Southport Lodge

Performance Report

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

**Commission ID:** 5295

**Provider name:** Planlow Pty Ltd

**Review Audit date:** 15 December 2020 to 18 December 2020

**Date of Performance Report:** 20 January 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) | Non-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) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Non-compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | 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 Review Audit; the Review 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 Review Audit report received 6 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

Consumers and representatives interviewed advised personal privacy for consumers is generally respected by staff, and consumers are mostly satisfied with the way their care and services are undertaken to ensure their privacy is respected.

All consumers and representatives interviewed advised they are not involved in consumer assessment and care planning and are not informed of the outcomes of assessments or have access to care plans.

Organisational systems and staff training do not effectively ensure the delivery of care and services is inclusive and promotes consumer diversity and culture, choice and decision making as well as ensure respect and dignity in care and service delivery.

Organisational process are not effective to inform care planning as consumers and representatives are not involved in the assessment and planning. Assessment processes are not effectively undertaken and/or completed.

The Quality Standard is assessed as Non-compliant as five 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 provided information that the service did not demonstrate that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

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

*Care and services are culturally safe.*

The Assessment Team provided information that consumers said staff did not know the things that are of importance to them including their background, culture and relationships. Staff were unable to demonstrate a shared understanding of consumers individual backgrounds or provide examples of things that were important to them. Management was unable to provide evidence of how the service promotes culturally safe care for consumers through organisational systems, staff training or care and service delivery.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

### 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 provided information that the service was unable to demonstrate that they support consumers to maintain relationships and to make and communicate decisions affecting their health and wellbeing. Consumers advised the service does not support them to maintain relationships and they are not consistently involved in decisions in relation to their care and service, and how these are delivered.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

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

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

#### The Assessment Team provided information that the service was unable to demonstrate that consumers are supported to take risks and live the best life they can. Management did not demonstrate a shared understanding of how the service supports consumers who choose to accept risks and live the best live they can. Management did not provide evidence of service processes to demonstrate how risks are discussed with consumers and how the consumer is supported to take risks

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

### 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 provided information that the service was unable to demonstrate that information provided to consumers is current, accurate and timely. All consumers and representatives interviewed advised they are not involved in consumer assessment and care planning, are not informed of the outcomes of assessments and were not aware of a consumer care plan or been provided with a copy.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

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

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

The Assessment Team provided information that the service demonstrated that consumers’ privacy is respected, and information kept confidential.

I find the requirement is compliant.

# 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

Consumers did not consider that they feel like partners in the ongoing assessment and planning of their care and services.

The service was unable to demonstrate that initial and ongoing assessment and care planning, including consideration of consumers’ risk are completed. The documentation of assessment and care planning to inform safe and effective care and services for consumers is incomplete and does not identify the individual risk to consumers.

The service was unable to demonstrate assessment and planning processes identify and address the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

The documentation of care planning and review when the consumer’s condition changes are not effective.

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 provided information that the service was unable to demonstrate that initial and ongoing assessment and care planning, including consideration of consumers’ risk are completed. The documentation of assessment and care planning to inform safe and effective care and services for consumers is incomplete and does not identify the individual risk to consumers.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

### 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 provided information that the service could not demonstrate assessment and planning processes identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

### 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 provided information that the service could not demonstrate that consumers and people important to the consumer are involved in assessment and care planning on an ongoing basis.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

### 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 provided information that consumers have a documented care plan, however consumer and representatives confirmed they were not aware of the care plan or that these were available to them. Representatives said communication about the consumer’s plan of care is not consistently provided by the service.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-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 Assessment Team provided information that the service was unable to demonstrate that consumers care, and services plan are up to date and meet the consumer’s current needs, goals and preferences. The documentation of care planning and review when the consumer’s condition changes are not effective, and consumers continue to display challenging behaviours.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

# 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

Consumers did not consider that they receive personal care and clinical care that is safe and right for them.

The service does not demonstrate that each consumer gets safe and effective personal or clinical care which is best practice, tailored to their needs and optimises their health and well-being.

The service does not demonstrate effective management of high impact or high prevalence risks for consumers, including risks related to restraint use, falls management, smoking, pressure injuries and weight loss. Clinical incident data is not being monitored to identify trends or risks to consumers.

The service does not demonstrate that consumers nearing the end of their life were provided care that considers their current needs, goals and preferences; or maximised their comfort and preserved their dignity. Or that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to appropriately. The service does not have policies or procedures to guide staff in care delivery, including where consumer’s experience a deterioration in their health status.

The service does not demonstrate that timely and appropriate referrals occur to individuals, other organisations and providers of care and services when consumers at the service require this. Information about the consumer’s condition, needs and preferences is not consistently documented. Communication in relation to the consumer’s current or changed care needs is not always occurring within the organisation, and with others where responsibility for care is shared.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team provided information that the service does not demonstrate each consumer gets safe and effective personal or clinical care which is best practice, tailored to their needs and optimises their health and well-being. Consumers and representatives are not satisfied they are receiving care that is safe and right for them and meets their needs and preferences. In relation to restraint management and minimisation, the service does not demonstrate an understanding of chemical or physical restraint and management and minimisation of restraint is not consistent with best practise.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

### 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 provided information that the service does not demonstrate effective management of high impact or high prevalence risks for consumers, including risks related to restraint use, falls management, smoking, pressure injuries and weight loss. Clinical incident data is not being monitored to identify trends or risks to consumers.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

### 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 provided information that the service has not demonstrated that consumers nearing the end of their life were provided care that considered their current needs, goals and preferences; or maximised their comfort and preserved their dignity. The service does not have a documented palliative care or end of life procedure to guide staff practise in end of life care for consumers.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

### 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 provided information that the service does not adequately demonstrate that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to appropriately, specifically in relation to consumers who experience a fall overnight or develop an acute respiratory illness. There are no registered staff available overnight to assess consumers who may experience a deterioration during this time. The service does not have policies or procedures to guide staff in care delivery, including where consumer’s experience a deterioration in their health status.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

### 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 provided information that Information about the consumer’s condition, needs and preferences is not consistently documented. Communication in relation to the consumer’s current or changed care needs is not always occurring within the organisation, and with others where responsibility for care is shared.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

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

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

The Assessment Team provided information that the service does not demonstrate that timely and appropriate referrals occur to individuals, other organisations and providers of care and services when consumers at the service require this.

Processes to ensure timely and appropriate referrals for consumers are not effective. Consumers are not consistently referred to individual, other organisations or providers of other care and services. Staff do not have a shared knowledge of referral processes and there is no written policy to guide staff practice.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-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 Assessment Team provided information that the service does not have a current Outbreak Management Plan that provides guidance in relation to a potential outbreak of COVID-19 and does not demonstrate an understanding of strategies required to minimise a potential COVID-19 outbreak. The service does not have sufficient handwashing facilities and does not demonstrate that infection control is practised in line with Communicable Diseases Network Australia guidelines.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

# 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

Most 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 are not supported to meet their daily lifestyle preferences and supports are not provided to live the best life they can. Scheduled activities are not consistently occurring, or scheduled activities are not inclusive of consumers needs and preferences.

The service does not have assessment processes that identify relevant information to inform the delivery of individual consumers lifestyle needs and preferences. This has resulted in consumers not receiving the supports they require to access the wider community or referrals to other organisations.

Food options are varied and cater to specific dietary preferences and diet types.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team provided information that the service did not demonstrate that each consumer gets safe and effective services and supports for daily living that meets the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. Activities are not presently being provided that meets consumers’ needs and preferences.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

### 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 provided information that the service did not demonstrate that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Overall, the care documentation for consumers sampled did not demonstrate information about consumers’ emotional and spiritual well-being and how they can be supported by staff.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

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

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

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

The Assessment Team provided information that the service does not demonstrate that services and supports for daily living assist each consumer to participate in their community within and outside the organisation’s service environment; and have social and personal relationships; and do the things of interest to them.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

### 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 provided information that accurate Information about the consumer’s condition, needs and preferences is not communicated within the organisation, and with others where responsibility for care is shared.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

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

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

The Assessment Team provided information that the service could not demonstrate the timely and appropriate referrals to individuals, other organisation and providers of other care and services.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

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

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

The Assessment Team provided information that food options are varied and cater to specific dietary preferences and diet types.  The majority of consumers sampled provided positive feedback about the food and are satisfied with the quality and variety of meals.

I find this requirement is compliant.

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

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

The Assessment Team provided information that the service does not have adequate equipment that is suitable for the consumer, for example the service does not have appropriate outdoor furniture and safety equipment in the smoking area.

The service did not demonstrate that equipment is well maintained.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

# 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

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

Although the majority of sampled consumers said they feel safe, consumers who smoke are not supported to smoke safely.

The service environment is not welcoming. Visitors are required to contact the service prior to visiting and request permission to take consumers out of the service.

Consumers are not enabled to move freely outdoors without requesting permission from staff.

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

## Assessment of Standard 5 Requirements

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

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

The Assessment Team provided information that the service environment is not easy to understand and does not optimise each consumer’s sense of belonging, independence, interaction and function.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-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 Assessment Team provided information that the service environment has a smoking area that is not safe, and consumers are unable to exit the service without assistance from staff.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the 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 Assessment Team provided information that furniture and fittings are not suitable for the consumer and the service did not demonstrate that furniture, fittings and equipment are well maintained.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

# 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

Consumers advised the Assessment Team that while they have previously lodged complaints to the service, no response to acknowledge or action their complaint has been given. Management and staff did not have a shared understanding of feedback mechanisms available to identify and report feedback and to inform continuous improvement.

Organisational systems and staff training have not been effective to ensure feedback from consumers, representatives, workforce, and others is regularly obtained. Review and analysis of information to inform continuous improvements has not been actioned by the service. The service is not effectively promoting and encouraging consumers and representatives to provide feedback via mechanisms that are available at the service. There is no system to ensure feedback received is followed up, necessary action taken, evaluated and monitored to completion.

Information is not provided to consumers and representatives regarding avenues of complaints and support available for consumers who may require additional assistance; including information and access to interpreter services, advocacy services and supports available for consumers who are unable to communicate.

The Quality Standard is assessed as Non-compliant as four 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 provided information that the service did not demonstrate that consumers are encouraged and supported to provide feedback. Management advised the service does not currently record feedback received from consumers

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

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

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

The Assessment Team provided information that the service did not demonstrate that consumers have access to external or other services to assist them to raise and resolve concerns. Management and staff did not demonstrate a shared understanding of advocacy and language services available to consumers or were able to evidence information available for consumers at the service. Consumers were not aware of other ways they could raise any concerns,

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-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.*

The Assessment Team provided information that the service was unable to demonstrate that action is taken when they have provided feedback, or an open disclosure process is used when things go wrong. Management and staff did not demonstrate a shared understanding of the service’s feedback processes, and were not aware of any recent concerns raised by consumers. Management could not provide examples to the Assessment Team of actions taken in response to consumers’ feedback.

Management and staff did not demonstrate a shared understanding of open disclosure and how this process is applied in providing and apology and explanation to consumers and representatives when things go wrong.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the 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.*

The Assessment Team provided information that the service was unable to demonstrate that actions are taken in response to feedback has improved the quality of care and services. Management and staff interviewed were unable to demonstrate a shared understanding of the feedback process and how consumer feedback is used to improve care and services. Management could not provide examples of actions taken where consumer feedback has been used to improve consumer care and services.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers advised the Assessment Team that new staff and students need more training and closer supervision and staff are very busy and are not always available to support the consumers’ individual needs.

The service does not have a workforce that is sufficient, skilled and qualified to provide safe and timely quality care and services. Workforce performance is not effectively monitored or reviewed.

The service does not utilise information including feedback received from consumers, monitor clinical incidents and responsiveness of staff to ensure there is sufficient, skilled and qualified staff to provide safe and timely care and services.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team provided information that the service did not demonstrate that the number and skill mix of management and staff is planned in a way that enables the delivery and management of safe and quality care and services. Insufficient staff are being rostered onto shifts to meet the care needs of consumers and registered staff are reporting not able to complete assigned tasks within their allocated hours.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

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

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

The Assessment Team provided information that the service demonstrates interactions with consumers are kind, caring and respectful.

I find this requirement is compliant

### 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 provided information that the service did not demonstrate that the workforce is recruited, trained, equipped and supported to deliver quality and safe care and services. Most staff reported they have not received recenttraining and advised that training was last provided in 2019.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

### 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 provided information that the service did not demonstrate that the workforce is recruited, trained, equipped and supported to deliver quality and safe care and services. Management were aware that staff training, including mandatory training and onboarding of new staff had not been conducted. Staff reported they have not received recent training.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

### 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 provided information that the service does not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Management were aware that staff performance appraisals have not been conducted.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Most sampled consumers did not consider that the organisation is well run and that they can partner in improving the delivery of care and services.

Feedback provided by consumers has not been used to inform the development, delivery and evaluation of care and services.

The service is not meeting regulatory requirements in relation to restraint or compulsory reporting and does not have processes for reporting mandatory clinical indicators or a plan for continuous improvement.

The service does not have effective organisation wide governance systems and does not have a clinical governance framework. Management do not have a shared understanding of the Aged Care Quality Standards or the responsibilities of an Approved Provider under the Aged Care Act, including compulsory reporting of a reportable assault and unexplained absence.

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 provided information that the service did not demonstrate they engage and support consumers in the development, evaluation or improvement of care and services. I do note that some consumers have recently been engaged in a food project at the service.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-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 Assessment Team provided information that the service did not demonstrate they promote a culture of safe, inclusive and quality care and service for consumers. Management did not demonstrate a shared understanding of the Quality Standards or evidence that staff at the service have been provided training in the Quality Standards.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the requirement is non-compliant.

### 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 provided information that the service did not demonstrate that there are effective organisational wide governance systems.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the 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.*

The Assessment Team provided information that the service did not demonstrate that there are effective risk management systems and practices.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the 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 Assessment Team provided information that the service was unable to provide a documented clinical governance framework, nor policies relating to antimicrobial stewardship, minimising the use of restraint or open disclosure.

The Approved Provider provided a response that included a plan for continuous improvement and the establishment of portfolios for the management of aspects of care and services. The Approved Provider did not dispute the findings of the assessment team.

The plan for continuous improvement outlines improvement actions to be undertaken to address the deficits identified in the Assessment Teams report.

I have considered the information provided by the Assessment Team as well as the Approved Provider response and I find the 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.

* The Approved Provider is to implement sustainable systems and processes to ensure compliance with the Aged Care Quality Standards.