St Charbel's Care Centre

Performance Report

2 Waterloo Road   
Punchbowl NSW 2196  
Phone number: 02 8766 2000

**Commission ID:** 0978

**Provider name:** St Charbel's Care Centre Ltd

**Site Audit date:** 28 October 2020 to 30 October 2020

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

# Detailed assessment

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

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

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

* The Assessment Team’s report for the Site Audit conducted 28-30 October 2020; 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 Assessment Team’s Infection Control Monitoring Checklist, dated 30 October 2020, completed during the site assessment.
* The provider’s response to the Site Audit report received on 27 and 30 November 2020 and on 15 December 2020, which consists of a letter of response, a plan for continuous improvement, a register of attachments and supporting documentation.

# 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

Overall consumers sampled (or a representative on their behalf) considered the consumer is treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. While most consumers/representatives sampled provided feedback that consumer privacy is maintained, one consumer gave information about personal privacy not being maintained.

Staff were observed in a variety of interactions with consumers treating them with respect and offering them choices in relation to their care and services. Documents reviewed, including consumer care and service records, showed consumer cultural safety is maintained, consumers are supported to take risks to live their best life, and consumers have been given information to assist them to make choices.

Some staff described ways they maintain privacy of consumer personal information and staff are required to complete a confidentiality agreement, however catering personnel were sharing information about consumer dietary needs via a commercial messaging application on their mobile phones. Observations were made that the personal privacy of some consumers was not consistently maintained and that consumer personal information was not all kept secure and confidential. Consumers had not all completed a confidentiality agreement.

The approved provider has advised some actions were or are underway to address the privacy issues and other actions have since been undertaken. At the time of the site audit consumer personal and information privacy had not been and was not being consistently maintained. The approved provider’s response does not show adequate protections were or are in place for consumer information privacy.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

The assessment team’s report includes feedback from most consumers/ representatives that consumer privacy is maintained, however one consumer raised a concern about privacy locks on shared bathroom doors. Some staff described ways they maintain privacy of consumer personal information and the staff are required to complete a confidentiality agreement, however catering personnel were sharing information about consumer dietary needs via a commercial messaging application on their mobile phones. Observations were made that consumer personal privacy was not consistently maintained and some of their personal information was not kept secure and confidential. While there was a confidentiality agreement for each consumer to sign, some had not done so.

The approved provider’s written response includes prior to the site audit they had identified the privacy issue raised by the consumer about privacy locks on shared bathroom doors and that improvement activity was in progress. It includes interim measures have been implemented to protect consumer privacy until improvements are made, however it is not made clear in the response whether these were in place at the time of the site audit or have been put in place since then.

The provider’s response has information about use of the commercial messaging application for communicating consumer personal information. This includes that a secure group was set up and being used consistent with policy/procedure, use of privately owned mobile phones was envisaged in the staff confidentiality agreement, and protections were in place for consumer personal information when using this mode of communication. It includes the catering company has since ceased use of the application.

The provider’s response also has information about catering personnel being trained during the site audit when the issue of not knocking before entering a consumer’s room was raised with the catering company, and follow-up training being provided on 25 November 2020. It includes the provider was aware a nurses’ station did not have a lockable door for security of consumer personal information and there had been delays in addressing this due to COVID-19, other measures were in place for privacy protection including automatic locking of computers after a set time had passed, and a gate has since been installed.

The provider’s response includes a new consumer confidentiality agreement had been developed and was being implemented, and 22 of 36 consumer had completed one. It includes the residential care agreement also had information about disclosure of personal information. The provider writes since the site audit, 34 of 36 consumers have signed a confidentiality agreement and 33 of 36 a residential care agreement.

Review of the plan for continuous improvement (PCI) submitted by the provider shows it has entries reflecting the abovementioned improvements.

Review of an email submitted by the provider shows the contractor wrote there was delay in addressing privacy locks on shared bathroom doors due to COVID-19.

Review of the catering company’s information technology and telephony policy does not show it encompasses staff sharing information about consumers via a commercial messaging application on their mobile phones. Review of catering company training records show eight staff had training about delivering meals to consumer rooms on 25 November 2020; this document is named as being about privacy and dignity training.

No information was provided to show consumers had a reasonable belief, or were expressly informed, their personal information would be shared on a commercial messaging application. Review of the resident handbook shows basic information about consumer information privacy. Review of an excerpt from the residential care agreement shows it includes that information may be disclosed to a third party concerned with the provision of services to the consumer and the organisation will seek to ensure this is handled appropriately.

The pages of the organisation’s privacy and confidentiality policy provided include that all information generated in the conduct of duties is confidential, including for contractors. However this does not show the provider has sought to ensure consumer personal information disclosed to the catering company is handled and stored appropriately, consistent with privacy obligations. No other information or documentation from the provider demonstrated this.

Some of the consumer privacy issues raised by the assessment team had been identified by the provider prior to the site audit, some actions were underway to address the privacy issues, and some actions were initiated during the site audit or have been completed since then to address the privacy issues. It has not been demonstrated that at the time of the site audit consumer personal and information privacy had been consistently maintained. Time is needed to demonstrate the effectiveness of the actions taken to address the privacy issues.

I find this requirement is Non-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

Overall consumers sampled (or a representative on their behalf) considered that assessment and planning was based on ongoing partnership with them. They provided information about staff knowing what was important to the consumer regarding their care, and about consultation regarding care and services recently commenced through case conferencing having. However, consumers/ representatives were not aware of how to access the consumer’s care plan and some provided examples of not having been informed of the outcomes of consumer assessment or care planning.

Review of the care and service records about some consumers and interviews with management and staff about this and the related systems and processes showed that consumer needs are generally reflected in assessment and care planning and partnering in care with the consumer (or their representative) is underway. However, for some consumers assessment and care planning did not include consideration of risks to their health and well-being, did not have person centred goals or preferences, and was not reviewed when the consumer’s circumstances changed or incidents occurred. Also, the outcomes of assessment and care planning were not being communicated to the consumer (or their representative).

The approved provider has advised actions to bring about improvement were underway at the time of the site audit and these are progressing well.

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

## Assessment of Standard 2 Requirements

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

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

The assessment team’s report includes there is a systematic approach to consumer assessment and care planning, however staff said assessments and care plans are not as detailed as they would like and are all being reviewed. This was also reflected in an internal audit finding that consumer assessment and care planning did not provide clear information to guide staff in relation to risks associated with consumer health and well-being. The team write that assessment and care planning did not consistently reflect consideration of consumer risks to health and well-being to inform the delivery of safe and effective care. Examples are given of this for two consumers, both concerning significant risks to the health and well-being of those consumers.

The approved provider’s written response includes prior to the site audit they had identified that consumer assessment and care planning did not provide clear information to guide staff in relation to risks associated with consumer health and well-being and that improvement activity was in progress. The response includes other actions had been taken to address this than had been updated in the service’s PCI, a new PCI has since been created, and the planned actions are progressing.

The provider’s response includes in relation to the two named consumers and consideration of the significant risks to their health and well-being, there is monitoring and reassessment underway, the consumers are being reviewed by their general practitioners, and referrals are being made to other health service providers as needed with reviews taking place. It includes that consumer assessments and care plans have been updated with the relevant information. Review of the care and service records and a risk report about the two consumers confirmed this.

The service’s PCI reflects a planned improvement to review the assessments and care plans for each consumer by December 2020.

At the time of the site audit assessment and planning did not show consideration of risks to the health and well-being of some consumers. Improvements are underway to address this. Time is needed to complete the planned actions and to demonstrate their effectiveness.

I find this requirement is Non-compliant.

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

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

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

The assessment team’s report includes consumers (or a representative on their behalf) provided feedback about staff usually being familiar with what is important to the consumer regarding their care delivery and about staff initiating discussion with them about advance care preferences. It has information from staff confirming they are familiar with what is important to the consumer. The report includes assessment and care planning reflects the needs of the consumers sampled, but not person centred goals or consumer preferences; and around half of consumers had shared their preferences in relation to end of life care.

The approved provider’s written response includes a case conference schedule has been put in place to offer each consumer (or their representative) an opportunity to discuss the consumer’s care and services including in relation to end of life. It includes information that discussions regarding the latter are culturally sensitive and the service’s staff respect that consumers/representatives may choose to make their preferences known at a later time which suits them. The response includes that assessment and care planning for the named consumers has been updated. Review of the care and service records and a risk report about the consumers confirmed this.

The service’s PCI reflects planned improvements relating to this requirement. In addition to the improvement documented under Standard 2, Requirement (3)(a) this includes reviewing the advance care plans for each consumer by February 2021.

At the time of the site audit assessment and planning did not reflect person centred goals or preferences of some consumers, and around half of consumers had shared their preferences in relation to end of life care. Improvements are underway to address this. Time is needed to undertake the planned actions and to demonstrate their effectiveness.

I find this requirement is Non-compliant.

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

The assessment team’s report includes feedback from consumers (or a representative on their behalf) that while they could ask the staff and staff talk to them about their care informally, they were not aware of how to access the consumer’s care plan. Some provided examples of not having been informed of the outcomes of consumer assessment or care planning. Staff provided information about trying to involve the consumer in assessment and care planning, but the team’s report does not include information about staff efforts to inform consumers of the outcomes. Observations showed consumer care plans were readily accessible to staff where care and services were being provided.

The approved provider’s written response includes there are processes for case conferencing and for monthly contact with the consumer representative on a scheduled consumer focus day, both to involve consumers and their representatives in assessment and care planning. It includes plans to review the way consultation occurs and how care plans are communicated taking into account consumer literacy challenges. It also includes the care plan will be offered during case conferencing.

The service’s PCI reflects planned improvements relating to this requirement.

At the time of the site audit it was not demonstrated the outcomes of assessment and care planning had been or were being communicated to all consumers (or a representative on their behalf). Improvements are underway to address this. Time is needed to undertake the planned actions and to demonstrate their effectiveness.

I find this 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’s report includes for the consumers sampled care plans were not regularly reviewed or reviewed when the consumer’s circumstances changed or incidents occurred; and three consumer examples are provided. It has information about this having been identified by management prior to the site audit.

The approved provider’s written response includes an acknowledgement of the assessment team’s findings, information about actions to bring about improvements, and that the care plans of the three named consumers have been updated. Review of the care and service records and a risk report about the three named consumers confirmed this.

The service’s PCI reflects planned improvements relating to this requirement, including review of the assessments and care plans for all consumers as noted further above.

At the time of the site audit care plans had not been reviewed for effectiveness regularly or when circumstances had changes or incidents had occurred for the consumers sampled. Improvements are underway to address this. Time is needed to undertake the planned actions and to demonstrate their effectiveness.

I find this 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

Most consumers sampled (or a representative on their behalf) thought the consumer’s needs and preferences were being communicated between staff, and they all considered the consumer is able to see a doctor or other health professionals as they require. They provided information about having been encouraged to use COVID-19 safe measures and general infection control practices. Some consumers/ representative thought the consumer was getting care consistent with their needs and wishes, but others did not.

This consumer/representative feedback and information gathered through documents reviewed and interviews with management and staff showed the needs and preferences of consumers nearing end of life were being met and deterioration in the condition of a consumer had been recognised and managed. It also showed information about consumers was generally being communicated effectively and timely and appropriate referrals were being made to other health care providers.

However, some of the consumer/representative feedback and the information gathered through documents reviewed and interviews with management and staff showed some consumers had not been provided with care consistent with best practice, tailored to their needs, which optimised their health and well-being or which effectively managed risks associated with their care. Also, that infection related risks had not been minimised effectively.

The approved provider has advised some actions to bring about improvement were underway at the time of the site audit, further actions have been or are being taken and these are progressing well.

The Quality Standard is assessed as Non-compliant as three 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’s report includes feedback from some consumers (or a representative on their behalf) that the consumer receives the personal and clinical care they need and want, but from others that the consumer does not. It includes staff said they were aware of best practice and care escalation processes. The report has information that review of care and service records does not support some consumers have received care that is best practice and tailored to their needs or that optimises their health and well-being. It has information about consumer skin care and pain management being consistent with best practice for the consumers sampled, however that 79% of consumers are prescribed psychotropic medication and chemical restraint is not being minimised consistent with best practice.

The approved provider’s written response includes that the number and percentage of consumers charted psychotropic medication is higher than the assessment team reported and it reflects a commitment to addressing the identified gaps. The provider’s response includes psychotropic medication had been reviewed by general practitioners on a regular basis, however the information and supporting documentation provided did not demonstrate all actions were taken by the service’s clinicians to support restraint minimisation such as information having been provided to the prescribing practitioner about the use of the medication to inform the reviews.

The provider’s response includes the care of the named consumers has been reviewed and new interventions implemented. Review of the care and service records and a risk report about the named consumers confirmed this.

The service’s PCI reflects planned improvements relating to this requirement, including review of psychotropic medication and chemical restraint use for all consumers.

At the time of the site audit care that was best practice and tailored to needs or that optimised health and well-being had not been and was not being provided to some consumers. Improvements are underway to address this for all consumers. Time is needed to undertake the planned actions and to demonstrate their effectiveness.

I find this 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’s report includes consumers provided feedback about staff bringing medication on time and responding quickly if they fall. It has information about staff being familiar with some of the high impact and high prevalence risks for individual consumers and related management strategies. The report includes there is a policy to guide management and staff in relation to consumer high impact and high prevalence risks, and relevant data is collated and monitored. However, review of the care and service records of some consumers showed risks relating to medication management, psychotropic medication use, and consumer behaviours of concern had not been effectively managed. The team also notes high rates of consumer psychotropic medication use, falls and infections.

The approved provider’s written response includes information acknowledging the assessment team’s findings and outlining actions which have been taken and are being taken to address these. This includes review of care and service delivery for the named consumers. Review of the care and service records and a risk report about the named consumers confirmed this.

The provider’s response includes a commitment to regularly reviewing and reducing psychotropic medication use in partnership with the consumer, their representative and other health professionals. It reflects relevant data will continue to be collated and monitored with related improvements undertaken where needed.

The service’s PCI reflects planned improvements relating to this requirement.

At the time of the site audit care high impact and high prevalence risks associated with the care of some consumers had not been effectively managed. Improvements are underway to address this for all consumers. Time is needed to undertake the planned actions and to demonstrate their effectiveness.

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.*

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

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

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

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

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

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

### Requirement 3(3)(g) 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’s report includes feedback from consumers/representatives that they had been encouraged to use COVID-19 safe measures and general infection control practices. While the team wrote they did not have access to related organisational policy/procedure, they found staff were knowledgeable about infection prevention and control and antimicrobial stewardship. Related measures had been implemented, however some staff observed were not using personal protective equipment correctly. The report has information about two consumers not being supported to isolate upon their return to the service.

The assessment team’s infection control monitoring checklist includes additional information about gaps relating to this requirement. This is that the service’s outbreak management plan did not incorporate some relevant information, and the catering company did not have a COVID-19 management plan aligned with the organisation’s plan. The checklist included there was a lack of orientation, training and competency assessment relating to infection control and personal protective equipment for staff and surge workforce. It reflects there was a lack of signage about, and staff and visitors were not consistently following, safe social distancing in communal areas.

In relation to the assessment team’s report the approved provider’s written response includes there is relevant organisational policy/procedure available to management and staff, and all staff have completed COVID-19 related training and have completed competencies relating to handwashing and use of personal protective equipment. The provider acknowledges the assessment team’s observations that some staff practices did not support infection control, and reflects this will be addressed through supervision and further training.

The provider’s response also includes in relation to the two consumers who returned to the service, measures were taken more broadly to minimise the risk of infection and both were asymptomatic for COVID-19. It includes the provider will continue infection surveillance efforts and use the data to drive continuous improvement.

The provider’s response to the assessment team’s infection control monitoring checklist includes a commitment to safeguarding consumers from COVID-19. In relation to the outbreak management plan, the provider writes most of the information was available. It includes some actions have been taken since the site audit to address the identified gaps. It also includes information about questions in the checklist unanswered by the assessment team.

Review of supporting evidence from the provider shows there is infection control and antimicrobial stewardship policy/procedure and there is a COVID-19 outbreak management plan to guide management and staff. However, in relation to the latter it does not include some relevant information as pointed out by the assessment team in the checklist and while the provider writes the information is available separate to the plan (in other documents, systems or places) it has not been demonstrated there is reference to this in the plan to direct the reader to the relevant information.

Review of supporting evidence from the provider also shows the staff induction/buddy program covers topics relating to infection control, COVID-19 and outbreak management; the employee handbook covers infection control; and 86% have completed a COVID-19 e-learning course and 98% COVID-19 outbreak management plan and infection control training.

The service’s PCI reflects planned improvements relating to this requirement.

At the time of the site audit infection related risks were not being minimised in relation to standard and transmission based precautions. Improvement activity has been undertaken or is underway. Time is needed to undertake the planned actions and to demonstrate their effectiveness.

I find this 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

Overall consumers sampled (and representatives on their behalf) expressed satisfaction with consumer daily living services and supports. This included being assisted to remain in touch with people important to them and being supported if feeling low. However, some expressed dissatisfaction with leisure and lifestyle services and many with the meals.

This consumer/representative feedback and other information gathered through observations, documents reviewed and interviews with management and staff showed services and supports for daily living had been provided to consumers to participate in the community, have social relationships, and to be supported emotionally and spiritually. It also showed some information about consumers being effectively communicated, and timely and appropriate referrals being made to other providers of services and supports when needed.

However, the consumer/representative feedback and other information gathered through observations, documents reviewed and interviews with management and staff showed leisure and lifestyle services had not been provided to some consumers so they can do things of interest to them, and that meals were not of suitable quality for the consumers.

The approved provider has advised some actions to bring about improvement were underway at the time of the site audit, further actions have been or are being taken and these are progressing well.

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

## Assessment of Standard 4 Requirements

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

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

The assessment team’s report includes feedback from consumers/representatives about satisfaction with some services and supports for consumer daily living but that others expressed dissatisfaction with the leisure and lifestyle services. While staff were familiar with the backgrounds of consumers, for many their assessments were incomplete and the care plans of some consumers lacked relevant information. The team notes documentation showed the gaps in consumer assessment and care planning had been identified prior to the site audit and reflected the gaps had been addressed, when they had not been. The team wrote about some services, such as library services and hairdressing, not having been made available to consumers at all or until very recently.

The approved provider’s written response includes information about the two named consumers with explanation of their condition and how this impacts their participation in activities. It includes the lack of related consumer assessment was identified prior to the site audit and lifestyle staff were working on completing these. The response reflects an opportunity to improve the lifestyle programs was also identified prior to the site audit and a range of improvements have been implemented.

The provider’s response includes a range of alternative activities for consumers were implemented due to COVID-19 restrictions. It has information about not having a library as current consumers do not have an interest in this and because of related COVID-19 infection control challenges, but since the site audit newspapers in relevant community languages have been sourced for consumers. The provider writes a hairdressing service recommenced on 12 November 2020, but prior to this was not available due to COVID-19 safe measures.

The service’s PCI reflects planned improvements relating to this requirement, including to complete related consumer assessments by February 2021.

It is acknowledged the need for a library service for the consumers had not been established and the hairdressing service had not been available due to COVID-19 safe measures. However, at the time of the site audit some consumers were not satisfied with leisure and lifestyle services and their interests had not been established through assessment to inform the delivery of services and supports. Improvement activity is underway. Time is needed to undertake the planned actions and to demonstrate their effectiveness.

I find this requirement is Non-compliant.

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

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

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

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

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

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

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

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

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

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

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

The assessment team’s report includes feedback from most consumers (or a representative on their behalf) that the consumer does not enjoy the meals and they observed a consumer expressing dissatisfaction with their meal. The team’s report includes that review of records about consumer dietary needs and preferences showed these were up-to-date and communicated effectively. The chef provided examples of adjusting the menu or meals to meet consumer preferences, however review of resident satisfaction survey results from July 2020 and resident meeting minutes from October 2020 showed dissatisfaction by consumers with the meals. Observations made during a meal service showed a pleasant dining experience was not provided for consumers.

The approved provider’s written response includes an acknowledgement that improvements are required to the meals and the dining experience, this had been identified prior to the site audit and improvement actions were underway. It includes information about consumer surveying showing a gradual improvement in satisfaction with the meals over time up to September 2020. The provider’s response includes detailed information about the menu offering and ongoing consultation with consumers about the meals.

The service’s PCI reflects planned improvements relating to this requirement.

At the time of the site audit most of the consumers sampled did not enjoy the meals and the organisation had identified this and the need to bring about improvements. While surveying undertaken by the service and catering company showed improved consumer satisfaction, it remains that many consumers continued to express dissatisfaction about the quality of the meals to the assessment team. Improvement activity continues. Time is needed to undertake the planned actions and to demonstrate their effectiveness.

I find this requirement is Non-compliant.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The consumers sampled considered they belong in the service and they felt safe and comfortable in the service environment. The consumers expressed satisfaction with the cleaning, laundry and maintenance services.

Overall it was demonstrated through this feedback, observations made, documents reviewed and interviews with management and staff that a safe and comfortable service environment is provided that promotes consumer independence, function and enjoyment. However, some areas were not decorated to make them welcoming and to promote a sense of belonging, and an outdoor area was not accessible to consumers.

The approved provider advises culturally appropriate design was incorporated into building design plans, consumers are able to bring in items to decorate their rooms, and the outdoor area will be made available to consumers.

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

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

*The service environment:*

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

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

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

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers sampled (or a representative on their behalf) were aware of avenues and methods to give feedback and make a complaint and provided information about feeling comfortable and supported to do so. Most who had made a complaint said they have seen improvements made, however one consumer representative said despite some efforts there has not been sufficient progress towards improvement.

This consumer/representative feedback and other information gathered through observations made, interviews with management and staff and documents reviewed showed consumers have been made aware of avenues for making complaints and accessing advocacy services, and they have been encouraged and supported to give feedback and make complaints.

However, feedback from a consumer representative and other information gathered through observations made, interviews with management and staff and documents reviewed showed ongoing dissatisfaction with the meals following concerns and complaints raised; and some other complaints not being reviewed and used to improve care and services, at all or in a timely manner.

The approved provider has advised of planned actions to bring about improvement.

The Quality Standard is assessed as Non-compliant as one 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.*

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

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

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

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

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

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

The assessment team’s report includes feedback from consumer representatives that when they have had concerns or made a complaint most have seen improvements made, however one consumer representative said despite some efforts made the meals are not varied and suitable for the consumer. Management recognised meals as a trend in complaints and while some actions had been taken, these had not yet brought about improvements to satisfy consumers. Review of complaint records showed actions to address some complaints made earlier in 2020 had not been evaluated to determine effectiveness until recently. This also showed complaints in October 2020 had not been actioned and other trends in complaints were emerging.

The approved provider’s written response includes information about one of the named consumers, including consultation about the meals and explanation for weigh loss; and information about actions taken to improve the meals consistent with consumer feedback and requests. It includes additional information about the complaints made in October 2020, including that they had been addressed at the time although a record of this was not made or was not detailed. The provider’s response includes changes have been made to the complaint form with more essential fields to reflect information about complaint actioning and improvement.

The provider’s response refers to their information they provided earlier regarding the meals as documented in this report under Standard 4, Requirement (3)(f). This showed the provider acknowledged the need to improve the meals and dining experience for consumers and while some actions had been taken, improvement work continued.

The service’s PCI reflects planned improvements relating to this requirement, including a review of quality improvement processes with a focus on complaint management.

At the time of the site audit feedback in relation to the meals had been reviewed and actions to bring about improvement were continuing. The approved provider has planned improvements. Time is needed to undertake the actions and to demonstrate their effectiveness.

I find this 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

Consumers sampled (or a representative on their behalf) reported that staff are kind, caring and respectful in their interactions with consumers. They considered that staff are knowledgeable and skilled, however that some of the new staff needed further training. Some provided feedback about staff being “run off their feet” and consumers having to wait for call bells to be answered and experiencing delayed care provision.

This consumer/representative feedback and information gathered through interviews with management and staff, documents reviewed and observations made showed staff are kind, caring and respectful of consumers, and that staff have the qualifications and generally have the knowledge to perform their roles effectively.

This showed while there has been workforce planning and transition/change is in progress, the workforce had not enabled the delivery and management of safe and quality care and services. Also, staff had not all been trained to deliver the outcomes required by the Quality Standards and the performance of each staff member had not been regularly assessed.

The approved provider has advised of planned actions to bring about improvement.

The Quality Standard is assessed as Non-compliant as three 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’s report includes feedback from some consumers (or a representative on their behalf) about staff being “run off their feet” and consumers having to wait for call bells to be answered and experiencing delayed care provision. Care staff advised they are generally able to complete their daily tasks but sometimes find it difficult to do so and stay back after work or do not take a break. It includes a restructure of the workforce is underway, including after significant changes in senior management and staff. Review of recent staffing showed most rostered shifts were covered, although with increased use of temporary (agency) personnel. The service did not have a system to monitor call bell response times.

The approved provider’s written response includes the roster was reviewed in response to the feedback to the assessment team by consumers/representatives with an additional care staff shift added seven days a week, and the workforce is being expanded through recruitment. The provider acknowledges issues with the system to monitor call bell response times and writes this was addressed on 6 November 2020. The response has an outline of a planned period of workforce change endorsed in August 2020 and detailed information about the transition plan. This shows a systematic approach to workforce planning and transition is underway.

The service’s PCI reflects planned improvements relating to this requirement, including review of staffing levels and discussions with staff about this. Supporting evidence provided relating to human resource management has been reviewed and considered.

At the time of the site audit the workforce had been planned however workforce transition/change was underway and had not yet enabled the delivery and management of safe and quality care and services. Time is needed to fully implement the workforce transition/change plan and to demonstrate its effectiveness.

I find this 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.*

### 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.*

### 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’s report includes feedback from some consumers/ representatives that staff are knowledgeable and skilled, however that some of the new staff needed further training. Staff provided information about receiving training relevant to their role and responsibilities. Review of records showed while the need for staff training had been identified and planning for training had occurred, many staff had not yet completed training deemed mandatory by the organisation.

The approved provider’s written response includes corrections about some of the staff training attendance/completion rates, and an explanation that other mandatory training topics were completed by staff during their induction. It includes a new educator commenced in October 2020, a new training plan was implemented from 1 November 2020 and training is underway with all essential education to be provided by 20 December 2020.

The service’s PCI reflects planned improvements relating to this requirement, including implementation of a staff capability framework and ensuring all staff complete mandatory education. Review of the training plan provided shows a planned approach to staff training aligned with areas identified as requiring improvement, including in relation to the Quality Standards. Other supporting evidence provided relating to human resource management has been reviewed and considered.

At the time of the site audit staff training needs had been identified and planned, however some staff had not completed the training. Time is needed to implement the priority training and to demonstrate its effectiveness.

I find this 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’s report includes the organisation has a staff performance management framework, which incorporates probationary and ongoing formal appraisal of staff performance. Staff said they had received informal feedback, but had not had a formal appraisal. Review of a sample of staff personnel files showed one staff member had an appraisal and some development needs were identified, but had not been addressed; and for four staff formal staff appraisal had not occurred. The assessment team noted the service’s PCI included this was to be addressed by the end September 2020, but had not been.

The approved provider’s written response includes performance appraisal for each staff member was on track to be completed by the year’s end. It includes an update that 14 of 24 staff who commenced prior to 1 July 2020 had completed the self-assessment component of their performance appraisal and will be booked to have discussion with management about their performance. The provider writes for one of the staff personnel files sampled a three month performance appraisal was undertaken and was not required at six months, which is noted.

The service’s PCI reflects planned improvements relating to this requirement. The staff performance appraisal schedule showing performance appraisal is to be undertaken for each staff member by the end of 2020 has been reviewed and considered.

At the time of the site audit staff there had not been ongoing assessment of the performance of each member of the workforce. The approved provider has improvement planned to address this with progress being made. Time is needed to implement the improvements and to demonstrate their effectiveness.

I find this 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

Consumers sampled (or a representative on their behalf) generally thought the service was well run. While they were aware of the service’s general feedback and complaint mechanisms, none said they had been actively involved in the development, delivery and evaluation of care and services.

This consumer/representative feedback and information gathered through interviews with management and staff, documents reviewed and observations made showed the organisation’s governing body had promoted and was accountable for a culture of safe, inclusive and quality care and service delivery.

This showed there was effective organisation wide governance, risk management and clinical governance in relation to continuous improvement, financial governance, workforce governance, identifying and responding to consumer abuse, antimicrobial stewardship and open disclosure. However, not in relation to information management, regulatory compliance, feedback and complaints, managing high impact and high prevalence risks associated with consumer care, supporting consumers to live the best life they can or minimising use of restraint.

The approved provider has advised of planned actions to bring about improvement.

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) Non-compliant

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

The assessment team’s report includes that consumers/representatives sampled generally thought the service was well run. While they were aware of the service’s general feedback and complaint mechanisms, none said they were actively involved in the development, delivery and evaluation of care and services. The information as documented by the assessment team did reflect management demonstrated consumers were actively involved in the development, delivery and evaluation of care and services.

The approved provider’s written response includes St Charbel’s Care Centre is a new service and community members were consulted about the building design. It includes there are processes in place for the Board to understand the consumer experience and there are plans to engage and consult consumers moving forward. The provider outlines four examples of improvements made at the service prior to the site audit through Board engagement with consumers. Information is also provided about improvements made to consumer/representative communications based on consultation with and feedback from them, and about plans to establish a consumer advisory committee with a direct reporting line to the Board.

The service’s PCI reflects planned improvements relating to this requirement.

The assessment team’s report and provider’s response has demonstrated at the time of the site audit consumers were able to give feedback, were being consulted and some action had been or was being taken in relation to this. However, it remains that consumers/representatives sampled were not aware of being actively engaged in the development, delivery and evaluation of care and services and the examples and information provided do not demonstrate all elements of the requirement in action. There are plans to enhance consumer engagement. Time is needed to implement the plans and to demonstrate their effectiveness.

I find this requirement is Non-compliant.

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

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

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

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

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

The assessment team’s report includes information about plans to strengthen governance systems, including recruiting and training board members, and that these were in progress. The report also includes information about gaps relating to all of the sub-requirements and that management had plans to address these or was addressing these. For example, the quality assurance monitoring systems had assisted in identifying significant deficits in service performance against the Quality Standards and the actions to bring about continuous improvement were in progress. For example, elsewhere in the report there is information about the restraint minimisation regulation not having been effectively implemented, which is relevant to governance for regulatory compliance under this requirement, and that management had plans to address this.

The approved provider’s written response includes information about improvements made to organisational governance, specifically the Board governing framework, prior to the site audit. It has a listing of Board members at the time of the site audit with information about their qualifications and experience, and information about a new Board member recently appointed and another possible new Board member to strengthen the Board skills mix. This also reflects there has been Board member induction and some relevant training.

In relation to information management, the provider’s response includes information about certain policies and procedures being available to management and staff at the time of the site audit, that others were under ongoing review and a clinical reference manual had been ordered for the registered nurses. It reflects staff had been provided with training about the electronic care documentation system and further training would be provided for them as needed.

In relation to continuous improvement, the provider’s response includes information consistent with that in the assessment team’s report about risks and gaps being identified through quality assurance monitoring processes. It has information about some improvements made after these risks and gaps were identified, and supporting documentation submitted about these has been reviewed and considered.

In relation to financial governance, the provider’s response confirms some of the information in the assessment team’s report. It also provides clarification regarding a matter and information about a matter being resolved, which is noted.

In relation to workforce governance and governance for feedback and complaints, the provider’s response refers the reader to information provided earlier in their response. This has been considered under the relevant requirements in this report and, as documented there, findings of non-compliance made.

The service’s PCI reflects planned improvements relating to this requirement.

The assessment team’s report and provider’s response show at the time of the site audit there were some effective governance systems in place. It shows deficits in service performance against the Quality Standards had been identified and a plan for continuous improvement developed with implementation in progress. On balance the information in the team’s report and provider’s response shows effective financial governance. The information in the assessment team’s report under Standard 7: Human resources shows the need for workforce related improvements had been identified and a change/transition plan developed with implementation underway.

However the governance systems had not been fully implemented or were not yet shown to be effective in relation to some of the sub-requirements. It remains there were deficits in information management, regulatory compliance, and feedback and complaints. There are plans to bring about improvement. Time is needed to implement the plans and to demonstrate their effectiveness.

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.*

The assessment team’s report includes there was some relevant policy/procedure to guide management and staff and staff were able to provide some examples of their relevance to their work. The report includes that under other relevant requirements the team gathered information showing the sub-requirements were not being met. It reflects the consumer handbook includes information about limiting consumer choices and that this does not support them to live their best life. The information shows there was a system for elder abuse identification and response and there was mixed information about supporting consumers to live their best life, which overall did not show effective systems and practices were in place. The information showed that the systems and practices for management of high impact and high prevalence risk were not effective.

The approved provider’s written response includes a risk management framework was in place at the time of the site audit and supporting documentation submitted gives an overview of this and the results in the form of a risk treatment action plan. It has information about the most recent board review of the risk treatment action plan and board discussions about the need for additional risk controls relating to some of the highest rated residual risks.

The provider’s response includes that policy/procedure relevant to the sub-requirements was available to management/staff at the time of the site audit, and some of these were submitted as supporting documentation and have been reviewed and considered. It includes information about consumer risks, however the sub-requirement about supporting consumers to live their best life is broader than this and there is other relevant information about this in the assessment team’s report, such as that documented under Standard 4, Requirement (3)(a). The response includes the consumer handbook has been reviewed and updated to promote consumer choice and control.

The service’s PCI reflects planned improvements relating to this requirement.

At the time of the site audit there was an organisational risk management framework and effective risk management systems for identifying and responding to abuse and neglect of consumers. However, there were not effective risk management systems and practices for managing high impact and high prevalence risks associated with the care of consumers or for supporting consumers to live their best life. There are plans to bring about improvement. Time is needed to implement the plans and to demonstrate their effectiveness.

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 assessment team’s report includes there was some relevant policy/procedure to guide management and staff and staff were able to provide some examples of their relevance to their work. The report includes that under other relevant requirements the team gathered information showing some of the sub-requirements were being met but not all. That information shows while antimicrobial stewardship and open disclosure were being effectively implemented, restraint minimisation was not.

The approved provider’s written response includes a clinical governance framework and relevant policy/procedure to guide management and staff were in place at the time of the site audit. Supporting documentation is provided, including the clinical governance and risk committee terms of reference and relevant policy/procedure (or some pages thereof). The provider’s response includes information about elements of the clinical governance framework in operation. It has an acknowledgement of the opportunity to further embed and evaluate the effectiveness of clinical governance.

The service’s PCI reflects planned improvements relating to this requirement.

At the time of the site audit there was an organisational clinical governance framework which was being implemented in relation to antimicrobial stewardship and open disclosure. However, it was not being used effectively in general to optimise clinical outcomes for some consumers or to minimise the use of restraint. There are plans to bring about improvement. Time is needed to implement the plans and to demonstrate their effectiveness.

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.

**Requirement 1(3)(f)**

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

Required improvements

Ensure each consumer’s privacy is respected and personal information kept confidential.

Implement the planned improvements as outlined in the approved provider’s written response to the assessment team’s report and service’s PCI.

Review arrangements for the protection of consumer information privacy relating to disclosure of information between the organisation/service and catering company.

Monitor staff (and contracted personnel) compliance with approved provider’s expectations for maintaining consumer personal and information privacy.

**Requirement 2(3)(a)**

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

Required improvements

Ensure assessment and planning includes consideration of risks to the consumer’s health and well-being, and informs the delivery of safe and effective care and services.

Implement the planned improvements as outlined in the approved provider’s written response to the assessment team’s report and service’s PCI.

**Requirement 2(3)(b)**

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

Required improvements

Ensure assessment and planning identifies and addressed each consumer’s current needs, goals and preferences, including in relation to advance care and end of life (if the consumer or their representative wishes).

Implement the planned improvements as outlined in the approved provider’s written response to the assessment team’s report and service’s PCI.

**Requirement 2(3)(d)**

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

Required improvements

Ensure the outcomes of assessment and planning are effectively communicated to each consumer (or a representative on their behalf), and the care plan is made readily available to them.

Implement the planned improvements as outlined in the approved provider’s written response to the assessment team’s report and service’s PCI.

**Requirement 2(3)(e)**

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

Required improvements

Ensure care and services are reviewed regularly for effectiveness and when a consumer’s circumstances change or incidents occur.

Implement the planned improvements as outlined in the approved provider’s written response to the assessment team’s report and service’s PCI.

**Requirement 3(3)(a)**

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

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

Required improvements

Ensure each consumer gets safe and effective personal and clinical care which is best practice, tailored to their needs, and optimises their health and well-being.

Implement the planned improvements as outlined in the approved provider’s written response to the assessment team’s report and service’s PCI.

Review organisational policy/procedure regarding restraint minimisation to ensure it complies with regulatory obligations and best practice.

Monitor staff compliance with organisational expectations for minimising restraint, in particular psychotropic medication as chemical restraint.

**Requirement 3(3)(b)**

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

Required improvements

Ensure effective management of high impact and high prevalence risks associated with the care of each consumer.

Implement the planned improvements as outlined in the approved provider’s written response to the assessment team’s report and service’s PCI.

**Requirement 3(3)(g)**

*Minimisation of infection related risks through implementing:*

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

Required improvements

Ensure minimisation of infection related risks through standard and transmission based precautions.

Implement the planned improvements as outlined in the approved provider’s written response to the assessment team’s report and service’s PCI.

Review and improve COVID-19 safe measures in operation at the service.

Review COVID-19 outbreak management planning to ensure it includes reference to all relevant information to adequately guide management, staff and surge workforce personnel in the event of an outbreak; and encompasses/is aligned with such planning for/by the contracted catering company.

**Requirement 4(3)(a)**

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

Required improvements

Ensure each consumer gets safe and effective daily living supports and services that meet their needs, goals and preferences and optimise their independence, health, well-being and quality of life.

Implement the planned improvements as outlined in the approved provider’s written response to the assessment team’s report and service’s PCI.

Review and improve the way improvements relating to consumer assessment for daily living services and supports are evaluated as this has not been effective.

**Requirement 4(3)(f)**

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

Required improvements

Ensure consumers get meals that are of suitable quality.

Implement the planned improvements as outlined in the approved provider’s written response to the assessment team’s report and service’s PCI.

Ensure evaluation of the effectiveness of the improvement activity includes consultation with consumers.

**Requirement 6(3)(d)**

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

Required improvements

Ensure that feedback and complaints from consumers/representatives are used to inform the quality of care and services.

Implement the planned improvements as outlined in the approved provider’s written response to the assessment team’s report and service’s PCI.

Ensure records are maintained of complaint handling, including to demonstrate appropriate action is taken in response and open disclosure is used.

**Requirement 7(3)(a)**

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

Required improvements

Ensure the workforce enables the delivery and management of safe and quality care and services.

Implement the planned improvements as outlined in the approved provider’s written response to the assessment team’s report and service’s PCI.

**Requirement 7(3)(d)**

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

Required improvements

Ensure the workforce is trained to deliver the outcomes required by the Quality Standards.

Implement the planned improvements as outlined in the approved provider’s written response to the assessment team’s report and service’s PCI.

**Requirement 7(3)(e)**

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

Required improvements

Ensure regular assessment, monitoring and review of the performance of each member of the workforce.

Implement the planned improvements as outlined in the approved provider’s written response to the assessment team’s report and service’s PCI.

**Requirement 8(3)(a)**

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

Required improvements

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

Develop and implement a consumer engagement framework; this would include but not be limited to consideration of the Commission’s consumer engagement resources as best practice reference material.

**Requirement 8(3)(c)**

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

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

Required improvements

Ensure effective organisation wide governance in relation to information management, regulatory compliance, and feedback and complaints.

Implement the planned improvements as outlined in the approved provider’s written response to the assessment team’s report and service’s PCI.

**Requirement 8(3)(d)**

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

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

Required improvements

Ensure effective risk management systems and practices in relation to managing high impact and high prevalence risks associated with the care of consumers and supporting consumers to live the best life they can.

Implement the planned improvements as outlined in the approved provider’s written response to the assessment team’s report and service’s PCI.

**Requirement 8(3)(e)**

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

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

Required improvements

Ensure the clinical governance framework is used in relation to minimising the use of restraint.

Implement the planned improvements as outlined in the approved provider’s written response to the assessment team’s report and service’s PCI; and as outlined further above under Standard 3, Requirement (3)(a).