Southport Lodge

Performance Report

37 Jimmieson Avenue
SOUTHPORT QLD 4215
Phone number: 07 5591 6722

**Commission ID:** 5295

**Provider name:** Planlow Pty Ltd

**Site Audit date:** 4 May 2021 to 10 May 2021

**Date of Performance Report:** 1 July 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | 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) | 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) | Compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | 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 considered 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 on 9 and 16 June 2021
* The Performance Report dated 20 January 2021 in relation to the Review Audit dated 15 to 18 December 2020
* Information received by the Commission in relation to consistent changes in management personnel appointed to leadership roles and clinical governance leadership/nurse advisor role.

# STANDARD 1 COMPLIANTConsumer 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

Most consumers consider they are treated with dignity and respect, can maintain their identity, their backgrounds are respected, they are encouraged to maintain independence and relationships of importance to them and staff are respectful of their personal privacy, physical, social and emotional needs. Consumers and their representatives said consumers can make informed choices regarding care and services (including risk-taking activities) and receive information from a variety of sources to enable them to do so.

Consumers are supported to maintain connections with those important to them, self- administer medications and engage in activities external to the service. Consumers gave examples of how staff treat them well and ways staff deliver care specific to their choices and requests. Consumers said they can make decisions about how their care and services are delivered.

Most staff demonstrated familiarity with consumers identity, preferred names and backgrounds and how to provide individualised care consistent with care planning documentation. Staff interviewed said they are receptive to when/how consumers would like their services to be delivered and were able to provide examples of how their choices were respected. Staff are informed of changes to consumer’s care and services. Training in relation to dignity and respect has been provided for staff.

The Assessment Team observed an ‘Acknowledgement of Country’ at the entry to the service. Staff were observed to be interacting respectfully with consumers, respecting individual meal choices, ensuring’ privacy when providing care and displayed an understanding of how consumer’s culture influences their care requirements and specific needs.

Care plans contain individualised information which reflects consumer’s life journey, the Consumer Handbook details consumers rights, consumers are advised of their right to privacy and consent is sought before sharing of personal information when required. Documentation details staff are responsible for respecting consumer’s rights to privacy regarding their sexuality, including gender identity, sexual orientation and preferences. Electronic information is securely password protected and paper documentation stored within a locked environment.

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

## Assessment of Standard 1 Requirements

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

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

Most consumers and representatives interviewed said registered and care staff are kind and treat them with dignity and respect.

Most staff addressed consumers by their preferred names, were familiar with consumer’s identity and backgrounds, and how they provide individualised care. Staff said others treat consumers well. Education records detailed dignity and respect training attended by staff.

Consumer care planning documentation contains individualised information that reflects the consumer’s life journey, relationships of importance to them and their preferred term of reference.

The team observed staff interacting respectfully with consumers and an ‘Acknowledgement of Country’ is situated at the entry of the service.

I am satisfied this requirement is compliant.

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

*Care and services are culturally safe.*

Consumers and representatives said staff value consumer’s cultural needs and preferences, what is of importance to them and provide care and services that are physically, socially and emotionally safe.

Most care staff demonstrated an understanding of consumer’s cultural in influencing the care they provide and gave examples in relation to consumer’s specific needs and preferences and significant celebratory events.

Documentation detailed the service’s expectations in relation to the provision of culturally safe care and identified consumers cultural backgrounds, needs and preferences.

I am satisfied this requirement is compliant.

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

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

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

Consumers said they are supported to make decisions about their own care and services, exercise choice, maintain independence, engage in relationships important to them and gave examples of how this is achieved.

Staff demonstrated how they support consumers to do so and could articulate examples of individual consumer’s choice and preferences. Staff are informed of changes in consumer needs vis meetings and documentation.

The Assessment Team observed staff supporting consumers to make connections with others and maintain relationships of choice.

Documentation detailed information in relation to those involved in supporting consumers choices and preferences and care.

I am satisfied this requirement is compliant.

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

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

Consumers said they engage in activities of choice and gave examples of risk-taking activities they wish to pursue. Most consumers said the risk associated with activities have been discussed with them however some consumers said risks related to their choice had not been discussed.

Staff were generally aware of the strategies to manage consumers risk-taking activities.

The Assessment Team observed consumers participating in activities of choice, such as independently leaving the service and smoking.

The Assessment Team bought forward deficiencies relating to:

* inconsistency of risk assessment and documentation detailing discussion of risks involved for two consumers who independently leave the service
* two consumers not accessing the designated area when smoking

I have considered the approved provider’s response and evidence detailed in other requirements within the Assessment Team’s report such as:

* case conferencing conducted with consumers and representatives discussing risks involved in independently leaving the service and consumers signing relevant documentation
* staff demonstrated their knowledge of actions to take in the event a consumer absconding from the service and/or the service not knowing the whereabouts of a consumer

I have considered the safety aspects of consumers not smoking within the designated smoking area in Standards 5 and 8.

I am satisfied this requirement is compliant.

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

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

Consumers said they and their representatives are provided with information to support them to make choices. Most consumers said they receive information about what is happening in the service and are informed of activities they can participate in. Information is communicated to them via community notice boards, meetings and discussions with staff. Representatives said they are informed of changes to consumer’s status and care.

Staff said they communicate what is happening within the service to consumers to support their attendance and enable meal and care choices to be met.

The Assessment Team observed documentation to support consumers knowledge and enable choice, for example community notice boards, meeting minutes, newsletters and the consumer handbook. All representatives interviewed by the Assessment Team said they were not informed by the service in relation to the site audit visit being conducted. This has been considered in Standard 8.

I am satisfied this requirement is compliant.

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

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

Consumers said staff are respectful of their personal privacy and gave examples of how this was done.

Staff gave examples of how they respect consumers privacy when providing care and how consumer information is securely stored.

Care planning documentation is securely stored, documentation details consumers right to privacy and how information will be shared if required.

Staff receive training and education relating to consumers privacy.

The Assessment Team observed staff interaction with consumers in a manner to maintain privacy.

I find this requirement is compliant.

# STANDARD 2 NON-COMPLIANTOngoing 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 have a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers consider they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives are generally happy with the care and services provided, feel involved in assessment and planning processes, including end of life planning, and are kept informed when changes occur to consumer’s condition, including when incidents occur. Most consumers and representatives are aware of how to access a copy of care plans, have been involved in planning and viewed current care planning documentation.

Care planning documentation is reflective of being conducted in partnership with consumers and representatives with input/recommendations from a range of health professionals, specialists and other service providers. Outcomes of assessment and planning processes and detail individualised strategies to meet consumer needs, goals and preferences including consumers end of life wishes are detailed in care plans.

Registered staff described care planning processes, assessment tools used, how consumers and representatives are involved in care planning, including the identification of risk to consumers and the development of a review schedule to ensure care plan review regularly occurs.

Policies and procedures have been developed however registered staff described a range of resources and other sources utilised to guide care delivery and care planning.

The service was not able to demonstrate when circumstances change in relation to the goals, needs and preferences of consumers that care plans are reviewed for accuracy and updated accordingly.

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

## Assessment of Standard 2 Requirements

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

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

Consumers and representatives were generally satisfied with the assessment and care planning processes and said staff are aware of consumers’ care and personal needs. Representatives said they are included in care planning discussions and provided with a copy of care planning document.

Registered staff described their knowledge of the assessment tools, how consumers and representatives are involved in assessment and care planning, including the identification of risk, care planning processes/documentation and had received training in relation to this. While registered staff said they were aware of initial assessments for new consumers the service has not had any new consumers enter during 2021.

Care planning document detailed assessment and planning (including the consideration of risk) to inform delivery of safe and effective care and services. All consumers sampled had care plans reviewed. A range of assessment tools are available and relevant specialists and external support services are including in planning of care and update documentation accordingly. Care plans observed by the Assessment Team detailed individualised care and risks such as falls, smoking, pressure care, medication and lifestyle choices. Most care plans include risk management strategies agreed upon by consumers and representatives.

I am satisfied this requirement is compliant.

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

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

Consumers and representatives said they are generally happy with the care and services provided, they are involved in assessment processes, end of life wishes are discussed, most staff know consumers needs and discuss how care is to be delivered.

Staff described goals, needs and preferences of individual consumers including the tools, equipment and meeting processes utilised. Processes to discuss advanced care planning with consumers and representatives has commenced. Registered and care staff demonstrated awareness of relevant equipment/resources when end of life care is required.

Policy documentation relating to end of life processes’ is currently in development however staff utilise other resources to gather and reflect consumer wishes.

I am satisfied this requirement is compliant.

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

*The organisation demonstrates that assessment and planning:*

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

Assessment and planning are conducted in partnership with consumers and others they wish to be involved and a process of review has been implemented.

Sampled consumers and representatives said they were involved in assessment and planning on an ongoing basis, had access to documentation and representatives receive regular updates relating to care and services, and when changes in consumers’ care occurs.

Registered staff said a broad range of health professionals are involved in assessment and planning of care and individualised needs and describe how consumers and representatives are involved. External providers said they are involved in consumers care, including when there is a change to consumers condition.

Management and staff said the service’s policies and procedures are currently under review and they utilise other resources and feedback such as medical officer directives, advised from other health professionals and consumer/representative feedback to develop care plans.

The Assessment Team observed staff supporting consumers with their personal cares.

I am satisfied this requirement is compliant.

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

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

Sampled consumers and representatives said they were involved in assessment and planning on an ongoing basis, had access to documentation and representatives receive regular updates relating to care and services, and when changes in consumers care occurs.

Registered staff demonstrated outcomes of care planning communicated to consumers and copies provided to representatives. Registered staff said they discuss the care plan with consumers and representatives during case conference discussions, during care plan review and when there is a change in consumers’ needs/preferences.

The Assessment Team observed care documentation which provide details of ongoing partnership and involvement by consumers and representatives in the assessment and planning process. They observed staff accessing the electronic management system, including handheld electronic devices and health professionals accessing consumers documentation.

I am satisfied this requirement is compliant.

### 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 service was not able to demonstrate when circumstances change in relation to the goals, needs and preferences of consumers that care plans are consistently reviewed for accuracy and are updated accordingly.

The service has implemented a process of regular care plan review however was not able to demonstrate that changes in consumers care needs such as mobility changes and medical officer directives are evaluated, and care plans updated accordingly to reflect current needs.

Registered staff acknowledged the review of care documentation when consumers’ conditions/needs change is not yet a routine response for nursing staff and this issue requires further discussion at staff meetings.

The approved provider’s response acknowledged in some instances care planning information did not accurately reflect consumers current care needs. The response includes evidence that consumers identified in the Assessment Team’s report, have had their care plans updated to reflect current care needs and preferences.

While I acknowledge the approved provider is taking action to address the deficiencies identified by the Assessment Team, at the time of the Site Audit, processes relating to the effectiveness of care plan review and ensuring currency of care plan documentation was not effective.

I find this requirement is non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal 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

Most consumers and representatives expressed satisfaction with the personal and clinical care provided that is safe and right for consumers and advised staff understand consumer’s individual care needs, goals and preferences.

Staff demonstrated knowledge of consumers needs and gave specific examples of individual consumer’s needs. Staff said they access consumer care plans to guide care and report concerns to registered staff. Staff were observed to utilise electronic devices to access care plans and provided examples of training and education received.

Management and registered staff monitor care is being provided via regular care plan review, monitoring of national quality indicators and consumer and representative feedback.

Registered staff identified the high impact and high prevalence risks at the service to be frequent falls, challenging behaviours and consumers who chose to smoke.

Care documentation demonstrated consumers who experience a fall have been reviewed and appropriate actions taken at the time of each fall, including referral to a physiotherapist and/or transfer to hospital, however, the service did not demonstrate evaluation of current strategies to determine their ongoing effectiveness and/or identify alternative strategies to reduce risk and/or prevent reoccurrence.

Demonstration of an effective monitoring process to ensure all consumers who chose to smoke do so in the designated smoking area is not evident.

Covid-19 entry screening resources are in place at the main entrance to the service including check-in processes when entering the service, however, deficiencies were noted in the service’s preparedness in the event of an outbreak relating to Covid-19 and a lack of monitoring processes to identify all entering the service adhered to appropriate precautions to reduce the risk of transmission.

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

### Assessment of Standard 3 Requirements

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

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

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

Most consumers and representatives expressed satisfaction with the personal and clinical care provided and said staff understand consumer’s individual care needs and preferences.

Staff demonstrated knowledge of consumers needs and gave specific examples of individual consumer’s needs. Staff said they access consumer care plans to guide care and report concerns to registered staff. Staff were observed to utilise electronic devices to access care plans and provided examples of training and education received.

Management and registered staff monitor care is being provided via regular care plan review, monitoring of national quality indicators and consumer and representative feedback.

Management advised new policy and procedure documentation is in place to guide staff however is awaiting ratification of these documents by the Board. Registered staff advised they utilise a range of resources to guide care delivery including clinical management documentation and pathways to guide staff in areas such as weight management, absconding, behaviour and falls management, mandatory reporting, transfer to hospital and pain management.

Skin assessments and monitoring records, including wound care documentation identified skin care needs managed effectively, tailored to needs through appropriate wound and/or pressure area care. Consumers’ pain is regularly assessed to identify pain. Care plans detailed pain related care was safe, effective and tailored to consumers’ needs. The service demonstrated examples of a reduction in psychotropic medication for some consumers.

I have considered matters raised in relation to inconsistent documentation of wound care and restraint documentation under Standard 8.

The approved provider in their response to the Site Audit report detailed additional evidence relating to consumers named in the Assessment Team’s report demonstrating wound management and specialised clinical care appropriate to consumer’s needs.

I find this requirement is compliant.

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

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

Overall care planning documentation identified individual risks associated with consumer care. Staff described risks for individual consumers and the strategies implemented relating to behavioural management, pressure injury prevention, wound management, oral intake and weight management

Registered staff identified the high impact and high prevalence risks at the service to be frequent falls, challenging behaviours and consumers who chose to smoke.

For those consumers sampled, care planning documentation demonstrates individual risks associated with the care of consumers and how these risks are managed. Care documentation demonstrated consumers who experience a fall have been reviewed and appropriate actions taken at the time of each fall, including referral to a physiotherapist and/or transfer to hospital, however, the service did not demonstrate evaluation of current strategies to determine their ongoing effectiveness and/or identify alternative strategies to reduce risk and/or prevent reoccurrence.

The Assessment Team observed two consumers smoking in areas other than the designated smoking area.

The approved provider, in its’ response to the Assessment Team’s report acknowledged although consumers who smoke in areas other than the dedicated smoking area have been counselled not all access this area when smoking.

At the time of the Site Audit visit, the service could not demonstrate effective management of high impact and high prevalence risks. While I acknowledge some actions have been taken by the approved provider and others are in the planning stage, several actions remain outstanding.

I find this requirement is non-compliant.

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

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

The service demonstrated how needs, goals and preferences of consumers nearing end of life are addressed and their comfort maximised.

Positive feedback was received from representatives.

Care documentation included details of personal preferences and whether end of life choices and directives have been completed.

Care staff gave examples of care they provide such as comfort cares, pressure area care, observation for pain and discomfort and report these to registered staff. Registered staff said they have appropriate resources to provide end of life care.

Registered staff advised policy and procedure documentation is available and they also utilise a variety of resources to guide care including medical officer directives and adhering to consumers and family wishes.

I find this requirement is compliant.

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

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

The service demonstrated deterioration and changes in consumers condition is recognised and responded to in a timely manner.

Consumers and representatives expressed confidence changes in consumer care needs would be identified and addressed.

Registered staff gave examples of how deterioration and changes are addressed and have access to a variety of resources to support them to recognise and respond to changes and/or deterioration. Registered staff have received training in recognising and responding to consumer changes.

Care staff described their responsibility in reporting changes in a consumer’s condition to registered staff, not limited to reporting of pain, challenging behaviours, weight and skin integrity.

Documentation detailed actions taken by registered staff when a consumer’s experiences deterioration and their needs change. Case conferences included consumers and representatives to discuss outcomes and involvement from external specialists resulting in appropriate changes in care.

I find this requirement is compliant.

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

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

The service demonstrated written and verbal communication within and external to the service is effective in communicating consumer’s condition, needs and preferences.

Consumers and representatives are satisfied consumers’ needs and preferences are documented and communicated with relevant persons.

Care staff said they receive an effective handover at each shift and would consult with registered staff and review documentation to guide care given. Management demonstrated roster times have been adjusted to enable overlap of staff to undertake handover discussion and share information.

Registered staff described processes for sharing information with external organisations and consultants including when consumers move between the service and hospital. A documented procedure is available to guide staff when transferring consumers to hospital.

Registered staff described the process of notification to required representatives, medical officers and other external consultants.

Physiotherapy staff were observed communicating between consumers and staff and detailing changes to care both verbally and via the electronic documentation system. Medical officers communicate changes in consumer care to registered staff who document these verbal instructions into the electronic care system.

I find this requirement is compliant.

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

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

Appropriate and timely referrals occur to other organisations and providers to support consumer’s personal and clinical care.

Consumers and representatives are satisfied timely and appropriate referrals occur when needed and consumers have access to relevant health professionals such as allied health professionals and medical officers and specialists.

Staff described the process for referral and how the input/directions of health professional directs care and service for example, change in mobility or transfer needs, dietary requirements, pain, behaviour and wound management care.

Care plans detail the directives of medical officers and allied health professionals such as podiatry, dietitian, speech pathologists and physiotherapists in a timely manner. Care planning documentation details evidence of referral to wound, palliative care and dementia specialists.

I find this requirement is compliant.

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

*Minimisation of infection related risks through implementing:*

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

The service demonstrated how they minimise infection related risk through infection prevention and control processes and promotion of appropriate antibiotic prescribing use to support optimal care and reduce the risk of increasing resistance to antibiotics.

Care and registered staff were able to describe how infection relation risks are minimised including cleaning services, hand washing practices and use of personal protective equipment, screening and isolation processes for consumers displaying symptoms of Covid-19.

Documentation detailed preventative and reactionary practices in relation to prevention of infections.

However, deficiencies were noted in the service’s preparedness in the event of an outbreak relating to Covid-19 and a lack of monitoring processes to identify all entering the service adhered to appropriate precautions to reduce the risk of transmission.

Covid-19 entry screening resources are in place at the main entrance to the service including check-in processes when entering the service, completion of the Covid-19 screening questionnaire via either a QR code system of printed form, temperature reading equipment, had sanitising facilities and a supply of masks.

The Assessment Team observed:

* no process of recording temperatures when taken as part of the entry process
* medical professionals and volunteers who confirm they provide services in other aged care facilities entering the service without wearing the required personal protective equipment
* management personnel entering the service without completing entry screening processes
* the Outbreak Management Plan (OMP) did not contain details to guide staff to manage cohorting symptomatic consumers in the event of an outbreak
* staff identified with responsibility as detailed in the OMP had not received education regarding their role in the event on an outbreak

The approved provider, in its response to the Assessment Team’s report detailed:

* current review of options to improve the screening processes on entry to the service, including documentation to record temperature readings
* management are reviewing plans in relation to cohorting of symptomatic consumers
* notification to medical professionals and volunteers in relation to screening processes and requirements

At the time of the Site Audit visit, the service could not demonstrate effective monitoring processes to identify all those entering the service adhered to appropriate precautions to reduce the risk of transmission. While I acknowledge some actions have been taken by the approved provider and others are in the planning stage, several actions remain outstanding.

I find this requirement is non-compliant.

# STANDARD 4 COMPLIANTServices 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

Most consumers consider they get the services and supports for daily living that are important for their health and well-being and enable them to do things they want to do and were satisfied the lifestyle program generally supports their interests. Some said they did not always enjoy the lifestyle activities at the service however clarified they prefer to leave the service and are able to do so. Consumers said they are supported to keep in touch with those who are important to them, have visitors to the service, have personal and social relationships and can participate in their community of choice. Consumers said staff are kind, caring and look out for their wellbeing and feel their emotional, spiritual and psychological needs are being met.

Some consumers said domestic assistance is not in line with their preferences of daily bed making, laundering services and limited activities occurred during the site audit visit however management advised this was being addressed and additional staff were being appointed including a dedicated lifestyle therapist. Consumers expressed satisfaction with the quality and quantity of the food service and their choice of meals, including where served is supported.

Consumers and representatives said there is effective communication and representatives are informed of changes to consumer’s condition. Support staff said regular communication with registered and care staff occurs to inform them of changes to consumer’s needs and preferences.

Care plans include information relating to consumer’s backgrounds, ethnicity, identity, religious needs, emotional supports and captures individual needs, capabilities, interests and aspects of importance to consumers. Care documentation reflects the involvement of others in consumer’s care such as disability supports and companionship plus appointments external to the service. Documentation detailed a rotational menu and meals appropriate to days of celebration and culture.

Community notice boards contain information such as newsletters, meeting minutes, key contacts and other announcements.

The Assessment Team observed documentation relation to food safety licence and audits. The food safety programme was outdated however the chef said the external auditor would be contacted in relation to this.

The Assessment Team observed equipment to have completed servicing dates and alert details when next servicing is due; two hoists are available and a supply of hoist slings in storage. Appropriate storage areas, hand sanitising basins and equipment supplies were observed.

The Assessment Team observed consumers participating in exercise classes, group activities and live music provided by a volunteer. Consumers were observed interacting with staff, pets and other consumers, and leaving the service to participate in activities of choice.

Care staff were able to demonstrate an understanding of consumers and what they liked to do; their knowledge aligned with care planning documents.

Management acknowledged the services does not currently have connections with other community organisations however said volunteers provide support to consumers, and chaplain visits provide spiritual and non-denominational services and discussions.

The Assessment Team observed documentation demonstrated cleaning activities were recorded. A dedicated smoking area has been developed and most consumers who smoke were observed to be accessing this area. The Assessment Team observed a call bell system being installed.

While the Assessment team observed deficiencies in monitoring processes regarding documentation of corrective and preventative maintenance (which I have considered in Standard 5), staff said maintenance issue are rectified in a timely manner.

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

Most consumers said they are satisfied with the lifestyle program which supports their interests; some said while they did not attend the activities organised within the service, they were supported to do so however chose to undertake individualised activities or preferred to independently leave the service.

Some raised recent issues with domestic assistance not as per their preferences. Management said staff this issue was being addressed by additional staff recruitment.

Care plans included information relation to consumer’s background, ethnicity, identity, spiritual and emotional needs and preferences and captures individual needs of consumers.

Staff demonstrated an understanding of individual’s specific needs and preferences and gave examples of how they supported consumers to achieve independence and well-being.

The Assessment Team observed consumers participating in activities of choice and activities occurring throughout the service.

I am satisfied this requirement is compliant.

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

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

Consumers said staff were kind, caring and look out for their well-being and felt staff would care for them when upset or unwell. They said their emotional, spiritual and psychological needs are being met.

Care planning documentation details what is important to consumers and how staff support consumers.

Staff demonstrated the support provided to individual consumers. Management said volunteers access the service to provide emotional and spiritual support to consumers.

The Assessment Team observed volunteers engaging with consumers and pets were observed throughout the service.

I am satisfied this requirement is compliant.

### 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.*

Consumers said they participate in activities outside of the service and in the community of their choice, including social and personal relationships and are supported to maintain relationships with representatives and others. Some consumers participate in spiritual activities within the external community and continue personal relationships outside of the service.

Staff demonstrated an understanding of individuals specific needs and preferences and gave examples of how they supported consumers to participate in communities outside of the service, maintain personal relationships and participate in activities of interest.

The Assessment Team observed consumers participating in activities of interest to them, in group and individual settings and observed consumers independently leaving the service.

Documentation detailed the service’s expectations in relation to services and supports to assist consumer’s in undertaking activities of choice and interest to them.

I am satisfied this requirement is compliant.

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

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

Consumers and representatives said there is effective communication with the service and representatives are informed of any changes to consumer’s needs and preferences.

Consumers said information relating to their needs is communicated with others where responsibility for care is shared, for example staff, representatives and external providers.

Care planning documentation provides individualised information relating to needs, capabilities and interests, for example, mobility, communication, preferred activities and strategies to ensure needs and preferences are met.

Staff said they receive information relating to consumers’ needs, including changes in needs, via meetings, documentation and communication between registered, care and domestic staff.

The Assessment Team observed documented staff meeting minutes where communication relating to consumer’s care needs and preferences occurred.

I am satisfied this requirement is compliant.

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

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

Timely and appropriate referral processes are in place for consumers. Care planning documentation reflects the involvement of others in consumers’ care.

External providers visit the service to provide emotional, spiritual support to consumers, and other support organisations are involved in consumers’ care.

Staff support consumers in attending appointments external to the service.

External organisational information is communicated to consumers and representatives via community noticeboards.

I am satisfied this requirement is compliant.

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

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

Sampled consumers and representatives said the quality and quantity of the food is very good and they are offered choices relating to meal service. Meals are provided to reflect special events, cultural preferences and themed days.

Care documentation detailed individual dietary requirements and preferences and staff were knowledgeable of consumers individual needs and preferences.

I am satisfied this requirement is compliant.

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

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

The service demonstrated equipment provided is safe, suitable, clean and maintained. The Assessment Team observed storage areas for equipment and supplies and equipment with notification of servicing completion and due dates.

Community noticeboards have been implemented to contain information to alert and update consumers and representatives. These contained newsletters, meeting minutes, key contact details and other relevant announcements.

The Assessment Team observed additional supplies of equipment and supplies relating to consumer care needs and preferences including hoists, stocks of slings, infection control supplies, additional hand basins and the installation of an upgraded call bell system.

Staff said they have access to the equipment required to ensure consumer needs and preferences are met. Cleaning schedules were observed to demonstrate scheduling and completion of cleaning activities.

Staff said maintenance issues are rectified in a timely manner however the Assessment Team noted deficiencies in documented preventative and reactionary maintenance process. This evidence is considered under Standard 5.

I am satisfied this requirement is compliant.

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Most sampled consumers consider they belong and are at home in the service, rooms are furnished as per their choice and improvements to the environment have occurred, including adjustments to communal furniture and areas.

Consumers were observed to be accessing the outdoor environment and independently leaving the service.

Management and staff said they monitor consumers satisfaction with the environment via feedback and meetings.

The Assessment Team observed handrails to support consumers mobility throughout the service, a well-maintained outdoor environment, personal items and furniture of choice in consumers rooms, several communal areas where consumers were participating in activities. All consumers reside in en-suited rooms, doors to their rooms are personalised with names, photos and posters.

The Assessment Team observed functioning hand washing basins were available throughout the service, a designated smoking area, walkways free of obstruction, and an entry area containing infection control screening equipment.

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.*

Consumers said they feel at home in the service and most said they like the environment, rooms are furnished as per their choice, can share rooms as per their preferences and visitors are able to access community areas and consumers individual rooms. Consumers said there had been improvements to the environment including adjustments to communal furniture and a dedicated area for consumers to smoke.

Consumers were observed to be accessing the outdoor environment and independently leaving the service.

Management and staff said they monitor consumers satisfaction with the environment via feedback and meetings.

The Assessment Team observed handrails to support consumers mobility throughout the service, a well-maintained outdoor environment, personal items and furniture of choice in consumers rooms, several communal areas where consumers were participating in activities. All consumers reside in en-suited rooms, doors to their rooms personalised with names, photos and posters.

The Assessment Team observed functioning hand washing basins were available throughout the service, walkways free of obstruction and a designated smoking area.

I am satisfied this requirement is compliant.

### 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 service was not able to demonstrate the environment as safe, cleaned and well-maintained. The dedicated consumer smoking area did not contain smoking aprons as per consumers assessed needs or regular cleaning of this environment occurs. Cleanliness was not consistently observed in all areas of the service.

A permanent dedicated smoking area has been developed in the car park and due to the structure consumers are not visually observed whilst in this area. Smoking aprons were not consistently accessible for those consumers assessed as needing aprons. Two consumers were observed to be smoking in areas other than the designated area, for example on an outdoor patio and at the main entrance to the building. Medications were not sored in locked drawers or doors to rooms locked when consumers were not in their rooms and medications were observed to be accessible.

The Assessment Team observed stained carpet and malodour in the communal area and other internal areas within the service environment. Floors throughout the environment were identified to be soiled with an adhesive residue. Consumer furniture contained marks/stains. A preventative and corrective maintain program is not evident.

Consumers said the environment at night was noisy due to the buzzing of call bells, consumers knocking on doors and use of loud/inappropriate language by other consumers was concerning at times.

The approved provider, in its response to the Assessment Team’s report detailed:

* smoking aprons are kept in consumer’s rooms due to infection control requirements
* while maintenance issues were attended to when reported it was acknowledged a preventative maintenance program was not in place. A planned program is to be implemented
* acknowledged inappropriate language of one consumer was of concern to other consumers and staff are required to monitor this to immediately address future occurrences
* acknowledged the age of the carpet and stains, advising cleaning is regularly completed as a strategy to manage odour and stains; plus, the replacement of small areas with carpet tiles. It is planned to replace carpeting throughout the service with linoleum in the future
* acknowledge stained furniture
* strategies being implemented to address adhesive residue on floors as a result of new products being used
* although consumers who smoke in areas other than the dedicated smoking area have been counselled not all access this area when smoking (this is also considered in Standard 8)

At the time of the Site Audit visit, the service could not demonstrate the service environment is safe, clean, well maintained and comfortable. While I acknowledge some actions have been taken by the approved provider and others are in the planning stage, several actions remain outstanding.

I find this requirement is non-compliant.

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

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

The service was not able to demonstrate systems to ensure cleaning of areas and equipment were constancy completed including consumer furniture and equipment shared between consumers. A preventative and corrective maintain program is not evident.

The Assessment Team observed:

* testing and tagging of electrical equipment not occurring within designated timeframes
* repair issues reported for corrective maintenance (some two months prior) not demonstrated as completed
* consumer equipment containing stains and food residue
* staff said they do not always have enough time to clean shared equipment

The approved provider, in its response to the Assessment Team’s report:

* acknowledged the age of the carpet and stains, advising cleaning is regularly completed as a strategy to manage odour and stains; plus, the replacement of small areas with carpet tiles. It is planned to replace carpeting throughout the service with linoleum in the future
* acknowledge stained furniture
* advised of strategies being implemented to address adhesive residue on floors as a result of new products being used
* oversight of corrective maintenance issues conducted by a dedicated staff member
* electrical equipment to be reviewed for currency

At the time of the Site Audit visit, the service could not demonstrate the service environment is safe, clean, well maintained and comfortable. While I acknowledge some actions have been taken by the approved provider and others are in the planning stage, several actions remain outstanding.

I find this requirement is non-compliant.

# STANDARD 6 NON-COMPLIANTFeedback 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

While consumers and representatives said they would directly approach staff if they wished to provide feedback or raise a concern or complaint, some said management was not always receptive to their feedback/concerns, management spoke inappropriately to them, issues raised are not consistently addressed and they were not aware of feedback mechanisms, including external avenues for raising concerns.

Management and staff did not demonstrate an understanding of open disclosure, feedback processes to inform continuous improvement, knowledge to guide consumers to external complaints and advocacy services and internal complaints management procedures are not effective.

The Assessment Team observed consumer files did not evidence the process of open disclosure in response to consumers experiencing adverse events such as falls resulting in hospitalisation.

Management acknowledged feedback and complaints are not currently documented. Education and training records detailed not all staff have received training/education in relation to the management of complaints.

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

## Assessment of Standard 6 Requirements

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

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

Some consumers and representatives said they would directly approach staff if they wished to provide feedback or raise a concern or complaint, and felt comfortable to do so, however they were not aware of feedback mechanisms, including external avenues for raising concerns.

Management said consumers and representatives have opportunity to raise issues during meetings or completion of feedback forms. Staff said they would attempt to resolve consumer issues and assist to complete forms if required.

Documentation detailed the processes to raise issues of concerns and these details are displayed throughout the service.

Policies and procedures contain information about complaints and advocacy services.

I am satisfied this requirement is compliant.

### 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.*

Documentation is displayed throughout the service in relation to raising issues of concern and advocacy services. Some consumers said they were aware of advocacy and external complaints organisations however some were not and said they would approach management and staff.

Staff described how they would act as advocates on behalf of consumers.

Documentation detailed the processes to raise issues of concerns and these details are displayed throughout the service.

Policies and procedures contain information about complaints and advocacy services.

I am satisfied this requirement is compliant.

### 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.*

While consumers and representatives said they would directly approach staff if they wished to provide feedback or raise a concern or complaint, some said management was not always receptive to their feedback/concerns.

Management and staff did not demonstrate an understanding of open disclosure and could not describe this process if an adverse event occurred.

The Assessment Team observed consumer files did not evidence the process of open disclosure in response to consumers experiencing adverse events such as falls resulting in hospitalisation.

Management acknowledged feedback and complaints are not currently documented. Education and training records detailed not all staff have received training/education in relation to the management of complaints.

The approved provider in their response to the Assessment Team’s report, detailed this approach was in place however did not provide evidence to demonstrate this occurred.

At the time of the Site Audit visit, the service could not demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

I find this requirement is non-compliant.

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

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

While consumers and representatives said they would directly approach staff if they wished to provide feedback or raise a concern or complaint, some said management was not always receptive to their feedback/concerns, management spoke inappropriately to them, issues raised are not consistently addressed and they were not aware of feedback mechanisms, including external avenues for raising concerns.

Management and staff did not demonstrate an understanding of feedback processes to inform continuous improvement, knowledge of how feedback and complaints lead to continuous improvement and internal complaints management procedures are not effective.

Management acknowledged feedback and complaints are not currently documented. Education and training records detailed not all staff have received training/education in relation to the management of complaints.

The approved provider in their response to the Assessment Team’s report, detailed complaints management procedures have been introduced, increased attention has been paid to concerns and feedback, a complaints register has been developed and complaints management processes have commenced however evidence to demonstrate these actions was not provided.

At the time of the Site Audit visit, the service could not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services.

I find this requirement is non-compliant.

# STANDARD 7 NON-COMPLIANTHuman 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

Consumers said registered and other staff are kind, caring and considerate of their needs when providing care. Consumers said there are enough staff to respond to their care needs promptly. Most consumers and representatives said staff know their roles, were generally competent however basic care and cleaning training was required. Consumers noted overnight rostering of registered staff improved care.

Staff said they had adequate staff and time allocated to ensure consumers’ needs and preferences were promptly met, processes in place to ensure replacement of staff during leave, plus a stabilisation of staff numbers. Staff generally demonstrated understanding of their roles and responsibilities, detailed the orientation and induction training on commencement and ongoing training and education provided.

Systems and procedures are evident to direct workforce planning, recruitment processes, monitoring of credentials and competencies to ensure appropriate staff qualification, leave replacements, professional development, performance appraisals and staff education and training.

The Assessment Team observed registered and care staff interact with consumers and representatives in a kind and caring manner and promptly respond to requests for assistance however management personnel was observed to refer to consumers in a disrespectful manner.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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 service demonstrated sufficiency in staff numbers and skill mix is managed to enable delivery of safe and quality care services. Appropriate rostering of staff occurs to meet care needs and preferences of consumers.

Consumers said there are enough staff to attend to their needs and preferences, registered staff are available overnight and requests for assistance are promptly addressed and personal preferences relating to care staff are met.

Management said stabilisation of the workforce (including additional registered and care staff) has resulted in minimal unplanned leave absences and reduced the need for agency staff.

Some consumers raised issues relating to cleaning and domestic tasks not occurring during the site audit however management advised this was due to staff undertaking various duties. Additional staff have been recruited for tasks such as cleaning, laundering duties and dedicated to lifestyle activities are planned to commence.

Most staff said they have sufficient time to complete assigned duties.

The Assessment Team observed documentation detailing new staff responsible for clinical care, registered staff and additional care staff and observed staff to attend to consumers requests for assistance in a prompt manner.

The approved provider in their response to the Assessment Team’s report, detailed new clinical and registered staff have been provided with ongoing training since commencement and training needs have been reviewed resulting in regular training occurring.

I am satisfied this requirement is compliant.

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

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

Consumers said registered and care staff are kind, respectful, care and considered of their needs when providing care and staff were observed to be interacting with consumers and representatives in a caring, supportive manner.

However, consumers said management was not always receptive to their feedback/concerns, not engaged, non-responsive when things are bought to their attention and consumers are treated disrespectfully.

The Assessment Team observed management to refer to consumers in a disrespectful manner.

The approved provider in their response to the Assessment Team’s report did not provide evidence to negate the inappropriate manner in which management referred to consumers.

I find this requirement is non-compliant.

### Requirement 7(3)(c) Compliant

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

Consumers and representatives described staff as knowledgeable and know what they are doing.

Management and staff said new staff participate in an induction/orientation program covering several aspects in relation to the Quality Standards and work with experienced staff upon commencement. Training and education sessions are provided by internal staff and external organisations to guide staff in their roles and responsibilities. Registered staff are supported in relation to clinical aspects of care by experienced clinical care personnel.

The Assessment Team observed registered staff providing medications and attending to consumer’s clinical care needs.

Employment contracts and position descriptions describe qualifications, capabilities and competency requirements for designated roles and monitoring processes ensure qualifications, probity checks, vaccinations and skills competencies are attained.

I am satisfied this requirement is compliant.

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

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

The service demonstrated training/education attendance records detailing staff training in a range of topics applicable to the Quality Standards delivered in various formats. There is a mechanism to identify staff needs and provide relevant training.

Most consumers and representatives said they had not identified any areas where staff required further training, other than minor domestic duties.

New registered staff are being supported in their development by management and a recently appointed Clinical Care Coordinator. Registered staff have oversight of ensuring knowledge in various clinical areas including an infection prevention and control lead.

Staff said they have received training in relation to topics relating to the Quality Standards and are provided with education/training when legislative changes occur.

The Assessment team noted deficiencies in staff knowledge relating to advocacy services and external complaints organisation and management lack of knowledge relating to the process of open disclosure. This has been considered in Standard 8.

The approved provider’s response to the Site Audit report noted areas of ongoing training to be provided to staff.

I find this requirement is compliant.

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

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

Systems demonstrated assessment, monitoring and review of the workforce performance is occurring. Management and staff said performance reviews occur throughout the probationary period and on a regular basis.

Management gave examples of underperformance resulting in dismissal and registered staff gave examples of additional training requests being approved.

Documentation demonstrated staff assessment against core capabilities, staff behavioural expectations and opportunities to identify areas for further development and additional training.

Policy documentation indicated inconsistencies in relation to staff performance review requirements and those detailed within actual completed probation and performance review documentation.

The approved provider in their response to the Assessment Team’s report, detailed training needs of staff have been addressed and training provided.

I am satisfied this requirement is compliant.

# STANDARD 8 NON-COMPLIANTOrganisational 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

Consumers consider the organisation is well run and they can partner in improving the delivery of care and provided examples of improved care and services.

The organisation was not able to demonstrate management and staff had knowledge/understanding of the Quality Standards and the organisation’s responsibility in relation to fire safety regulations; in particular, effective monitoring processes to ensure consumer and staff safety in relation to consumers who choose to smoke.

The organisation was not able to demonstrate management and staff had knowledge/understanding and a monitoring system to ensure an effective clinical governance framework existed in relation to antimicrobial stewardship, restraint use and open disclosure processes.

The organisation’s governing body is identified as a newly established Board consisting of the approved provider representative, the operation manager, the nurse advisor and an external member not part of the organisation’s workforce. The inaugural board meeting occurred in April 2021.

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

## Assessment of Standard 8 Requirements

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

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

Most consumers said the organisation is well run.

Management said the service supports consumers to engage in the development, delivery and evaluation of care and services through care planning, individual discussions and meeting attendance. Examples of engagement include:

* consumer consultation in relation to the proposed replacement of communal area furniture; consumers’ preference to retain this furniture however replace cushions and raise the height to ensure comfort and accessibility occurred
* consumers and their nominated representative included in care planning processes
* meal settings changes to meet Covid-19 density requirements resulted in meals being served within consumer’s rooms to ensure appropriate temperature of meals
* documentation reviewed detailed consumer and representative involvement in the assessment, planning, delivery and evaluation of consumer’s care and services

I am satisfied this requirement is compliant.

### 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 service did not demonstrate a culture of safe inclusive quality care and services embedded in all aspects of organisational life. Demonstration of leadership, decisions and directions set for the organisation was not evident. The service did not demonstrate how the organisation communicates and promotes a culture of safe, inclusive and quality care and communicates this to the workforce, consumers and representatives and others within the community.

Organisational priorities and strategic directions determined by the Board were not evident in care provided. Demonstration of how the Board understands their responsibility and monitors systems and process to ensure the organisation is meeting what consumers, workforce and the community expect for safe, inclusive and quality care was not evident. The service is not met in six of the eight Quality Standards.

The organisation’s governing body is identified as a newly established Board consisting of the approved provider representative, the operation manager, the nurse advisor and an external member not part of the organisation’s workforce. The inaugural board meeting occurred in April 2021.

Policy and procedure guidance documentation is in development awaiting ratification by the Board.

I find this requirement is non-compliant.

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

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

1. *information management;*

Information systems and processes are not effective in ensuring staff have access to accurate and current information relating to consumers’ care needs. Care plans are not consistently updated in a timely manner when consumer’s care needs change.

The Assessment Team bought forward deficiencies relating to inaccurate recording of psychotropic and chemical restraint in the service’s chemical restraint registers, and inconsistent knowledge relating to the number of wounds.

Policy and procedure guidance documentation is in development awaiting ratification by the Board.

Inconsistencies exist in documentation relating to the number of wounds requiring management and the number of consumers experiencing falls.

The Clinical Care Coordinator did not demonstrate knowledge of the information management system to obtain relevant documentation and conduct activities in relation to her responsibilities, however relied on others to obtain this information.

1. *continuous improvement;*

The service did not demonstrate an effective continuous improvement system to gather and respond to improvement suggestions from consumers, representatives and staff. Inconsistencies exist in documentation relating to continuous improvement activities.

Management and staff did not demonstrate an understanding of feedback processes to inform continuous improvement, knowledge of how feedback and complaints lead to continuous improvement and internal complaints management procedures are not effective.

1. *financial governance;*

Management described the process for approval of expenditure and gave examples of recent expenditure relating to equipment and resources within the service

1. *workforce governance, including the assignment of clear responsibilities and accountabilities;*

The organisation was not able to demonstrate sustainability in relation to leadership and clinical governance roles/responsibilities. The approved provider was directed to appoint a nurse advisor for a six-month period commencement December 2020. Within this period there have been four separate nurse advisors appointed due to the departure of three nurse advisors prior to their contract end date.

Three different personnel have been appointed as Facility Manager since February 2021.

Consumers and representatives said staff respond to their needs for assistance in a timely manner, noting the rostering of registered staff overnight to address their needs, and sufficiency of staff. Systems are in place to direct workforce planning, recruitment processes, leave replacement and professional development of staff.

1. *regulatory compliance;*

The organisation was not able to demonstrate management and staff had knowledge/understanding of the Quality Standards and the organisation’s responsibility in relation to fire safety regulations; in particular, effective monitoring processes to ensure consumer and staff safety in relation to consumers who choose to smoke. The Assessment Team observed two consumers smoking in areas other than the designated smoking area.

Management and key personnel were not able to demonstrate knowledge/understanding of the responsibility to ensure all consumers and their nominated representatives were advised of and could participate in the Site Audit activity if they chose. All representatives interviewed said they were not informed by the service in relation to the site audit visit being conducted.

1. *feedback and complaints.*

The service did not demonstrate an effective continuous improvement system to gather and respond to improvement suggestions from consumers, representatives and staff. Staff could not detail how they would assist consumers in relation to the external complaints process. A system is not in place to document feedback and ensure follow-up occurs.

Management acknowledged feedback and complaints are not currently documented. Education and training records detailed not all staff have received training/education in relation to the management of complaints.

Management and staff did not demonstrate an understanding of feedback processes to inform continuous improvement, knowledge of how feedback and complaints lead to continuous improvement and internal complaints management procedures are not effective.

In their response to the Assessment Team’s report, the approved provider acknowledged deficiencies in staff knowledge relating to the electronic care system, the infancy of the policy and procedure documentation and advised review of the continuous improvement and complaints management system is to occur. The response detailed plans for the Board to set an operational budget for the management team to monitor.

I acknowledge the service demonstrated some actions taken by the approved provider to address deficiencies identified by the Assessment Team. However, I am satisfied that at the time of the Site audit, requirements were not understood by the approved provider and management at the service.

The Service is non-compliant with six of the eight Quality Standards.

I find this requirement is non-compliant.

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

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

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

Demonstration of effective risk management systems and practices were not evident. The organisation overarching risk management system is in development and management said incident and risk management systems are not yet established.

The organisation provided a documented risk management framework which has not yet been finalised. This detailed risk assessed against a risk matrix and responsibilities assigned to the Board, management team and clinical staff. Identified risks did not included details relating to prevention, minimisation or management strategies and risks such as clinical risks had not been completed.

The incident management system did not provide an accurate record of incidents within the system and/or those reported through the Serious Incident Report Scheme.

The organisation did not demonstrate evaluation strategies or effective prevention or minimisation of fall related incidents. High impact or high prevalence risks are not monitored, trended or analysed.

In their response to the Assessment Team’s report, the approved provider advised risk assessment processes including a risk register had been developed, training provided to relevant staff and acknowledged the Risk Management system required improvement.

I acknowledge the service demonstrated some actions taken by the approved provider to address deficiencies identified by the Assessment Team. However, I am satisfied that at the time of the Site audit, requirements were not understood by the approved provider and management at the service.

I find this requirement is non-compliant.

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

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

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

The organisation was not able to demonstrate management and staff had knowledge/understanding and a monitoring system to ensure an effective clinical governance framework existed in relation to antimicrobial stewardship, restraint use and open disclosure.

Registered staff did not demonstrate knowledge of chemical and physical restraint or accurately describe the principles of open disclosure when incidents occur.

Documentation detailed preventative and reactionary practices in relation to prevention of infections. However, deficiencies were noted in the service’s preparedness in the event of an outbreak relating to Covid-19 and a lack of monitoring processes to identify all entering the service adhered to appropriate precautions to reduce the risk of transmission.

The approved provider, in its response to the Assessment Team’s report detailed actions to be implemented such as additional education/training for staff in relation to restraint and open disclosure responsibilities and review of the current screening processes on entry to the service, including plans in relation to cohorting of symptomatic consumers.

At the time of the Site Audit visit, the service could not demonstrate effective monitoring processes to ensure staff knowledge and monitoring of processes to ensure appropriate precautions to reduce the risk of transmission. While I acknowledge some actions have been taken by the approved provider and others are in the planning stage, several actions remain outstanding.

I find this requirement is non-compliant.

# 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.

* 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.
* Effective management of high impact or high prevalence risks associated with the care of each consumer.
* Minimisation of infection related risks through implementing:
	+ - standard and transmission based precautions to prevent and control infection; and
		- practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.
* The service environment:
	+ - is safe, clean, well maintained and comfortable; and
		- enables consumers to move freely, both indoors and outdoors.
* Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.
* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Feedback and complaints are reviewed and used to improve the quality of care and services.
* Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.
* The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* Effective organisation wide governance systems relating to the following:
	+ - information management;
		- continuous improvement;
		- financial governance;
		- workforce governance, including the assignment of clear responsibilities and accountabilities;
		- regulatory compliance;
		- feedback and complaints.
* Effective risk management systems and practices, including but not limited to the following:
	+ - managing high impact or high prevalence risks associated with the care of consumers;
		- identifying and responding to abuse and neglect of consumers;
		- supporting consumers to live the best life they can
		- managing and preventing incidents, including the use of an incident management system.
* Where clinical care is provided—a clinical governance framework, including but not limited to the following:
	+ - antimicrobial stewardship;
		- minimising the use of restraint;
		- open disclosure