care and services are communicated. Staff said that changes in consumers’ care and condition are communicated through clinical handovers, progress notes and updating information on the handover sheet. Staff were aware that guidelines and policies are on the computer system although said they did not have the time to access them.

While the Assessment Team found the service has systems for communicating information about the care of consumers however these have not always been effective for all consumers. For example, information about the consumer’s condition is not always shared with the medical officer or other involved services for all consumers sampled. Similarly, sharing of information does not always occur and there were instances where information in consumer and service records is incorrect or inconsistent. Many consumer representatives expressed frustration about ongoing issues with information about the consumer’s care and condition being communicated and identified issues with the phone system at the service negatively impacting on effective communication.

The Approved Provider submitted information about the issues raised by the Assessment Team. The Approved Provider acknowledged the issues with the phone system and the impact of this on communication. They also raised that the Assessment Team included information not directly related to this requirement such as clinical care for some named consumers and this is acknowledged and has been considered in relation to requirement 3(3)(a). However, this does not alter the evidence of feedback provided by representatives regarding deficiencies in information about consumer care not being communicated effectively nor the inconsistencies of information in consumer records and files.

I am of the view that the Approved Provider does not comply with this requirement as 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 clinical documents indicate appropriate and timely referral to providers of other care and services in most cases however for some consumers this did not occur. Some consumers and their representatives confirmed that they had never had issues accessing medical services and the service has procedures for making referrals to health professionals outside the service.

Staff were able to describe the process for referral to the medical officer or other health professionals, however for one consumer at risk of social isolation staff were unable to confirm whether a referral to an external social or advocacy service had been made. Additionally, for a consumer with a wound, a referral to a wound specialist to assess for infection or deterioration had not been made along with the deteriorating mental health for another consumer not being referred in a timely manner. The Assessment Team provided additional examples of where consumers who had an acute deterioration were not referred for appropriate management and review.

The Approved Provider submitted information about the issues raised by the Assessment Team. Some the information provided refuted the evidence questioning its validity in relation to individualised events. This information confirms that for some named consumers, transfer to hospital in response to an acute deterioration did occur. However, the Approved Provider response did not address why a mental health referral took several months from the onset of deterioration or why referrals to a wound specialist and external support services were not initiated. I have considered, and whilst I agree that some of the issues on their own do not equate to a shortfall, the evidence is still relevant that referrals are not timely and appropriate to individuals, other organisations and providers of other care and services.

I am of the view that the Approved Provider does not comply with this requirement as referrals are not timely and appropriate 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.*

The Assessment Team found the service has policies and procedures relating to antimicrobial stewardship including processes to minimise the use of antibiotics. Staff described that they would trial encouraging increased fluid intake and ensuring adequate hygiene for consumers with a urinary tract infection. The service has implemented appropriate COVID-19 preparedness procedures and consumers and their representatives sampled said they were satisfied with the infection control precautions the service has implemented to manage their safety. Staff displayed sufficient knowledge of how infection related risks are minimised at the service.

The Assessment Team observed some areas of the environment to be unclean such as dust and debris along windowsills and dirty cups left on a table in the hall-way which could increase infection related risks. I have considered this information in requirement 5(3)(b). It was also reported that staff complete their daily health screening for COVID-19 in the nurses’ station which requires them to walk through corridors and pass consumer rooms and common areas before they can access the nurses’ station and complete their daily health screening including temperature.

The Approved Provider submitted information about the issues raised by the Assessment Team. In response to staff completing daily health checks in the nurse’s station, the Approved Provider advised that it is not possible to re-develop the physical layout of the building in response to COVID-19 and they have procedures in place to minimise risk.

I am of the view that the Approved Provider complies with this requirement as there is minimisation of infection related risks through implementing:

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall sampled consumers did not consider that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers interviewed confirmed that they felt the service had tried to support them throughout COVID-19 to keep in touch with people who are important to them. However, the degree of flexibility around supportive visitation for consumers living with dementia on compassionate grounds was raised as a significant concern by their representatives in relation to deterioration of their care and wellbeing.

There was evidence that dietary requirements of some consumers were not current.

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) 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 the service did not adequately demonstrate each consumer gets services and supports for daily living that meet their goals and preferences and optimise their independence, health, wellbeing and quality of life. The COVID-19 visitation policy is restrictive and has impacted on consumers’ independence and enjoyment of life at the service.

Some consumers sampled said they felt supported to do the things they want to do within the context of COVID-19 restrictions. However, some consumers indicated they are not supported to do what they want to do.

For the consumers sampled staff were able to explain what was important to them and what they liked to do, and this was consistent with consumer feedback and care planning documents.

There is currently a centralised program of activities coordinated by the wellbeing team in addition to the day to day engagement practiced by care staff. The team provides guidance and equipment to care staff to deliver engaging group and individual activities and also coordinates a program of flexible, customised activities to meet the needs of consumers in the memory support unit. The well-being coordinator said consumers and their representatives provide feedback and ideas for future lifestyle programs in the quarterly activity survey. The wellbeing coordinator said the team supports consumers to do things that are not on the schedule by participating in a lot of one-on-one activities with them.

The Approved Provider submitted information about the issues raised by the Assessment Team. The Approved Provider stated that the Assessment Team’s observations largely proved that consumers are supported for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. The information provided shows a high level of personal care and interactions as well as the opportunity for consumers to choose participation of their own accord. On balance, the Approved Provider has demonstrated each consumer gets 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.

I am of the view that the Approved Provider complies with this requirement as each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

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

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

The Assessment Team found the organisation did not demonstrate that it provides services and supports for daily living to sufficiently promote consumers’ emotional, spiritual and psychological well-being. Although there are comprehensive social profiles, lifestyle and spiritual pastoral care plans to inform appropriate care, there is extensive evidence of negative staff interactions with consumers and care staff observed consistently ignoring consumers in distress.

Some consumers interviewed were able to describe the support they receive when they are feeling low. A consumer said that the staff are excellent and had always been there for them. They are very supportive when they are sad. Another consumer found comfort and support from visiting nuns.

However, many other consumers and representatives raised concerns and the Assessment Team made observations that consumers emotional and psychological wellbeing were not being effectively supported. Consumer were observed constantly calling out, but not being attended to by care staff.

For the consumers sampled, care plans included information about emotional, spiritual and psychological well-being. Care staff were able to explain how they know if a consumer is feeling low and what they do to support consumers when this occurs. Care staff interviewed said that they also inform the registered nurse if consumers are distressed, and the registered nurse makes referrals for assessment, counselling, and/or to the pastoral care team. While feedback demonstrates most staff are supportive of consumer wellbeing, the actions of some staff have had a negative impact.

The Approved Provider also submitted information about the issues raised by the Assessment Team. The information requested understanding of the issues that presented difficulties in social aspects due to COVID-19 restrictions. Whilst it is acknowledged that this would have impacted the services ability to in respect of some social aspects of provide spiritual and emotional support, in this instance staff actions must also be considered. There is evidence that staff showed that they support consumers when they are feeling depressed. However, there is a concern if consumers calling out and being left unattended this does not promote consumer’s emotional, spiritual and psychological well-being.

I am of the view that the Approved Provider does not comply with this requirement as services and supports for daily living do not 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.*

The Assessment Team found that the organisation did not demonstrate that its services and supports for daily living have sufficiently assisted consumers to participate in their community, maintain social and personal relationships and do things of interest to them. The organisation has made some adaptations to its lifestyle program in the COVID-19 environment using video-conferencing and social media technology.

The Assessment Team received feedback from consumers and their representatives regarding the detrimental impact the service’s restricted COVID visitation policy had on consumers and their loved ones. Some consumers and their representatives indicated that consumers are currently engaged in few recreational activities that are of interest/importance to them at the service.

For the consumers sampled, staff described how they keep in touch with the people important to them. The service’s connections coordinator stated there is a booking system for visits on weekdays and weekends and video conferencing appointments on weekdays. The connections coordinator informed the Assessment Team that initially the system placed no limit on the number visits that could be booked by an individual. This resulted in some families securing a disproportionately high number of scheduled visits, while many other families missed out. She also said the service has recently increased the number of visits per day and reintroduced weekend visits for those unable to come on weekdays.

The co-ordinator sends photos of consumers participating in activities to their families/representatives to keep them connected with how the consumers are going and what they are doing. There is currently a group of consumers who used to work for various charities. The service has assisted them to continue this interest and now purchases wool for them to knit and crochet hats for cancer therapy. Also, the group sells their crafts and donates the funds raised.

The Approved Provider submitted information about the issues raised by the Assessment Team. The information requested understanding of the issues that presented difficulties in social aspects due to COVID-19 visitation restrictions. By hiring the services of a connections co-ordinator, the approved provider demonstrated they sought to resolve the issue. The Approved provider has shown that it did attempt to facilitate visits once restrictions eased.

I am of the view that the Approved Provider does comply with this requirement as it services and supports daily living assisting 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) 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 overall, information about the consumer’s condition, needs and preferences is not adequately communicated within the organisation, and with others where responsibility for care is shared. Difficulties in contacting the service to communicate important consumer information and lack of effective communication between the service and other organisations regarding consumer needs have had a negative impact on consumer health and wellbeing.

Where responsibility for services and supports for care is shared, a number of consumers/representatives indicated that consumers’ condition, needs and preferences have not been effectively communicated within and between organisations.

For some consumers sampled, care documents provided adequate information to support effective and safe care, as it relates to services and supports for daily living, including where responsibility for care is shared. However, for other consumers, inaccurate information in care documents led to inaccurate assessment recommendations having a negative impact on consumer health and wellbeing.

For the consumers sampled, staff were able to explain how they are updated on the changing condition, needs or preferences of each consumers with respect to services and supports for daily living.

The Approved Provider submitted information about the issues raised by the Assessment Team. This information did not provide any further perspective on the findings of the Assessment Team.

I am of the view that the Approved Provider does not comply with this requirement as it did not demonstrate that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

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

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

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

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

The Assessment Team found the service did not adequately demonstrate that the meals provided are varied and of suitable quality and quantity consumers and their representatives raised concerns in areas such as unmet food preferences, course texture and poor quality of food. Some consumers indicated they generally like the food at the service. Some consumers said they provide feedback to care staff about what they do and don’t like and confirmed there are sandwiches and other snacks available if they get hungry between meals, including extra biscuits in the common kitchen areas.

The Assessment Team found care planning documentation for the consumers sampled, reflected their particular dietary needs and/or preferences. For the consumers sampled, kitchen staff were able to explain their specific dietary needs or preferences and how they accommodate them. Where food preferences posed a risk to the consumer dignity of risk discussions were held with the consumer and the appropriate form signed.

The Approved Provider submitted information about the issues raised by the Assessment Team. The information highlighted the difficulty of providing individualised food preferences. It also outlined actions that had been taken prior to the Assessment Team visit relating to a food requirement that a consumer representative felt was unmet. I am satisfied that the Approved Provider did take the appropriate action to try to meet the needs of the consumer. The evidence largely suggests meal provision that is functioning to meet the standards, as preferences are accommodated, consumers feedback is sourced, alternatives are available both during and outside of meal times and the kitchen is hygiene and mostly has up to date records of consumer meal need and preferences. Where food was found to be uneaten on the day of the site audit it is hard to contextualise this without more details and combined with mostly positive consumer feedback meals in relation to meals the evidence suggests that overall meals are of a suitable quality and quantity.

I am of the view that the Approved Provider complies with this requirement as meals are varied and of suitable quality and quantity.

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

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

Where equipment is provided, it is not sufficiently safe, suitable, clean and well maintained. Maintenance work reports show the monthly preventive maintenance schedule is not always completed. There have been issues with equipment regarded by consumers as important for their quality of life, such as a coffee machine not being repaired and lack of access to the Italian television channel.

The Assessment Team observed that some of the equipment used to provide or support lifestyle services was safe, suitable and clean. However, a number of items noted by consumers as important for their quality of life were not been repaired after multiple requests and hence were not being well maintained.

A number of the consumers/representatives sampled raised concerns about equipment used to provide or support lifestyle services. The service acknowledged there had been maintenance issues.

Care staff interviewed generally said they have the equipment they need when they need it. They said that when there are issues with equipment, they inform the registered nurse if additional supplies are needed, and/or log a maintenance request on the maintenance management system. Care staff stated maintenance requests are usually actioned promptly. There appears to be minimal specialised equipment, for the service to support consumer safety and comfort.

The Approved Provider also submitted information about the issues raised by the Assessment Team. The information was limited and did not directly refute the Assessment Team’s findings. The Approved Provider has not demonstrated that equipment is consistently safe, suitable, clean and well maintained.

I am of the view that the Approved Provider do not comply with this requirement as equipment was not found to be 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

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.

Most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

Most consumers said they feel safe at the service. However, some representatives of consumers highlighted significant environmental safety issues experienced by consumers and their families during the floods that occurred in February 2020, and review of maintenance logs and reports by the Assessment team showed preventive maintenance tasks were not completed with the required regularity. Consumers generally said the service was clean and well maintained. However, the Assessment Team observed a large number of cleaning maintenance issues.

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) 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 the service environment has a number of welcoming features, such as brightly painted bedrooms, and many lounge areas for social interaction.

Most of the rooms visited by the Assessment Team were personalised, with family photos, walls adorned with arts and crafts; and consumers mentioned how they were about to adorn their doors with Christmas decorations they had been making. Music could be heard in lounge areas, including from other cultures, such as Italian. Overall the consumers interviewed said they feel at home in the service. However, several consumers noted they had not been able to access the Italian television channel.

The assessment team observed aspects of the memory support unit that do not follow dementia enabling design principles and may reduce the comfort and safety of consumers in navigating their environment.

The Approved Provider submitted information about the issues raised by the Assessment Team. Overall, on balance, the Approved Provider has demonstrated the service environment is welcoming and optimises each consumer’s sense of belonging, independence, interaction and function.

I am of the view that the Approved Provider complies with this requirement as 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) Non-compliant

*The service environment:*

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

The Assessment Team found the service environment is not adequately safe, clean, well maintained and comfortable. Although consumers are able to move freely within and between indoors and outdoors, significant health and safety hazards such as mould and uneven concrete surfaces and lack of smooth joinery between internal floors and outside paths in doorways were observed.

There are a number of aspects of the service environment that are unsafe, unclean and/or not well-maintained.

During the performance assessment, there was a power failure and blackout in the entry hall and lounge area of the memory support unit. The emergency lights were not triggered. This resulted in those areas being comparatively dark, posing a risk to consumers and making it difficult for them to navigate through those areas.

Other safety and hygiene issues were observed such as trip hazards and cleanliness in the service environment and staff work areas.

The Approved Provider submitted information about the issues raised by the Assessment Team. The Approved Provider’s information included the fact that they are holding off on building improvements as they are preparing for building works to improve the environment. However, this does not discount the observations of the Assessment Team.

I am of the view that the Approved Provider does not comply with this requirement as the service did not demonstrate that 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.*

Overall furniture, fittings and equipment at the service is not safe, clean, well maintained and suitable for all consumers. The preventive/routine maintenance report showed a number of instances where routine monthly maintenance was not carried out on equipment crucial to maintaining the safety, health and wellbeing of consumers and staff, such as nurse call bell maintenance. There were multiple examples of safety issues with equipment, furniture and fitting observed throughout the service. Emergency lighting did not trigger during the evacuation of consumers in a flooding, it was also not triggered during the assessment when there was a blackout, leaving dark hallways potentially impacting consumers’ navigation. Some observations made by the Assessment Team included furniture showed signs of significant wear and tear.

Many consumers and representatives interviewed said they felt that the furniture, equipment and fittings are safe, clean and well maintained for them. However, a consumer and representative expressed concerns regarding the safety of consumers with flooding. and his description of the flooding incident were consistent with concerns raised by another representative, who was also at the service during the incident. This was the fourth time the building had been flooded. A large earth wall had been built around near the service boundary to prevent future flooding.

Staff stated they know equipment for moving and handling consumers is safe because they check it thoroughly before using it. If they detect a safety or maintenance problem they remove it from use and refer to maintenance to rectify the problem. The maintenance log and reports show there are gaps in the completion of regular routine maintenance of equipment and furnishings.

The Approved Provider submitted information about the issues raised by the Assessment Team. The information provided disputed some of the accuracy of event details. It did, however, not dispute the observations made by the Assessment Team on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as the service did not demonstrate that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Most sampled consumers and representatives do not consider that they are encouraged to give feedback and complaints and that appropriate action is taken. For example, most consumers and representatives felt that changes were not made at all at the service in response to complaints. The service was unable to demonstrate that they encourage and support consumers to raise feedback regarding consumer care and services or to access other avenues to raise complaints. While the service uses feedback as part of their continuous improvement plan there have been many instances where this has not resulted in improvement in the quality of care of consumers.

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

## Assessment of Standard 6 Requirements

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

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

The Assessment Team found the organisation has written materials about how to make complaints, however, these documents are not easily accessible or visible to cater to all consumers. Although there was evidence that a representative had raised a complaint about missing laundry, most sampled consumers and their representatives interviewed said they do not feel comfortable to raise concerns due to fear this may result in retribution. Staff were reluctant to provide feedback to the assessment team in relation to this requirement and some staff advised that actions had been taken against them when they speak up about issues impacting consumer care and service. Staff interviewed could describe how they would respond if a consumer raises an issue or concern.

The approved provider response argued that the example provided by the Assessment Team where a consumer representative raised a complaint regarding laundry illustrated that the service does encourage family/friends to make complaints. However, this does not negate most of the consumer, representative and staff feedback provided during the visit. In response to staff expressing concerns about retribution the approved provider acknowledged that they are addressing this. Based on consumer, representative and staff feedback at the time of the site audit, I am of the view this requirement in Non-compliant.

I am of the view that the Approved Provider does not comply with this requirement as consumers, their family, friends, carers and others are not 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.*

The Assessment Team found that most consumers could describe other methods for making complaints if they felt uncomfortable raising concerns with staff at the service. For those consumers sampled with communication and language issues they rely on representatives and staff to access supports to help them make complaints. Staff were able to describe the advocacy and language services available and the last time they assisted a consumer to access these services. One consumer representative had lodged a complaint with an external organisation.

The Assessment team noted that the services visit restrictions impacted the ability of consumer representatives to advocate on their behalf. It was also reported that the service had not had a resident and relative meeting since February 2020 where many issues were raised and reportedly ongoing and unresolved.

The Approved Provider submitted information about the issues raised by the Assessment Team. The information suggested that the information obtained in the Assessment Team report confirmed that consumers and their representatives are supported to access advocates and other services to make complaints. In considering this perspective it is acknowledged that consumers are made aware of and have access to advocates, language services and other methods for raising complaints. The issue of resolution of complaints have been addressed in 6(3)(c) and 6(3)(d) of this standard.

I am of the view that the Approved Provider complies with this requirement as consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

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

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

The Assessment Team found that overall the service does not demonstrate appropriate action is taken in response to complaints and an open disclosure process is utilised. While the service has an open disclosure policy most staff were not familiar with the term or aware of what an open disclosure policy is and its relevance to complaints. Additionally, there were several instances where the service was unable to demonstrate that appropriate actions were taken in response to an adverse event.

Many consumers and their representatives expressed dissatisfaction with the way their complaints were being managed and they said that an open disclosure process was not used to address their concerns to a satisfactory outcome. The Assessment Team cited examples where complaints were not acknowledged or responded to in a timely manner. Additionally, for complaints that were evaluated as closed or resolved there was not always a corresponding date or outcome of evaluation.

The Approved Provider submitted information about the issues raised by the Assessment Team. Information submitted provided additional context to the specific examples, however it did not address lack of staff knowledge regarding open disclosure nor does it negate the mostly negative feedback provided by consumers and representatives during the site visit.

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

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

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

The Assessment Team the service does not have effective processes to ensure that feedback and complaints are reviewed to improve the quality of care and services. There have been ongoing complaints about care and services impacting on consumers’ health and wellbeing. Most consumers sampled did not feel as though there have been any changes at the service in response to feedback and complaints.

The Assessment Team reports while the main areas of complaints included laundry, food and visiting restrictions, complaints with significant adverse impact on consumers were ongoing and had not been resolved to improve the quality of care. Management advised that feedback is used as part of their continuous improvement plan, there were several examples where this had not resulted in the improvement of the quality of care and services for several named consumers.

The Approved Provider submitted information about the issues raised by the Assessment Team. The information related to a specific example was not related to the review of feedback and complaints. However, the approved provider did not disagree about the number of ongoing complaints about care and services being unresolved, or the feedback provided by consumers that they had not seen any changes in response to complaints.

I am of the view that the Approved Provider does not comply with this requirement as feedback and complaints are not 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

### Consumer outcome

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.

Most sampled consumers consider that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers and representatives said long-term staff are usually kind and supportive to them. There was also some negative feedback about staff skills and knowledge.

Performance management has not been effective in monitoring performance and ensuring compliance with the organisation’s expectations.

The Quality Standard is assessed as Non-compliant as five 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 the number and mix of staff does not always ensure the delivery and management of safe and quality care and services. In addition, there has been changes to the leadership team of the service over the previous three years.

Care staff interviewed stated there are times that they do not feel safe providing care to consumers. Staff indicated some incidents have occurred which related to staff not being able to attend to consumer’s calls for assistance in a timely manner. Staff indicated they do not always have time to complete documentation. Staff have raised these issues sending feedback to management.

The Assessment Team’s review of the call bell wait times showed a pattern of long wait times for consumers to have their call bell attended.

The Approved Provider submitted information about the issues raised by the Assessment Team. The information provided refuted the evidence of the assessment team in relation to individualised events. The approved provider has not been able to demonstrate that the workforce is enabled and supported particularly relating to the number and mix of members of the workforce and the evidence shows that because of this the quality of care to consumers has been compromised.

I am of the view that the Approved Provider does not comply with this requirement as it is unable to demonstrate that the workforce is planned, 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) Non-compliant

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

The Assessment Team found whilst there was positive feedback about the majority of staff, issues were identified with some staff members. Some staff behaviours identified by the Assessment Team demonstrates they are not kind, caring or respectful of consumers.

There have been incidents where reporting has not occurred and/or staff have been reported to be negligent in their duties in correctly reporting which has negatively impacted on consumer wellbeing. Some staff actions negatively impact on consumer wellbeing.

Some consumer feedback mentioned fear for safety, inconsistency of care, lack of staff knowledge of consumers particularly in relation to the use of agency staff and a lack of trust by some representatives that the consumers care is adequate.

The Approved Provider submitted information about the issues raised by the Assessment Team. Whilst the information contained further details relating to specific incidents it did not address the evidence as noted by the Assessment Team of the incidents relating specifically to the lack of kindness and caring nature of the care provided to the consumers

I am of the view that the Approved Provider does not comply with this requirement as it is unable to demonstrate that 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 the service was unable to demonstrate staff are competent or that they have the knowledge to perform their roles effectively. While the service has a computerised human resource management system which includes an education management component it has not been utilised to effectively monitor mandatory training. Education records were not collated, have not been aligned or reconciled against the previous year’s training records and so were unable to show when training was required to maintain currency. Four staff were unaccounted for with no record of training. There are three other staff members listed with no training record.

There have been no staff meetings in 2020. A staff member said they feel that the staff do not have enough training in all areas of their role. Minutes documented some staff issues related to knowledge to perform their roles.

The Approved Provider submitted information about the issues raised by the Assessment Team. Whilst the information provided an update on the training undertaken recently it does not reflect the training status at the time of the assessment. The evidence indicates there is inconsistency in staff training and knowledge that inhibits staff ability to perform their roles.

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

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

The Assessment Team found that the workforce is not recruited, trained, equipped and/or supported consistently to deliver required outcomes.

Information was seen by the Assessment Team about induction probation and annual online learning modules including learning relating to COVID-19. There was no system to demonstrate if staff had attended face to face training or were overdue to complete their annual manual training.

There was some consumer feedback expressing dissatisfaction with some of the registered staff’s knowledge and skills. Another representative said staff need training in use of the lifters.

There has been incidence of workplace injury at the service. Several staff interviewed stated they feel that the service is not providing adequate training for staff especially, manual training causing some staff to sustain injuries. Staff raised concerns about some staff not knowing how to respond when a consumer’s condition deteriorates. and having a lack of guidance for management of wounds.

The Approved Provider submitted information about the issues raised by the Assessment Team. The information provided was in relation to the use of agency staff and their ability to provide continuity of care. This does not demonstrate how the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

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

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

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

The Assessment Team found there is a system for performance review of staff however new staff are not always monitored or reviewed following their probationary period and staff who have been involved in performance management issues have not had performance reviews. Staff confirmed that staff appraisals are often cancelled. Under performing staff have not always been placed on performance improvement plans and some staff have not been accountable for poor behaviours including some which have resulted in consumer injury.

The Village Manager stated that the assessment team found the annual performance reviews are generally current and since they commenced there have been efforts made to improve staff accountability with an increase in warning letters. He acknowledged performance monitoring has been informal following disciplinary matters. Review of staff personnel files found inconsistent performance documentation.

Several staff members have expressed dissatisfaction with the management about inappropriate consumer care feeling was that it was not dealt with adequately.

The Approved Provider submitted information about the issues raised by the Assessment Team. The information provided mostly addressed some of the specific details of cases relating to poor staff performance. Whilst this information does clarify some details, it does not address the need for regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The Approved Provider did not demonstrate that there is a consistent, responsive and effective way of monitoring and reviewing staff performance. This appears to be particularly problematic in relation to poor performance and this has resulted in serious incidents not effectively and consistently managed.

I am of the view that the Approved Provider does not comply with this requirement to undertake regular assessment, monitoring and review of the performance of each member of the workforce.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Some sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

However, while the organisation has plans to engage consumers and representatives there have been minimal initiatives as yet. The organisation also attempts to promote a culture of safe, inclusive quality care and services it has not always been successful and has not been accountable for their delivery.

Some representatives said there has been several management changes and a lack of continuity in oversight of care provision at the service. Several representatives said management don’t listen to their concerns and have not been accountable when things have gone wrong.

Although some risk management systems and practices have been commenced, they are not as yet effective. There is a clinical governance framework although staff are unfamiliar with concepts and practices of antimicrobial stewardship, minimisation of the use of restraint and open disclosure.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found there has been minimal engagement of consumers in the development, delivery and evaluation of care and services. There were no examples provided by management in relation to consumer and /or representative engagements and the last resident/relative meeting was held in February 2020.

The Director of Clinical Governance and Quality said there was some preparation for the introduction of the Quality Standards back in 2018 in the form of selected surveys although this initiative has not matured yet as the organisational focus shifted to manage the COVID-19 pandemic. There was a plan for the review of quality program although this has not progressed.

Family meetings are usually held monthly, but these are not currently occurring. However, feedback is welcomed through feedback forms and consumers and representatives are able to send emails to the CEO.

The Approved Provider submitted information about the issues raised by the Assessment Team. This information included a survey that was completed by consumers in October 2020. Whilst this confirms that the Approved Provider has sought feedback from consumers on one occasion this does not demonstrate that there is a consistent organisational approach to engaging consumers in development, delivery and evaluating care and services. In addition, whilst the Approved provider has highlighted the difficulty of engaging consumers during the COVID-19 pandemic, the Approved provider did not demonstrate any alternatives they used during this time to engage with consumers.

I am of the view that the Approved Provider does not comply with this requirement for consumers to be engaged in the development, delivery and evaluation of care and services and supporting consumers in that engagement.

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

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

The Assessment team found the organisation’s governing body is not able to demonstrate it promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The executive team has attempted to put in place systems to improve accountability of staff; promote safety and inclusiveness and quality of care. Evidence presented does not support that this goal has been achieved. There has been insufficient review of critical incidents and monitoring of staff.

The Assessment Team was told the quality of information provided to Board has improved. Restraint information was introduced into the system in January 2019 to support Quality Standards; the Board is aware of restraint. The Assessment Team was informed the organisation is currently undertaking a deprescribing program; which they said is progressing well. A consent form has been developed to make prescribers responsible for discussion with consumers/representatives.

While it was acknowledged the Board has limited personal engagement with consumers and representatives there is an online survey opportunity for consumers to provide feedback about specific topics. The online survey seeks to hear voices from consumers and representatives.

The Approved Provider submitted information about the issues raised by the Assessment Team. This information presented the Approved Provider position on the involvement of the board within the service and the reasoning for their approach. However, it did not satisfy the fundamental intent of the requirement to ensure that the governing body promotes aculture of safe, inclusive and quality care and services within the organisation. There was no evidence presented on the strategic direction for safe, inclusive and quality care consistently as overseen by the organisational governance.

I am of the view that the Approved Provider does not comply with this requirement as the organisation’s governing body does not promote 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 the organisation has not demonstrated effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Information systems have not been collated or maintained to easily access information which has negatively impacted in consumer satisfaction, regulatory compliance, human resource management and complaints management. Staff said there is inconsistent direction provided to them in terms of expectations. There was considerable negative consumer and representative feedback about deficits in information systems.

The Assessment Team found that the service has a continuous improvement program. However, consumer critical incidents were not observed to drive improvements although there is now an incident risk rating system. There has been minimal investigation of critical incidents evident. The CEO provided a performance report and meeting minutes to demonstrate systems to support financial accountability of the organisation.

The organisation has membership with a legislation tracking organisation and is also a member of a peak body. In relation to staff training, it has been provided in relation to elder abuse and restraint there has been minimal training in 2020 to maintain current staff knowledge and practice significant knowledge deficits were noted.

The Approved Provider submitted information about the issues raised by the Assessment Team. Copies of financial documents were received and were able to demonstrate the financial governance that the organisation has in place. This is only one component of this standard relating to governance. Other information provided did not demonstrate an organisational wide approach to effective systems for the abovementioned areas of governance. Evidence of intranet for staff and software systems to manage complaints and feedback do not demonstrate in practice how the governing body ensures consistency in authority in decision making and support staff in providing quality care. Overall, there was a deficit in evidence provided to substantiate the complete range of governance required by the service.

I am of the view that the Approved Provider does not comply with this requirement as it was unable to demonstrate 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) 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 the organisation has a risk management systems and procedures in place in relation to managing high-impact and high-prevalence risks associated with the care of consumers, responding allegations of abuse of consumers or supporting all consumers to live the best life they can. However, systems have not been effective and driven by staff practices. Deficits were identified in the key risk management areas.

Deficiencies were also identified in relation to lack of clinical management and oversight, skills of staff, staff education and training systems and performance management places consumers at risk of abuse and neglect.

Staff had not been educated about the policies and were generally not able to provide examples of their relevance to their work. Some staff had a clear understanding of restraint although others do not. There have been examples of recent use of unauthorised restraint. Observations and feedback demonstrate consumers do not live the best life they can.

In relation to high impact or high prevalence risk the Assessment Team found risk has not been managed or mitigated, and although there is an incident system the review of incidents, do not demonstrate investigation of such incidents. The consolidated register of reportable incidents does not appear current or correct. Incidents of unexplained consumer injury have not been investigated to determine any potential abuse.

The Approved Provider submitted information about the issues raised by the Assessment Team. This evidence did not demonstrate a systematic approach that quantifies the effective management of risk. Although the Approved Provider stated the service had a pandemic plan and succession plan, this does not demonstrate effectiveness in practice. On balance the evidence from the Assessment Team indicates there is a deficit in responding, reporting and staff knowledge of risk.

I am of the view that the Approved Provider does not comply with this requirement as it was unable to demonstrate 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) 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 there is a clinical governance framework although staff are unfamiliar with concepts and practices of antimicrobial stewardship, minimisation of the use of restraint and open disclosure. Policies are available to support these initiatives although staff education has not been provided.

There was evidence of high and unauthorised use of restraint. Management indicated there is a chemical restraint process in place although review of information did not identify appropriate use of alternative strategies and restraint minimisation.

The Approved Provider supplied a clinical governance framework, a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restraint and an open disclosure policy. Management were able to provide some examples of changes that had been made to the way that care and service were planned, delivered or evaluated as a result of the implementation of these policies.

In contrast, most staff had not been educated about the policies and were not able to provide examples of their relevance to their work. Several staff were unaware of the principles of antimicrobial stewardship.

In relation to open disclosure, The Assessment Team review of complaint information did not find open disclosure is always exercised. However, feedback was positive (from representatives and staff) about the village manager’s interactions including his kindness and support however improvements could be made on the follow to initiate change or improvements.

The Approved Provider submitted information about the issues raised by the Assessment Team. This information confirmed the Approved Provider’s commitment to minimising restraint with policies since 2019. Whilst this is necessary the systems, based on the evidence, appear to miss linkages between the relationships and responsibilities between the governing body, staff and consumers. The intent of the policies are not effectively translated into practice to the detriment of the consumers. The Approved Provider also highlighted the difficulty in relation to restraint and consultation and agreement of all those involved in the consumer’s care. It is understandable that this may happen, but it is necessary that the Approved Provider adheres to legislative requirements to minimise the use of restraint and the evidence does not demonstrate in practice that the governance framework is enabling this to occur.

I am of the view that the Approved Provider does not comply with this requirement as it was unable to demonstrate a clinical governance framework, including but not limited to the following:

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

# Areas for improvement

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

### Requirement 1(3)(a)

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

* Encourage staff to listen to consumers when they engage with them in conversation.
* Ensure there are processes in place to facilitate understanding of each consumer’s identity and culture.
* Develop action items to include in a continuous improvement plan with agreed outcomes to monitor progress.

### Requirement 1(3)(b)

*Care and services are culturally safe.*

* Ensure care plans are updated and contain sufficient information to guide staff on how to provide culturally safe care.
* Complete and update consumer social profiles and ensure staff have access to and are familiar with these profiles.
* Review and monitor staff practices to ensure they are delivering culturally safe care and implement a process for improvement if required.

### Requirement 1(3)(c)

*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.*

* Demonstrate that consumers are consulted and supported to exercise choice and independence and to maintain relationships with people they choose to.
* Provide the consumer with opportunities to have input into their own care and encourage staff to deliver care in line with consumer preferences.
* Review staff practices to ensure that consumers are supported to exercise choice and make decisions and modify processes if required.

### Requirement 1(3)(e)

*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.*

* Demonstrate consumers are presented with appropriate information to enable them to provide choices about food preferences and lifestyle activities.
* Ensure information about food and lifestyle choices is current and accurate and communicated clearly.
* Review current processes for communicating information to ensure efficacy and develop alternate avenues if indicated.

### 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.*

* Ensure there are processes and systems in place to prompt staff to complete appropriate assessments inclusive of consideration of risks.
* Ensure completed risk assessments are documented in care-plans and that all staff are familiar with these.
* Review documentation and care plans to ensure that appropriate assessments are being completed to enhance the safe delivery of 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.*

* Ensure that consumers and their representatives are consulted and provided with opportunities to have input into advance care and end of life planning.
* Provide consumers and their representatives with information to allow them to make informed choices regarding end of life planning and advanced care planning.
* Ensure care plans are updated to reflect the needs, goals and preferences of the consumer are current.

### Requirement 2(3)(c)

*The organisation demonstrates that assessment and planning:*

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

* Review care planning documentation to ensure that assessment and planning is done in collaboration with the consumer and other relevant individuals and services and develop processes to prompt completion of this.
* Ensure that the consumer is consulted and provided opportunities to provide input into their care and that documentation is dated and signed appropriately.

### 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.*

* Develop a process to demonstrate that information is communicated to consumers and that consumers have been offered and provided a copy of their plan if requested.
* Consult with consumers, their representatives and other services about preferred methods for communicating outcomes of assessments.
* Review processes and systems of practice and modify if required to ensure ongoing compliance with this requirement.

### 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.*

* Ensure that incidents are correctly classified to maximise effectiveness of review and that there are review processes in place for when consumers circumstances change.
* Review care and services records to ensure that interventions are appropriate, current and effective and modify if indicated.

### 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.*

* Provide staff with training to ensure they have knowledge of best practice principles to deliver safe and effective clinical care.
* Develop a continuous improvement plan with agreed actions to improve the delivery of personal and clinical care to ensure practices optimise the consumer’s health and well-being.
* Monitor clinical records to determine if consumers are receiving safe and effective clinical care and implement interventions if indicated.
* Ensure that restraint authorisation forms contain the appropriate consent and that risks have been explained to the consumer.

### Requirement 3(3)(b)

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

* Ensure there are systems and review processes in place to effectively manage high impact and high prevalence risks particularly in relation to falls, medication and pain management.
* Develop a continuous improvement plan with agreed actions to improve how high prevalence and high impact risks are managed at the service.
* Consider appointing a senior clinical staff member to oversee the management of high impact or high prevalence risks.

### Requirement 3(3)(c)

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

* Review documentation to confirm that it appropriately addresses the needs, goals and preferences of consumers for end of life care and initiate discussions with consumers related to this where indicated.
* Ensure that end of life care is delivered consistent with the consumer’s needs, goals and preferences.

### 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.*

* Ensure that all staff are aware of the appropriate processes to escalate any deterioration or change in the consumer’s condition.
* Document effectively and accurately any changes or deterioration in a consumer’s condition.
* Review current processes of escalating and responding to deterioration or changes to consumer’s condition for effectiveness and make adjustments to processes if required.

### Requirement 3(3)(e)

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

* Ensure that documentation reflects accurate and current information about the consumer’s condition and that this is communicated to others with shared responsibility.
* Review current processes for communicating information within the organisation and with others to determine effectiveness and implement improvements if indicated.

### Requirement 3(3)(f)

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

* Ensure that referrals are made in a timely manner to medical and allied health professionals and other relevant organisations and services to address the needs of the consumer.
* Document and record when referrals are made so follow up action can be initiated if necessary.

### Requirement 4(3)(b)

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

* Ensure that staff are supported to attend to consumer’s emotional, spiritual and psychological well-being in a timely manner.
* Review staffing schedules and monitoring staff duties to enable staff to actively respond to consumer needs in a timely manner.
* Review the care provided with a view to improving the emotional, spiritual and emotional, spiritual and psychological well-being of consumers.

### 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.*

* Review communication with other care providers to ensure that processes promote information sharing.
* Review staff roles and responsibilities in terms of how, who and when consumer needs and preferences are communicated with others to support shared care.

### Requirement 4(3)(g)

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

* Review and update a priority list to ensure maintenance is scheduled effectively for equipment maintenance.
* Purchase required equipment in more timely manner so that consumers are not feeling the negative impact of equipment that is not maintained or unusable.

Routinely inspect the environment for hazards or items that could potentially pose risk

### 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.*

* Review maintenance schedules to ensure the building does not deteriorate prior to the commencement of building works
* Research and implement strategies to prevent cross contamination.
* Ensure staff bring unclean areas to the attention of cleaners and or maintenance staff and rectify in a timely manner.
* Conduct testing of emergency lighting and complete any repairs required.

### Requirement 5(3)(c)

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

* Ensure that safety equipment such as emergency lighting and fire equipment is working
* Review cleaning standards including the necessity of cleaning throughout the day and garbage disposal as required
* Repair and replace damaged furniture and equipment to ensure safety.

### Requirement 6(3)(a)

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

* Provide consumers and their representatives with opportunities to provide feedback and make complaints and that there are systems to facilitate this process
* Promote an environment where consumers and their representatives feel encouraged to provide feedback and make complaints with consideration to their anonymity

### Requirement 6(3)(c)

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

* Follow policy and procedures to ensure that appropriate action is taken in response to complaints
* Ensure staff have training/knowledge of an open disclosure process and that this process becomes embed in practice

### Requirement 6(3)(d)

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

* Develop processes to ensure that feedback and complaints are reviewed with the aim of improving the quality of care and services
* Review and monitor complaints to determine if a resolution and improvements have been made

### 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.*

* Seek and proactively utilise staff feedback on capacity and capability.
* Analyse consumer needs to ensure differing levels of consumer care are accommodated with the correct staffing levels to provide quality care for all consumers.
* Identify and develop a plan of action to cover shortfalls of skilled workforce.

### Requirement 7(3)(b)

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

* Review staff culture and training to support staff and enhance teamwork.
* Consider the health and well-being of staff and look to offer support for staff frustrations.
* Ensure staff are encouraged to provide honest feedback and that it is used for improvement.
* Ensure staff are always kind and caring to consumers and if they are not, disciplinary action is followed through.

### Requirement 7(3)(c)

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

* Review training for staff for consistency and ensuring that skills are transferred into practice.
* Enhance ways to transfer skills between staff.
* Be proactive in supporting staff to gain the skills based on need and interest to allow them to effectively perform their roles.

### Requirement 7(3)(d)

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

* Review all staff training and the mechanisms for ensuring that training is up to date for each staff member.
* Allow staff to have a safe environment to express concerns and raise grievances without fear of retribution.

### Requirement 7(3)(e)

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

* Review and update performance review processes so that staff are supported, guided and given performance management where appropriate. This also includes ensuring this is actively completed and followed through for every staff member.
* Ensure that the assessment, monitoring and review of performance is applied consistently to all staff with a culture of working in partnership with staff to monitor and improve performance to deliver quality aged care to consumers.

### Requirement 8(3)(a)

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

* Develop a continuous improvement plan to frequently and consistently involve consumers in the development, delivery and evaluation of care and services.
* Review and update how the organisation engage consumers in developing, designing and evaluating their care and services.
* Review and develop how the organisation captures and stores information/evidence relating to consumer feedback including implementation of projects associated with that feedback.

### Requirement 8(3)(b)

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

* Review how inclusive the organisation’s care and services are for all consumers.
* Develop a consistent approach to ensure that the governing body knows exactly how it is meeting consumer expectations to deliver safe and inclusive quality care and have documented evidence to support their processes, findings and actions taken.
* Encourage the governing body to communicate more consistently and frequently with consumers on the priorities and direction relating to consumer safety and inclusivity.

### 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.*

* Ensure the governance framework is focused on strategic needs and has a system in place to effectively and consistently monitor and evaluate this direction specifically in relation to all the above-mentioned governance areas.
* Utilise a continuous improvement plan effectively to identify new needs as well as identify and respond to risks.
* Assess and review information systems to improve and maintain information to provide access to all those who need it to perform their roles.

### 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.*

* Review and improve management systems and processes to ensure they identify and assess the risks to consumers for their safety and well-being. In, addition this should also be reviewed to ensure that if information is captured it is used to improve how quality care is delivered.
* Undertake staff training in policies and procedures relating to the management systems for high impact and high prevalence risks and identifying and responding to abuse and neglect of consumers.

**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.*

* Review the service’s clinical governance framework to ensure that it is meeting the objective to deliver systems that deliver safe, quality clinical care and has a mechanism for continuous improvement.
* Review restraint policies and procedures and have mechanisms to ensure they are used consistently in practice.

Train staff to ensure that are aware of the clinical governance requirements and can translate this into the everyday practice of providing high quality clinical care for consumers.