St Elizabeth Home

Performance Report

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**Commission ID:** 0023

**Provider name:** St Elizabeth Home Limited

**Site Audit date:** 10 May 2021 to 13 May 2021

**Date of Performance Report:** 6 July 2021

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# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | 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) | 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) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-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) | 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) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 24 June 2021

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Some sampled consumers consider that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. However other consumers indicated some staff do not treat them with respect and that they are unable to exercises their choices. Some consumers said they are not supported to be as independent as they would like to be consistent with their goals and preferences. The service does not always demonstrate respectful interactions with consumers and there is a lack of understanding about cultural diversity.

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 found that most consumers spoke positively about staff although some expressed dissatisfaction or distress about aspects of care and services. The assessment team reported that staff do not speak about consumers in a respectful manner and refer to consumers by their room numbers. Additionally, language used in a communication assessment for a consumer was not reflective of respect. The assessment team observed consumers in the dementia wing watching and knocking on a glass door where visitors were entering and being screened which demonstrated a lack of dignity for the consumers. Furthermore, it was observed that at times staff did not respond to consumers who appeared distressed or attempt to engage them.

The approved provider response asserted that staff refer to by consumers by room number as opposed to using their name when sensitive information is being discussed and I no longer find this issue a concern. The approved provider asserted that that the service will look at options to increase dignity and respect in relation to the screening area for visitors and this is acknowledged. The approved provider’s plan for continuous improvement (PCI) identified action items to address the gaps identified.

The commitment of the approved provider to rectify gaps is acknowledged, however based on findings at the time of the audit, I find this requirement Non-compliant.

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

*Care and services are culturally safe.*

The assessment team found that there are some aspects of culturally safe services for consumers from Hungarian backgrounds. While the service has a Hungarian focussed menu, consumers from other backgrounds have not been provided with culturally appropriate meals. Although the consumer cohort are mostly Hungarian there are other consumers from other cultural backgrounds and despite this the lifestyle program is only provided in Hungarian and no other language resources were observed apart from being in English and some Hungarian.

The assessment team found that consumers spoke about their traumatic past particularly related to migrating and were distressed when speaking about aspects of care and services. Despite this, there are minimal supports offered to support consumers who have migrated in response to revolution, trauma and hardship. Management acknowledged that many consumers have experienced trauma from the past, however the assessment team reported it was not evident from interviews with consumers that interactions with staff and management is cognisant of that past.

The approved provider response submitted that many staff and volunteers that work at the service have also been affected by a history of trauma and that they are therefore able to support consumers through their lived experience. This is acknowledged, however the response is unable to negate the assessment teams’ findings from interviews with consumers that staff interactions did not support understanding of a traumatic past.

The approved provider response acknowledged that the service has moved form being a Hungarian specific service and that they will endeavour to provide additional resources to provide culturally safe care for consumers from other cultural backgrounds.

Based on the findings at the time of the audit, I am satisfied this 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 found that that consumers are generally supported to maintain relationships of choice, however some consumers provided negative feedback that their decisions are not supported. The service does not have a system for consumers to identify how they want others, including when family, friends, carers or others should be involved in their care. While there is an admission form which includes who consumers wish their representative to be, the form does not indicate in what capacity the representative is involved in the consumers care decisions.

The assessment team found that staff did not have a clear understanding of capacity relating to informed decision making or the hierarchy of person responsible. Incorrect information was documented about decision makers for some consumers.

The assessment team found that one consumer was not supported to exercise choice regarding purchasing an electric heat pad for their back pain and also observed staff continuing to provide another consumer with crushed medication despite the consumer raising their hand to signal that they did not want this.

The approved provider response disagreed that a consumer was not supported to exercise choice regarding a heat pad and provided evidence to confirm this and I no longer find this specific issue an issue. However, the approved provider acknowledged that there was a lack of staff knowledge regarding capacity and decision making. Additionally, the approved provider agreed that there is inconsistency in documentation regarding when consumers want family involved in their care and decision making and have resolved to rectify this issue.

Based on the findings at the time of the audit, I find this requirement Non-compliant.

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

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

The assessment team found that some consumers said they feel they are able to take risks to live the best life they can. However, management and staff do not have a clear understanding of supporting consumers to take risks to live the best life they can. The service has a risk waiver form used when the consumer does not accept a care recommendation of if they want to engage in some risk taking. The risk waiver form does not support consumers to be as safe as possible when risk taking but has a focus on the consumer waiving responsibility.

The approved provider response clarified that the service has a risk acknowledgement form not a risk waiver form and that the risk form is only one part of a process to support consumers to take risks. Additionally, the approved provider clarified that the service conducts conversations with consumers about risks and that this is also included in the summary care plan.

I am satisfied that based on consumer feedback provided during the audit along with the approved provider response, that this requirement is 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 found the service was unable to demonstrate that information provided to consumer’s is current, accurate and communicated in a way that it is easy to understand and enables consumers to exercise choice. Staff reported that most information is communicated verbally, and management confirmed that this consultation is not always documented. Consumers expressed uncertainty about the ability to exercise choice in relation to having equipment in their rooms and were anxious about this. The assessment team found that resident meetings have been held inconsistently and often there were no minutes from these meetings available to consumers. Although some documents are available to consumers in Hungarian, other documents are not, and the resident entry pack contained incorrect information.

The approved provider response acknowledged that improvement is required in relation to the availability of information to all consumers and this is acknowledged. The approved provider argued that resident meetings are only one modality of communication and that staff and management communicate one on one with consumers.

Based on findings at the time of the site audit, I am satisfied this requirement is Non-compliant.

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

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

The assessment team found that the service has a privacy policy to direct the use of personal information and offices are generally kept locked where private information is stored. However, the assessment team observed some instances where staff did not knock on consumer doors prior to entering and several occurrences throughout the audit where staff discussions were held about consumer care and service provision in the presence of the consumers negatively impacting on the maintenance of privacy and confidentiality.

The approved provide response submitted that the service accepts that staff need to be more aware of privacy when knocking on doors and holding conversations and that education in this area will be re-enforced.

I find this requirement 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

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

Overall sampled consumers did not consider that they feel like partners in the ongoing assessment and planning of their care and services. While representatives confirmed they are involved in discussions about the consumer’s assessment and planning of their care and services, consumers generally feel they are not included.

Care planning documentation demonstrates assessment and care planning, including consideration of risks to consumers health and well-being, however gaps were identified in the accuracy of assessment and care planning which impacts on the delivery of safe and effective care and services. The service does not have a process to formulate comprehensive care plans when a consumer first enters the service on respite care.

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

## Assessment of Standard 2 Requirements

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

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

The assessment team found care planning documentation demonstrates assessment and care planning, including consideration of risks to consumers health and well-being, however the Assessment Team identified gaps in the accuracy of assessment and care planning which impacts on the delivery of safe and effective care and services. The service does not have a process to formulate comprehensive care plans when a consumer first enters the service on respite care. The assessment team found deficits in assessment and planning for consumers in relation to falls risk assessment, mental health and medication allergies. The assessment team found that nursing staff were unsure where risk acknowledgement forms were located and that not all consumer risks were documented. Additionally, although the service has a policy on assessment and planning and high-risk care, instruction and guidelines are not available for staff regarding consideration of risk to consumers’ health and wellbeing.

The approved provider response submitted evidence that medication allergies and a falls risk assessment were accurately documented for two consumers and I no longer find these issues an area of concern. However, the approved provider did not adequately address that assessment and consideration of risks were considered for a consumer’s mental health. Additionally, the approved provider did not provide evidence to the contrary that a process is in place for consumers who first enter the service on respite care.

I find this requirement 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 found while the organisation has processes to identify consumers’ current needs, goals and preferences including advanced care planning and end of life planning, inconsistencies were identified in assessment of a consumer who was receiving palliative care in relation to fluid balance and pain management. Additionally, the assessment team identified information received by families and consumers regarding end of life care is not included in consumer’s palliative care plans.

The assessment team found that a consumer’s goals and preferences outlined in their advanced care directive (ACD) were not captured in the palliative care plan documentation at the service. This consumer’s ACD outlined wishes for a Catholic priest to offer final blessings and last rights however this was not incorporated into the palliative care plan at the service.

The approved provider response submitted additional information to support that a consumer’s pain management was adequately assessed to address their needs and I no longer find this issue an area of concern. However, the approved provider acknowledged inaccuracies related to a consumer’s fluid intake chart and spiritual care needs in the ACD. Given the potential impact of this on the consumers goals and preferences for end of life care, I find this requirement Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

The assessment team found that consumer representatives advised that are contacted by the service to review their consumer care and services monthly and that they are contacted if there are any changes in the consumers condition. However,

The assessment team found *w*hile assessment and planning documentation evidences some inclusion of other organisations, individuals and providers of other care and services the service does not demonstrate assessment and planning is based on ongoing partnership with the consumers or others they wish to be involved

The assessment team reported that for one consumer, their physiotherapy assessment and plan lacked partnership with the consumer and for another consumer the Cornell Depression Scale assessment did not include questions asked to the consumer and observations from staff only. Additionally, for a consumer who is recorded as making their own decisions about care, the prescription of a medication was discussed with the consumer’s representative and there was no record to indicate the medication had been discussed with the consumer.

The approved provider submitted additional evidence to clarify that a consumer’s physiotherapy assessment did include consultation and partnership with this consumer in relation to their goals. Additionally, the approved provider clarified that for the consumer who was recorded as making decisions about their own care the family are listed as representatives and the Geriatrician notes documented mild to moderate dementia. There was evidence that the service discussed the medication with the representatives who subsequently spoke to the consumer about this. Although the approved provider did not provide additional information in relation to the lack of consultation for a consumer’s Cornell Depression Scale assessment, I have given greater weight to the feedback provided by representatives during the audit along with the approved provider response which supported that assessment and planning demonstrated partnership with the consumers and others they want involved in their care.

I find this requirement Compliant.

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

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

The assessment team found that representatives interviewed confirmed that the consumers care plan is discussed with them monthly and a summary care plan is offered. Care plans are recorded on the electronic documentation system. Summary care plans are printed and stored in hard copy at the nurses’ stations.

However, while one consumer confirmed that they are aware of their care plan and that staff have discussed care provision; three consumers said they had never heard of a care plan. The care manager confirmed that the service has a summary care plan which is offered to representatives and that representatives are contacted as part of the resident of the day process to discuss care and services. Additionally, the care manger confirmed that consumers have not been offered a copy of their care plans.

The approved provider response clarified that that copies of the care and services plan are readily available upon request and that consumers and their representatives are offered a copy of their care pan at the family conference and I no longer find this issue an area of concern.

Although three consumers said they had never heard of a care plan, further details were not provided in relation to this. While the service can make improvements to ensure that all consumers are informed of the outcome of assessment and planning, on balance, I am satisfied that the service has mostly demonstrated the intent of this requirement.

I find this requirement 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 found that while staff confirm they have a schedule for regular review of consumers’ care plans, the Assessment Team identified that when incidents occur the service does not identify, manage and resolve incidents effectively to reduce or help prevent further incidents occurring. The assessment found that for some consumers who had sustained falls, these incidents were not documented; nor were care and services reviewed to meet the needs of consumers. Additionally, the assessment team reported that management advised that guidelines are being developed for the process of neurological observations following a fall and these guidelines have not yet been made available to staff.

The approved provider response clarified that for one consumer appropriate investigation did occur following a fall including review of CCT footage and completion of an adverse event form. However, the approved provider response did not adequately demonstrate adequate review of services for other consumers referred to in the assessment team report. Additionally the approved provider did not clarify why guidelines for neurological observations following a fall have not yet been finalised or distributed to staff.

I find this requirement 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

While some consumer feedback regarding their personal and clinical care is positive, other consumers reported negative experiences. Most consumers confirmed they have access to their doctors and other relevant health professionals when they need it.

The service is not able to demonstrate clinical best practice is consistently followed and deficits were identified in relation to behaviour and falls management and the use of physical and chemical restraint. The service does not have an effective system in place to identify and manage the high impact and high prevalence risks to consumers.

The service is able to demonstrate that timely referrals to other providers of care and services are initiated where appropriate. The service has effective practices for the minimisation of infection related risks.

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

### Assessment of Standard 3 Requirements

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

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

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

The assessment team found that most consumers and representatives interviewed provided positive feedback that consumers receive safe and effective personal and clinical care, although other consumers reported negative experiences. The assessment team found that clinical best practice is not consistently followed, and that care planning documentation does not always reflect consumer needs, goals and preferences to ensure that clinical and personal care is tailored to the consumer needs.

The assessment team identified that one for one consumer who presents with behavioural issues, there were multiple events which resulted in skin tears and or bruising and limited information on behavioural strategies to guide staff. For another consumer, deficits were identified in wound management and strategies in the assessment plan were not consistently followed. Additionally, for a consumer with a complex history continence care was found to be inadequate due to resistiveness resulting in excoriation.

For a consumer with consent for a lap belt restraint the restraint was applied for extended period of times and not removed consistent with documented recommendations. Additionally, the service did not have a good understanding of chemical restraint with inconsistent information about the decision maker and consents and risks of the medication not always being recorded.

The approved provider response acknowledged that for the consumer whose wound management was not optimal the delay in wound charting was not best practice. The approved provider response clarified that a continence assessment was in place for a named consumer and the attempts the service has made to address the difficulties with this and I no longer find this specific issue an area of concern.

The approved provider response did not address the issues identified resulting in multiple skin tears for a consumer or why a lap restraint was not consistently removed as per documented recommendations. Additionally, the approved provider response was unable to demonstrate that the use of chemical restraint is aligned with best practice protocols and legislative requirements.

I find this requirement 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 foundthe service does not effectively manage high impact or high prevalence risk associated with the care of each consumer. Consumers’ risks are not consistently identified, assessed, and care planning does not consistently include strategies to assist consumers to mitigate the risks. The assessment team identified ineffective risk management has negatively impacted on consumers’ health and wellbeing.

For a consumer with behavioural symptoms who was assessed as the highest falls risk, management of the falls risk has not been optimal, and pain not adequately managed or monitored. For another consumer with hearing impairment and behavioural symptoms, strategies to manage behaviours were not consistently followed or implemented. Additionally, for this same consumer weight loss and skin integrity were not effectively managed and neurological observations post fall were not completed according with the documented directive.

The assessment team found that all staff were not clear about the services guidelines for when to attend to neurological observations following unwitnessed falls or falls with suspected head injury. Although the service has a matrix which includes identified risks for consumers, the service did not demonstrate how they trend, analyse and respond to high impact or high prevalence risks.

The approved provider response submitted that pain was adequately managed and monitored for a consumer following a fall, although acknowledge this was not apparent in the documentation. The approved provider did not submit clarifying evidence to demonstrate that that behaviours were effectively managed for another consumer or weight loss, skin integrity and neurological observations effectively managed. The approved provider argued that staff are aware of the services’ neurological observation guidelines and that additional training will be provided to staff to re-enforce this knowledge.

The approved provider response did not adequately demonstrate that the service trends, analyse and responds to high impact or high prevalence risks to ensure that these risks are effectively managed for all consumers.

I find this requirement Non-compliant.

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

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

The Assessment Team found that registered nurses have received training in palliative care and that palliative specialists visit the service to assist with staff training and case management. However, the assessment team identified assessment and care planning is not adequate, and consumers’ emotional and psychological needs are not addressed, particularly regarding end of life issues. Additionally, pain management for consumers nearing the end of life is not always adequate to maintain maximum comfort levels.

For one consumer who entered the service on respite there was insufficient information to demonstrate how to effectively manage pain and medication to ensure comfort is maximised. Additionally, this consumer informed the assessment team that they were having difficulties adjusting to their diagnosis, that they are not permitted to manage their own medications and a wish to return to a hospital setting to receive palliative care.

The approved provider response clarified that a consumer was not permitted to manage their own pain medications due to risks identified with this and that input had been sought from external services to assist with pain management and adjustment to diagnosis. Additionally, the approved provider submitted palliative care notes, palliative plan, medication administration chart and pain monitoring charts to demonstrate that comfort was being maximised. Furthermore, the response acknowledged that transfer to hospital will be arranged in consultation with the palliative care team.

I am satisfied that issues identified by the assessment team related to assessment and care planning have been addressed under requirement 2(3)(b) and that the clarifying information and documents in the approved provider response address the gaps identified by the assessment team in relation to pain and medication management.

I find this requirement 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 found that the service has a general policy on deterioration and health changes however there is limited guidelines for staff to follow in the event of deterioration or change in consumers mental health, cognitive or physical function. The assessment team identified that for one consumer there were numerous changes in condition that were not recognised or responded to in a timely manner resulting in this consumer requiring hospitalisation for intravenous rehydration and potassium replacement due to a urinary tract infection and delirium diagnosis. The care manager acknowledged that there had been deficiencies in identification and response to a urinary tract infection for a consumer.

The approved provider response acknowledged that deterioration for the consumer referred to in the assessment teams finding was not recognised or responded to in a timely manner and that they are committed to improving this practice.

I find this requirement 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 foundInformation about consumers is available in the electronic clinical documentation system. Summary care plans are available to staff however do not contain accurate information. Staff said they receive verbal information during handovers and care staff said they have access to the consumers’ care planning documentation however they don’t have time to look at everyone’s’ care plan. They said summary care plans are available in hard copy at the nurse’s stations. As outlined in other requirements, consumers’ needs, goals and preferences are not consistent with feedback from consumers and observations made by the assessment team.

The approved provider response argued that information about consumer’s condition, needs and preferences is documented and communicated to staff and this is acknowledged. However, the approved provider response was unable to demonstrate that this information is always applied in practice to ensure continuity of care.

I find this requirement Non-compliant.

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

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

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

*Minimisation of infection related risks through implementing:*

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Some sampled consumers 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. Some consumers said they enjoy a satisfying existence within the service that meets their cultural diversity.

The service provides spiritual support to some consumers and emotional and psychological support for the majority but not all consumers. There is no system where consumers or their representatives are involved in the development or the evaluation of the lifestyle program. Subsequently, services for daily living are not always tailored to meet consumer needs, goals and preferences.

The Quality Standard is assessed as Non-compliant as five 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 found that interviews with staff indicated they had knowledge of consumer preferences and individual conversations are held with consumers regarding the lifestyle program. However, lifestyle staff confirmed that they put the activity program together and that consumers are not involved in these meetings. Additionally, there is minimal evaluation of the lifestyle program to determine if it is meeting the needs of consumers.

The assessment team found some consumer interests and preferences are identified on entry to the service, however some assessments were found to have minimal information and others no information. A consumer representative informed the assessment team that their representative is not provided with services and supports that meet the consumers needs or are meaningful. A consumer spoke negatively about the lifestyle program and said that staff do not ask about interests or tailor services to meet their preferences.

The approved provider response argued that for some consumers services are tailored to their needs and preferences and this is acknowledged. However, the approved provider response did not address why some lifestyle assessments contained limited information or was it unable to negate the negative feedback provided by a consumer and a representative.

I find this requirement Non-compliant.

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

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

The assessment team found that the service provides supports to meeting the spiritual needs of Hungarian Catholic consumers although consumers of other faiths do not have spiritual support. However, for many consumers who experienced trauma, war and revolution there was no identification of emotional and psychological needs in relation to this history. However, the lifestyle officer reported there is a group of male consumers who came to Australia after the 1956 revolution who talk about the war. To support this, consumers are engaged in a reminiscing word game and re-directed to focus on happier past experiences.

The leisure and lifestyle assessment, which may identify social and family history, spiritual, emotional and psychological needs and goals, have not been completed for a few consumers. For a consumer who has a diagnosis of depression, there is no record of emotional support provided. Additionally, for two consumers who identified that their respective faiths are important to them, this was not identified in the care plan or supported in practice.

The approved provider response acknowledged that some consumers had experienced trauma in response to war and that this is an individual experience with some consumers not wanting to talk about this. The approved provider clarified that the service has a Catholic and Presbyterian priest who regularly visit the service and that the service is currently seeking the support for a consumer of the Buddhist faith. Additionally, the approved provider clarified that supports are in place for a consumer with a diagnosis of depression.

I acknowledge that improvements could be made in the documentation of emotional, spiritual and psychological supports for consumers, however based on the approved provider response, I accept that these needs are mostly addressed in practice.

I find this requirement 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 found some consumers access the community independently and consumers have just recommenced accessing the community following the COVID-19 pandemic; there has been one bus outing. External groups including volunteers and entertainers have not recommenced visiting the service. Generally, consumers are supported to maintain relationships of importance to them.

However, the assessment team found there is minimal evidence consumers are engaged in activities of interest to them. Lifestyle staff put the program together as a team and if consumers appear unhappy with an activity it is changed on the program the following month. Additionally, consumers are not consulted directly to seek input regarding activities that are of interest to them.

The approved provider response submitted that there have been nine outings since September 2021 and six shopping trips between March- May 2021 and this is acknowledged. However, the approved provider response did not provide evidence to the contrary that consumers are provided with supports for daily living to do things of interest to them.

I find this requirement 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 found that consumers life stories are not documented in the computerised system and some consumer assessments do not contain meaningful information about goals and preferences. Additionally, the assessment team found that some consumers advised they are not consulted about their preferences and a consumer representative provided examples where there had been a misunderstanding around their consumers lifestyle, food and communication needs.

The approved provider response did not specifically address the assessment team’s findings in relation to this requirement.

I find this requirement Non-compliant.

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

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

The assessment team found the service has a referral system to individuals and providers outside the service when required. Additionally, lifestyle staff reported they would contact family if a consumer needed or wanted anything not offered in the lifestyle service and that it has been difficult to engage other services during COVID. Furthermore, lifestyle staff reported that they previously had volunteers who would visit Filipino consumers and weekly pet therapy although this has not yet recommenced. The assessment team found that for younger consumers at the service no referrals have been made to the National Disability Insurance Scheme (NDIS) to determine eligibility. Additionally, the service has not made any referrals to services to support the spiritual and psychological needs and goals of consumers.

The approved provider response submitted that the service does not have any consumers who are eligible for NDIS funding and notes that referrals to this scheme are generally made by a nominated representative.

It is acknowledged that the service has previously engaged other organisations to provide services to meet the needs of consumers and although this is yet to re-commence this is considered in the context of COVID restrictions.

I find this requirement Compliant.

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

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

The assessment team found the meals are primarily of Hungarian style and the menus is rotated on a four- week basis throughout the year and has been in place since 2018. Although some consumers said they enjoy the meals many provided negative feedback. One consumer commented that the food is not as good as it used to be, and another consumer commented about the lack of variety and that consumers are not consulted in relation to their food preferences.

The assessment team found that there was fragmented information about dietary requirements in the kitchen and some staff were unable to provide information about some consumers dietary requirements and preferences. The assessment team observed some consumers refusing meals during the lunch time service and not offered any alternative meal options.

The approved provider response acknowledged that the menu requires review and have already commenced seeking input from a dietician and speech pathologist for review of the menu quality, quantity and suitability. The approved provider has outlined numerous actions in their PCI to address the gaps identified with meals.

The actions of the approved provider are acknowledged, however based on findings at the time of the site audit, I find this requirement Non-compliant.

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

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

The assessment team found that there was minimal equipment evident to support activities of daily living and that It was not suitable for the consumers. Specifically, puzzles and games were not age appropriate and when lifestyle staff were asked why this equipment was not age appropriate their rationale was that consumers did not have sufficient dexterity for adult puzzles. Additionally, no sensory or tactile activities or equipment were evident at the service. The assessment team reported that equipment cleaning schedules were requested during the audit and nothing was provided.

The approved provider response submitted a copy of the cleaning schedule, however this did not include all equipment used for services and supports for daily living. Additionally, the approved provider response did not address the assessment teams findings that lifestyle equipment was not suitable for the consumer cohort.

I find this requirement 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Most consumers indicated general satisfaction with the service environment and although they acknowledged some difficulty with wayfinding and accessibility, they had become used to this. Consumers said the service environment is generally clean and equipment and furnishings are well maintained.

However, the service environment is not welcoming or easy to understand with no wayfinding aids. The environment does not incorporate dementia enabling design principles and does not optimise each consumer’s sense of belonging, independence, interaction and function. The service environment has many hazards which are a risk to consumers. While the interior of the service is generally clean, the exterior is not clean and is not well maintained. Consumers with mobility difficulties are unable to move freely about the service.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) 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 found the service environment is not welcoming or easy to understand. There are limited communal areas for consumers to interact with each other and those areas that do exist are not comfortably furnished. The service environment is not easy to understand and there are no wayfinding aids. The layout of the service environment, including multiple ramps, limit consumers’ independence, interaction and function. A consumer and a representative provided feedback about the ramps limiting the ability of consumers to independently move about the service.

The approved provider response acknowledged that the service is an older style building which was not originally built or designed to meet the intent of this requirement and this is acknowledged. While the approved provider response asserts that maps are provided to consumers upon entry to assist them to navigate the environment the response did not address the lack of signage to support independence. The service has identified actions in their PCI to address the gaps identified.

While I acknowledge the limitations of the service in respect to the physical design of the building, improvements can be made to improve consumers sense of belonging, independence, interaction and function.

I find this requirement 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 found that while the interior of the service is generally clean, the exterior is not clean and is not well maintained. The assessment team observed dirty tables and chairs scattered around the courtyard and cobwebs built up around windows, some of which were dirty. Additionally, cigarette butts and other litter was observed across the paved area around the smoker’s area.

Ramps used to access three of the wings and steps required to access bedrooms in one wing present a hazard to consumers and limits their ability to move freely indoors and outdoors. A consumer said the ramps are a big problem and that people in wheelchairs are unable to move freely around the service because of the ramps. Wheelchairs are very hard to push up the ramps for everyone, including staff. Subsequently, some consumers stay in their rooms because they need to get staff to take them out which is dependent on staff availability. The assessment team also noted that the entrance to rooms in the St Margaret wing has a step that consumers have to manage. This is very difficult for consumers who use four wheeled walkers or wheelchairs.

The approved provider response acknowledged the difficulties of the ramps and the limitations of being able to modify this without doing a full redevelopment of the site which would impact on consumers and this is acknowledged. However, the approved provider response did not adequately address the cleanliness issues identified by the assessment team in the external areas of the services.

I find this requirement Non-compliant.

### 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

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

Some sampled consumers did not consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Additionally, consumers expressed concern that staff would leave if they raise complaints about staff and a consumer said that there is no use in complaining as nothing happens in response to this.

There is limited information around the service about how consumers should raise concerns and no information about advocacy or interpreting services that consumers could use to assist in raising complaints.

Thorough and appropriate investigation is not undertaken when complaints are raised and feedback and complaints do not result in improvements in care and services.

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 found that consumers indicated they are not encouraged to provide feedback and make complaints. Additionally, two consumers said they have been told if they complain the service will be shut down. Another consumer, when complaining about staff, expressed concerns that if they complain about staff they will leave. They said that it is better to have some staff rather than no staff. Another consumer expressed concerns that they would be asked to leave the service if they were to make a complaint. There is limited information around the service about ways in which consumers can raise concerns. Although the service has ‘Do you have a concern’ brochures these were located behind other pamphlets at reception and not easily identified.

The approved provider response acknowledged that the service can make improvements to support consumers and representatives to make complaints and expressed a commitment to address this this. The commitment of the approved provider is acknowledged.

I find this requirement 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 found that there is no information available throughout the service about advocacy services, language services and other methods for raising and resolving complaints. No sampled consumers were aware of how they could get assistance from others in raising complaints. Although management were aware of advocacy and interpreting services that could assist consumers they were unaware how consumers would have access to this information.

The approved provider response acknowledged that the service can make improvements to make consumers aware of advocacy services and other mechanisms for raising complaints. The commitment of the approved provider to address this issue is acknowledged.

I find this requirement 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 found that many consumers reported their dissatisfaction with food services and indicated that no action had been taken in response to raising complaints about this. Management said that open disclosure is always undertaken in response to complaints. While management demonstrated understanding of the concept of open disclosure, staff were unaware of the concept and said they had not received education about open disclosure and complaint management.

The approved provider response did not specifically address what actions had been taken in response to complaints, nor did it address lack of staff understanding in relation to the concept of open disclosure.

I find this requirement 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 found consumers reported they were unable to identify any improvements made at the service as a result of feedback or complaints. Additionally, management does not ensure that feedback and complaints are reviewed and used to improve the quality of care and services. In relation to complaints about food staff informed the assessment team the complaints are all treated individually, and a meeting was held with consumers about the menu, however at the meeting consumers said it was the responsibility of the service to develop the menu. The assessment team found that overall the continuous improvement plan does not include any recent improvements undertaken in response to feedback and complaints.

The approved provider response expressed disappointment that consumers were not able to identify any improvements in response to feedback and complaints and that the service will review their complaints system and processes and improve investigations.

I find this requirement 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most consumers felt that staff know what they are doing and that generally staff are kind and caring. However, some sampled consumers did not consider that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers and representatives raised concerns about the adequacy of staffing levels at the service.

Call bell documentation shows that at times consumers wait for extended period to have their call bells responded to. This was supported by feedback from consumers and staff. The workforce does not have the necessary skills and knowledge to competently undertake their roles and staff are not supported and appropriately inducted into their roles. The service’s systems for assessment, monitoring and review of staff performance is not robust.

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

## Assessment of Standard 7 Requirements

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

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

The assessment team found consumers reported that staff shortages result in long waits to have their needs met. Numerous consumers commented about the lack of staff availability and a representative raised concern about staff ratios Staff also confirmed that they often work short because shifts are not able to be replaced when staff call in sick. Additionally, two care staff commented that they do not get to have breaks due to excessive workload when staff are off sick and not replaced. Review of call bell reports shows that at times consumers wait for extended periods to have call bells responded to. In the week prior to the performance assessment call bell records show a total of 193 call bell responses in excess of 10 minutes.

The approved provider response acknowledged the difficulties in replacing staff when they are unavailable for shifts at short notice and that management and lifestyle staff will work with consumers to ensure that essential care is required. However, the approved provider response was unable to negate consumer, representative and staff feedback that the number and mix of the workforce is always sufficient to meet consumer needs.

I find this requirement Non-compliant.

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

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

The assessment team found that most consumers and representatives spoke highly of the staff and indicated they are kind and caring, however some consumers indicated that staff are not always kind and caring. One consumer informed the assessment team that staff are not kind when attending to manual handling and at times rough and another representative also expressed concerns in relation to this. Another consumer reported that they have difficulties sleeping due to staff speaking loudly and laughing during this time.

The approved provider response acknowledged the concerns raised by a consumer regarding rough manual handling and that the service has taken actions to address this. However, given the impact of this on this consumer’s health and well-being and that this interaction from specific staff members is not caring or respectful, I find this requirement Non-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 found that most consumers and representatives indicated that staff were competent in their roles although some consumers raised concerns about staff and one consumer commented that staff could be trained better. The assessment team reported that catering staff do not have current qualifications to support their roles and identified gaps in the lifestyle team skills. Additionally, the assessment team were unable to verify that all staff had completed the required mandatory training and competency assessments. Although position descriptions and duty statements are in place, personnel appear to work outside their scope of practice.

The approved provider response was clarified that lifestyle and catering staff do have the appropriate skills to perform their roles and this is acknowledged. However, the approved provider response was unable to negate some of the negative consumer feedback or submit evidence to support that all staff had completed mandatory competency assessments.

I find this requirement 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 found that the service has not ensured that staff are recruited, trained and equipped to deliver the outcomes required by these standards. The service was unable to demonstrate that staff are supported and appropriately inducted into their roles. Staff have not completed required mandatory education. Widespread deficiencies identified during the performance assessment demonstrate that staff education and training activities have not been effective in ensuring that staff are equipped to undertake their roles.

The approved provider response advised that the service is committed to providing ongoing training and education to the workforce to address the gaps identified and the proactive actions of the service to address the issues are acknowledged, however this will take time to embed in practice.

I find this requirement 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 found that management advised that the service undertakes annual performance assessments and all employee documentation sampled included performance appraisals. However, the performance appraisals sampled do not demonstrate that issues raised by employees and requests for specific education have been addressed. Additionally, review of the files of employees who have been performance managed and related documentation does not demonstrate that performance management issues are thoroughly investigated and followed through.

The approved provider response advised that the service is committed to monitoring staff performance and accountability and have included actions to address these gaps in their PCI. These pro-active actions are acknowledged.

I find this requirement 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

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

Overall sampled consumers did not consider that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers could not provide examples of how they are involved in the development, delivery and evaluation of care and services.

The organisation was unable to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services. The organisation’s governing body does not demonstrate that it promotes a culture of safe, inclusive and quality care and services or is accountable for their delivery. The organisation does not have effective governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback/complaint systems.

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

## Assessment of Standard 8 Requirements

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

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

The assessment team found the organisation does not have key documents that support the involvement of consumers in the development, delivery and evaluation of care and services. For example, the organisation’s business plan does not include any consideration of how consumers would be actively involved. While there is a generic policy on consumer engagement there are no policies or procedures that indicate how consumers would be involved in the development, delivery and evaluation of care and services. Management said that focus groups were held in 2020 to obtain feedback about consumers’ concerns. They said they hope to re-establish the focus groups in 2021 but this has not yet occurred. Additionally, decisions which significantly impact consumers have been made without involvement of consumers.

The approved provider response submitted that the service does have processes for engaging consumers which includes the Moving on Audits program and by consumers contributing to focus groups and meetings. However, the approved provider response acknowledged that a review of the current processes is required to ensure that the service is using the most appropriate tools to promote consumer input.

At the time of the site audit it was not evidenced in practice that consumers are engaged in the development, delivery and evaluation of care and services and this will take time for the service to embed in practice.

I find this requirement 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 found that although the service has a business plan in place, it mostly reflects financial and business management strategies and not the Quality Standards. Additionally, while the service has a suite of policies, these are mostly generic in nature which have not be tailored to the organisation. Subsequently the service does not have workable policies and procedures that enable the Quality Standards to be implemented. Additionally, although the governing body are informed of incidents impacting on consumers and reviewed the admission process in relation to this, this occurred at a verbal exchange process and the service was unable to provide reports from management to the governing body about these matters or any discussion in the board minutes.

The approved provider response acknowledged that the business plan is financially focussed and that the policies were purchased from a peak body. The service is working towards adapting these policies at the service level.

Based on findings at the time of the site audit, I find this requirement 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 found that service was unable to demonstrate effective wide governance systems in all of the areas covered by this requirement. Management advised the assessment team that they are in the process of developing procedures and flow charts to operationalize and tailor the policies to the organisation. The assessment team identified deficits in the clinical information management system which did not provide sufficient information to monitor clinical care and clinical systems. Additionally, gaps were identified with regulatory compliance and the service has not yet developed policies and procedures in relation to the SIRS/IMS requirements.

The approve provider response acknowledged that improvements are required to enhance governance responsibilities and have included additional training for and education for board members in relation to this.

The actions of the approved provider to address the gaps identified and to make improvements is acknowledged, however based on findings at the time of the site audit, I find this requirement Non-compliant.

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

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

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

The assessment team found the service was unable to demonstrate effective risk management systems and practices in relation to all areas covered by this requirement. The service has a draft risk framework which is being developed. The incident management system does not include investigation into incidents and although the service records behaviour incidents this system does not enable trending and monitoring of the extent of behavioural incidents.

The approved provider response acknowledged that improvements are required in relation to their risk management systems and that the board have committed to providing resources to ensure high impact, high prevalence risks, abuse, neglect and incidents are well managed to ensure optimal outcomes for consumers.

Based on findings at the time of the site audit, I find this requirement 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 found that the service had policies specific to the areas covered by this requirement although additional work is underway to develop procedures and operational guidelines to support the implementation of the policies. The assessment team found that not all staff had an understanding of the policies and were generally unable to explain the relevance to their work practices. Some registered nurses were familiar with antimicrobial stewardship although there was limited understanding of minimising the use of restraint and staff were unfamiliar with the concept of open disclosure.

The approved provider response did not dispute the findings of the assessment team and acknowledged that additional work is required on developing the policies.

I find this requirement 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.

### Standard 1: Consumer dignity and choice

Required improvements

* Ensure that staff consistently treat each consumer with dignity and respect
* Ensure that care and services are delivered in a manner which is culturally safe to the individual consumers background
* Ensure that each consumer is supported to make choices and decisions about:
* The way care and services are delivered
* When they want family and friends, or others involved in the care and decision- making process
* Maintaining relationships of choice including intimate relationships and connection with others
* Review and update key documents made available to consumers to ensure that it is current, accurate and timely and communicated in a way that is easy to understand. This may involve making information available in a variety of languages to meet the needs of the consumer cohort
* Ensure that staff practices are consistent with respecting consumer privacy and confidentiality and consider additional training for staff to reinforce this
* Implement action items outlined in the PCI and review and monitor outcomes for effectiveness

### Standard 2: Ongoing assessment and planning with consumers

Required improvements

* Review assessment and planning practices to ensure that risks have been considered to inform the delivery of safe and effective care
* Ensure that risks to consumers well-being are clearly documented and included in the consumer care plan
* Ensure that the consumer care plan includes the consumers current needs, goals and preferences for care delivery
* Review end of life care planning documentation to ensure this documentation captures the consumers end of life wishes and that this is implemented in practice
* Ensure that there is a process in place to regularly review care and services so this reflects the needs, goals and preferences of consumers
* Ensure that consumers’ needs are reviewed when there is a change in circumstances and when incidents occur
* Implement action items outlined in the PCI and review and monitor outcomes for effectiveness

### Standard 3: Personal care and clinical care

Required improvements

* Ensure that each consumer consistently receives personal and clinical care that is aligned with best practice guidelines and protocols
* Ensure that each consumer receives personal and clinical care which is tailored to their needs and optimises their health and well-being
* Ensure there are processes in place to identify and effectively manage the high impact and high prevalence risks at the service including but not limited to: the use of chemical and physical restraint, falls management, pain management, wound and skin management and nutrition and hydration
* Ensure that all staff are provided with guidelines and education to recognise and respond to changes in consumer physical, cognitive and mental health and that any change is escalated appropriately
* Review staff practices to ensure that any change or deterioration in a consumers’ condition is responded to ensure optimal outcomes for the health and well-being of consumers
* Ensure that information about the consumers’ needs, goals and preferences is documented and communicated amongst all staff and other services where required to optimise continuity of care
* Implement action items outlined in the PCI and review and monitor outcomes for effectiveness

### Standard 4: Services and supports for daily living

Required improvements

* Ensure that each consumer received services and supports for daily living that is tailored to the individual consumer needs, goals and preferences
* Consult and seek consumer input into the development of the lifestyle program to ensure that activities are aligned with preferences
* Provide consumers with opportunities to do things that are of interest to them
* Provide consumers with opportunities to participate in services within and outside of the service environment
* Ensure that consumers have opportunities to have social and personal relationships of choice to enhance well-being
* Ensure that consumer needs and goals in relation to services and supports for daily living are communicated amongst staff and other organisations involved in providing supports
* Review the menu available at the service and seek consumer input to ensure that individual meal choices are provided
* Ensure that the menu is varied and of suitable quality to meet the dietary requirements of consumers
* Implement action items outlined in the PCI and review and monitor outcomes for effectiveness

### Standard 5: Organisation’s service environment

Required improvements

* Review and consider conducting and environmental audit to ensure that the environment optimises each consumers independence, interaction and function
* Ensure that cleaning and maintenance schedules are followed to optimise the cleanliness and safety of the service environment
* Review the safety, cleanliness and maintenance of furniture, fittings and equipment and consider replacement of items if necessary
* Seek input in relation to the ramps at the service to determine whether minor modifications can be made to increase the ability of consumers to move freely both indoors and outdoors
* Implement action items outlined in the PCI and review and monitor outcomes for effectiveness

### Standard 6: Feedback and complaints

Required improvements

* Ensure that the service provides opportunities and encourages consumers and representatives to provide feedback and make complaints
* Review current complaint and feedback processes to ensure that it is effective in capturing consumer and representative feedback
* Ensure that the service is aware of language and advocacy services and that this information is made available to consumers
* Provide updated training for staff so they have an understanding of and implement the process of open disclosure when incidents occur, and things go wrong
* Ensure that appropriate action is taken in response to feedback and complaints and that this is documented, and a transparent approach implemented
* Ensure that feedback and complaints are investigated and reviewed to improve the quality of care and services and this is incorporated in the continuous improvement plan
* Implement action items outlined in the PCI and review and monitor outcomes for effectiveness

### Standard 7: Human resources

Required improvements

* Review current staff rostering arrangements to ensure that it is sufficient to deliver safe and quality care to consumers at all times of the day
* Review staff practices to determine if interactions with consumers are kind, caring and respectful and reinforce these principles if indicated
* Ensure that all staff are competent and have appropriate qualifications, skills and knowledge to effectively perform their roles,
* Review mandatory training modules to ensure that all staff have completed updated competency assessments in relation to their respective roles and duties
* Seek input from staff to determine if they require additional training to support them to deliver the outcomes covered by the Quality Standards
* Ensure that all staff have completed annual performance appraisals and that any identified issues are followed up and managed effectively
* Ensure that all staff are provided with support and opportunities for further development
* Implement action items outlined in the PCI and review and monitor outcomes for effectiveness

### Standard 8: Organisational governance

Required improvements

* Develop and implement a consumer engagement framework to ensure that consumers are involved in the development, delivery and evaluation of the framework.
* Review organisational policies and procedures to ensure that they meet the service level needs of the organisation and are tailored to the specific needs of the service
* Provide education to the governing board members about the Quality Standards
* Ensure that governing body is actively involved promoting a culture of safe, inclusive and quality care of services and is accountable for the delivery
* Review reporting practices to the board to ensure the board are kept informed of incidents and critical matters concerning care and services which impact on performance against the Quality Standards
* Ensure that the service develops and implements a risk management framework in relation to high impact and high prevalence risks
* Ensure that the service develops and implements appropriate systems to identify and respond to abuse and neglect of consumers and that there is an effective IMS to meet legislative requirements
* Implement action items outlined in the PCI and review and monitor outcomes for effectiveness