St Ezekiel Moreno Nursing Home

Performance Report

77-79 Cheltenham Road
CROYDON NSW 2132
Phone number: 02 9747 4277

**Commission ID:** 2810

**Provider name:** St Ezekiel Moreno Limited

**Site Audit date:** 7 June 2021 to 18 June 2021

**Date of Performance Report:** 30 July 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) |  Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | 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) | Non-compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | 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 19 July 2021.

# STANDARD 1 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.

All sampled consumers who spoke with the Assessment Team considered 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. For example:

* Consumers described staff as very kind, patient and understanding.
* Consumers confirmed they are encouraged to do things for themselves and that staff know what is important to them.
* Consumers confirmed their personal privacy is respected by staff at the service.

The Assessment Team found that staff were consistently able to demonstrate their knowledge and understanding of consumers’ backgrounds and how they provided culturally appropriate care to consumers, the way they support consumers to exercise choice and independence to live the lives they wish and maintain relationships, and how they ensure consumer privacy is respected.

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

## Assessment of Standard 1 Requirements

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

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

### 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) Compliant

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Most sampled consumers and their representatives who spoke with the Assessment Team did not consider that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Overall consumers and their representatives interviewed said they have not been involved in the process of assessment and care planning and are not aware of assessment and care planning processes at the service.
* Consumers and representatives sampled said they have had an opportunity to communicate end of life care wishes with the service staff. However, one consumer said they are not involved in assessment and care planning at any time.

The Assessment Team found the results of interviews with consumers and their representatives does not demonstrate they are aware of the consumer’s care plan or that they know this is available to them.

The service demonstrated that consumers and their representatives sampled generally have shared their goals and preferences in relation to advanced care planning and end of life wishes. In relation to other current care needs, these are not identified or addressed, including wound care, pain and behaviour management. The regular review of care plans has not identified whether interventions have been effective in meeting the needs of consumers. The Assessment Team found that incident reports are not always completed in relation to physical aggression by consumers towards other consumers or staff and a lack of comprehensive investigation of incidents means that strategies to minimise the risk of reoccurrence are not identified and actioned.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team’s report details that the service has policies, procedures and processes to guide staff practice in relation to conducting assessments and developing care plans. However, the Assessment Team found these policies, procedures and processes are not consistently followed by staff.

The Assessment Team found that the consumers care plans sampled includes most care domains and generally addresses their needs. However, the care plans are not individualised and do not address specific risks to the consumer’s health and well-being. For consumers sampled who have recently entered the service, assessment and care planning has not addressed their individual needs in relation to falls prevention, the development of pressure injuries and screening for depression. This included care plans that did not address interventions or strategies to manage an active wound, and no evidence of referral or further assessment and intervention as per policy in relation to a consumers malnutritional screening score.

The Assessment Team’s report details that overall consumers and representatives interviewed said they have not been involved in the process of assessment and care planning and are not aware of assessment and care planning processes at the service.

The approved provider submitted a written response and information that provided some context about the sampled consumers and the service’s assessment and planning processes. In their response, the approved provider details that all care plans are developed in consultation with consumers and/or representatives. The approved provider submitted a sample of care plans to demonstrate care plans are individualised and contain reference to specific risks to consumers including falls prevention, pressure area care and screening for depression. While this information does demonstrate some evidence of consideration of risks to the consumer’s health and well-being, this information did not address all issues raised about the sampled consumers detailed in the Assessment Team’s report. The approved provider’s response did not demonstrate for a sampled consumer that risk was considered as there is no evidence the consumer was referred following a malnutrition screening score, or that further assessment and intervention was conducted as per the service’s policy. Nor did it demonstrate that a medical directive was completed as per their policy to ensure safe and effective blood pressure monitoring and management.

While the approved provider’s response does provide some information in relation to the issues identified during the site audit for specific consumers, the information does not demonstrate an effective and efficient process for consumer assessment and planning to consider risk to the consumer health and well-being to inform safe and effective care and services.

I find this requirement is Non-compliant.

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

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

The Assessment Team found the service demonstrated that consumers sampled generally have shared their goals and preferences in relation to advanced care planning and end of life wishes. In relation to other current care needs, these are not identified or addressed with impact on the consumers sampled. Consumers’ personal goals and preferences are not identified and shared within the care team.

For the consumers sampled, the Assessment Team found assessment and care planning does not adequately address all areas of care and services and does not address consumers’ individual preferences.

The Assessment Team found during the site audit that:

* Consumer’s care plans did not have individualised bowel management programs based on their specific needs and preferences.
* One consumer’s behaviour care plan was found to not address their current needs, goals and preferences in relation to behaviour support.
* One consumer’s care plan did not address the use of chemical restraint or consider effective strategies, interventions, monitoring and review of needs, goals and preferences.

The approved provider submitted a written response and further information about processes for assessment and planning to identify and address the consumers current needs, goals and preferences. In their response, the approved provider submitted examples of consumer’s care plans to show evidence of assessment and planning of goals, preferences, and bowel management care needs. Having reviewed the information, I find that while care plans provide some information about individual care and service domains for consumers, this information is not always individualised and goals and preferences are generic in nature and does not demonstrate assessment and planning is based on the individuals needs and preferences. In addition, the care plans including a behaviour care plan provided were dated as commenced and approved after the site audit.

In their response, it includes a plan for continuous improvement and actions to be taken including processes to enable assessment and planning to identify and address the consumer’s current needs, goals and preferences. However, this does not confirm the approved provider was compliant at the time of the site audit as it has not demonstrated that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences.

I find this requirement is Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team’s report details that consumer and representative feedback does not support their involvement in assessment, care planning and review. In relation to assessment and planning being in partnership with consumers and their representatives this has not been demonstrated. Processes including case conferences are intended to identify consumers’ wishes, however, this has not been demonstrated as case conferencing has not occurred for the consumers sampled.

The approved provider submitted a written response and further information about the issues identified in the Assessment Team’s report. The information did provide context to some sampled consumer’s circumstances and showed evidence of some assessment and planning consultation occurring for consumers.

The approved provider’s response details actions taken in response to the Assessment Team’s feedback to ensure all staff are involved with care conferences and outcomes. The approved provider is undertaking improvement actions to ensure assessment and planning is based on ongoing partnership with the consumer and others, however, this does not demonstrate the approved provider was complaint at the time of the site audit. The approved provider also requires time to complete the improvement actions ensure they are effective and result in sustained improvements.

I find this requirement is Non-compliant.

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

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

The Assessment Team’s report details that the service did not demonstrate an understanding and implementation of this requirement. Consumers and their representatives who spoke with the Assessment Team provided feedback that they are not aware of the consumer’s care plan and do not know about, or have not had, the care plan readily available to them.

The Assessment Team’s review of the care and service records of consumers found these records did not reflect that outcomes of assessment and planning are communicated to the consumer and/or representatives. Management and staff interviews did not demonstrate an awareness of the requirement to make the care plan readily available to consumers and their representatives. The service is able to print off a copy of the care plan if a consumer or their representative requested this.

The approved provider submitted a written response that outlines the consumers are consulted and have input into their care plan. In their response, it includes the approved provider has developed an improvement action in their continuous improvement plan to address the outcomes of assessment and planning and to ensure a more comprehensive process for case conferences and reviews to be conducted at the service.

While the approved provider submitted further evidence to show actions taken in relation to the issues raised by the Assessment Team, the service were not compliant at the time of the site audit. The approved provider is still undertaking actions and improvements to ensure 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.

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 found while staff said care plans are reviewed on a regular basis, meaningful review of care plans is not conducted when consumers’ condition or needs change. The regular review of care plans has not identified whether interventions have been effective in meeting the needs of consumers. The Assessment Team found in some cases, incident reports are not recorded, particularly in relation to behaviour management and therefore are not escalated to prompt reassessment.

The Assessment Team found for one sampled consumer that their care plan documented behaviours including verbal and physical aggression resulting in physical assault of other consumers. A review of the consumer’s behaviour care plan identified the care plan had not been reviewed for effectiveness when incidents impacted on the consumer’s needs, goals and preferences.

The Assessment Team found five out of seven nutrition and hydration care plans sampled did not reflect current, accurate information relating to food texture, preferences and nutrition supplementation details.

The approved provider submitted a written response and further information for some consumers sampled by the Assessment Team. It is noted that a post falls review for one sampled consumer was conducted and recorded in the consumer’s progress notes. In their response, the approved provider submitted a sampled consumer’s behaviour care plan. The information submitted was dated as commenced and approved after the site audit and did not show evidence that the consumers care and services are regularly reviewed when behaviours impact the needs of the consumer and other consumers. The approved provider’s response did not provide information in relation the five nutrition and hydration care plans that did not reflect current, accurate information relating to food texture, preferences and nutrition supplementation details.

The approved provider has not demonstrated that 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.

I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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.

Overall sampled consumers and representatives who spoke with the Assessment Team considered they receive personal care and clinical care that is safe and right for them. For example:

* Consumers said they had no issue with the way personal and clinical care was provided and confirmed they get the care they need. However, one representative expressed concern with personal care provision.
* Consumers and their representatives interviewed said they were not aware of any issues in relation to accessing medical services or allied health professionals for consumers.

The Assessment Team sampled a consumer in relation to end of life care and found the care and service records reflect their comfort was maximised and dignity preserved when receiving end of life care.

While consumers and their representatives gave mostly positive feedback about clinical and personal care, the review of care and service records does not support that clinical care provided to the consumers sampled is best practice and optimises consumers’ health and wellbeing. Care plans include information about some high impact and high prevalence risks for consumers, however, interventions are not adequate to minimise risk. For the consumers sampled, care and service records do not reflect the identification of, and timely response to deterioration or changes in condition. While there are systems in place for communicating information about the care of consumers, these have not been effective for all consumers sampled.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found while consumers and their representatives gave mostly positive feedback about clinical and personal care, the review of care and service records does not support that clinical care provided to the consumers sampled is best practice and optimises each consumers health and wellbeing. The reoccurrence of behaviour of consumers living with dementia is not fully assessed or strategies developed to minimise the risk.

The Assessment Team found for one sampled consumer, their care plan does not address interventions and strategies for the safe and effective management of diagnosed medical issues including depression, pain, and constipation.

The Assessment Team found for consumers who are prescribed chemical restraint medication that their care planning documents do not record or consider the consumer’s behaviours that are relevant to the need for restraint, the alternatives to restraint that have been used, the reason the restraint is necessary and the information (if any) provided to the practitioner that informed the decision to prescribe medication.

The relationship between pain and consumers demonstrating aggressive and resistive behaviour has not been explored effectively to minimise responsive behaviour including assaults of other consumers and staff. The Assessment Team found a lack of appropriate pain monitoring, assessment and actioning is a possible contributing factor for consumers sampled who have experienced falls, physical aggression and agitation. For example, pain was not assessed and monitored regularly for one consumer following return to the service post hospital discharge when the consumer sustained a fracture after a fall.

The Assessment Team’s report details that one sampled consumer has a current wound. The Assessment Team found progress notes recorded occasions where the wound was oozing, and the consumer complained of pain, and there was no documentation of pain assessment and monitoring, nor evidence of a current wound chart or medical officer review.

The approved provider submitted a written response and further information for some consumers sampled by the Assessment Team. In relation to one sampled consumer who has a current wound, the approved provider submitted further information in relation to the consumer’s pain and wound management. The information did not relate to the wound documented by the Assessment Team and the pain assessment was conducted after the site audit.

The response submitted by the approved provider does not address all issues raised by the Assessment Team. For example, while a sampled consumer’s repositioning chart shows pressure area care being delivered, this is not recorded as occurring two hourly as directed. In addition, the information provided did not demonstrate a sampled consumer was weighed daily as directed by a referral specialist or demonstrate adequate pain assessment and monitoring.

In their response, the approved provider submitted information about a sampled consumer’s bowel monitoring, however, the information provided does not address the Assessment Team’s finding that the care plan does not include interventions and strategies for the safe and effective management of the consumer’s constipation. The approved provider’s response did not consider the potential of unmet needs as the relationship between constipation and the consumer’s behaviours. It is noted, the approved provider submitted evidence of behaviour assessment and signed chemical restraint medication consent forms for sampled consumers.

The approved provider has commenced and undertaken actions including education and training in relation to the use of chemical restraint to ensure staff have appropriate understanding. The approved provider’s response does not demonstrate the service was compliant at the time of the site audit as it did not demonstrate that each consumer gets safe and effective personal care and clinical care that is best practice, tailored to their needs and optimised their health and wellbeing.

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 found care plans include information about some high impact and high prevalence risks for consumers, however, interventions are not adequate to minimise risk. Falls prevention strategies do not reflect best practice and do not include consideration of postural hypotension, medication, nutritional status or continence management.

The Assessment Team found while some behaviour occurrences are monitored and reported, comprehensive behaviour management plans are not in place for consumers who have assaulted other consumers and staff. When this occurs, there is a lack of evidence to demonstrate a thorough investigation has been conducted and further strategies developed to minimise the risk of reoccurrence.

The approved provider submitted a written response and supporting documents to provide further context to the sampled consumers detailed in the Assessment Team’s site audit report. In relation to one sampled consumer who had multiple behaviour occurrences, the provider’s response does not demonstrate an effective behaviour management plan was in place. The approved provider’s response included evidence in relation to the sampled consumer, however, this information was from behaviour occurrences between March to December 2020. The information submitted did not address the issues raised by the Assessment Team that occurred in 2021.

The approved provider’s response did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, in particular relating to the management of incidents such as behaviours and falls.

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) 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 processes for the escalation and response to deterioration in consumers’ condition have not been effective for all consumers sampled. Staff described processes for the escalation of changes in consumers’ condition, however, a response by the registered nurses or further escalation to the medical officer is not evident.

The approved provider submitted a written response and further information for sampled consumers detailed in the site audit report. The information submitted by the approved provider does not address the relevant issues raised by the Assessment Team for sampled consumers as the information provided was in relation to previous incidents and occurrences of deterioration that occurred in 2019 and 2020. The approved provider’s response does not address or demonstrate that 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 for the consumer’s sampled and the incidents detailed in the Assessment Team’s report. This includes occurrences of deterioration in 2021 for the sampled consumers.

The approved provider does not comply with this Requirement as the organisation has not demonstrated that 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.

I find this requirement is Non-compliant.

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

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

The Assessment Team found while there are systems in place for communicating information about the care of consumers, these have not been effective for all consumers sampled. Sharing of information had not always occurred and information in consumer care and service records is incorrect or inconsistent. The Assessment Team found incident reports are not always completed and therefore the information about the incident and actions taken is not shared within the service. The Assessment Team found information about consumers condition is not always shared with the medical officer for consumers.

The approved provider submitted a written response which refers to the evidence provided as part of their response for Standard Two relating to the service undertaking care plan reviews. The approved provider’s response includes actions in their continuous improvement plan to develop a strategy to confirm medical officers preferred communication processes to ensure appropriate information is provided when conducting visits and is accompanied by a registered nurse to document their findings.

The approved provider submitted further information to show evidence of case conferences occurring and improved communication processes, however, this information does not demonstrate that the service was compliant at the time of the site audit. The approved provider also requires time to demonstrate the actions taken results in effective sharing and documentation of accurate, up-to-date and relevant information.

The approved provider does not comply with this Requirement as the organisation did not demonstrate 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.

I find this requirement is Non-compliant.

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

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

The Assessment Team’s report details that consumers and their representatives did not identify issues with access to medical and allied health services. Care and service records indicate appropriate and timely referral to providers of services in most cases. However, for two consumers sampled this has not been demonstrated for referral to a dietician and geriatrician or dementia specialist services. The service has access to onsite physiotherapy and podiatry services.

The approved provider submitted a written response that details to provide further information in relation to the Assessment Team’s findings. The approved provider’s response does not address the issues raised by the Assessment Team. One sampled consumer was not referred to a dietician for nutritional assessment/intervention as per the service’s assessment guidelines for malnutritional screening score, and one sampled consumer had not been referred for review or recommendation for appropriate strategies and interventions for the escalation of verbal and physical aggression. It is noted the approved provider’s response includes improvement actions to improve their referral process to external provider’s.

The approved provider has not demonstrated that timely and appropriate referrals to individuals, other organisations and providers of other care and services always occur.

I find this requirement is Non-compliant

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team’s report details that the service has policies and procedures relating to antimicrobial stewardship including the process to minimise the use of antibiotics and staff demonstrated knowledge of how this works in their day to day practice. Generally, staff could describe practices and procedures to minimise transmission of infections. However, observations made, and documentation reviewed by the Assessment Team identified minimisation of infection related risks through implementing standard and transmission-based precautions has not been demonstrated.

The approved provider submitted a written response which includes action taken in relation to the Assessment Team’s findings. The approved provider’s response details that the service has updated the outbreak management plan in accordance with relevant guidelines.

It is noted that staff at the service are aware and mostly use infection control practices to minimise infection related risks. However, the approved provider at the time of the site audit did not demonstrate effective use and management of their outbreak management plan. Nor did it demonstrate that all staff have complete understanding of standard and transmission-based precautions to prevent and control infection for consumers when requiring isolation.

The approved provider is undertaking actions outlined in their continuous improvement plan in relation to this requirement. This includes further updates to their outbreak management plan and the service’s infection prevention and control lead requires to complete the required training.

While the approved provider is undertaking improvement actions, these occurred following the Assessment Team’s feedback and at the time of the site audit. I am of the view the approved provider does not comply with this requirement.

I find this requirement is Non-compliant

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 Assessment Team also examined relevant documents.

Most sampled consumers who spoke with the Assessment Team considered 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. For example:

* Consumers interviewed confirmed they are supported by the service to do the things they like to do. Consumers said that the lifestyle staff are doing everything they can to support them, including arranging culturally specific activities for individual consumers.
* Consumers interviewed confirmed they are supported to keep in touch with people who are important to them. During the restrictions put in place for COVID-19, visiting was limited but the service put procedures in place to enable consumers to have visitors or engage with them virtually.
* Consumers interviewed advised they like the food most of the time. Some said at times they do not always like what is on the menu and the alternatives made available are limited.

However, the Assessment Team observed consumers with a cognitive impairment and those who display challenging behaviours do not have appropriate strategies in place to optimise their independence, health, wellbeing and quality of life. Staff did not have the skills and knowledge to support some of these consumers.

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 details that consumers confirmed they are satisfied with services and supports provided to them that allows them to live the life they choose. Consumers interviewed said they feel they can live their life independently and call for assistance when needed. However, the Assessment Team observed consumers with a cognitive impairment and those who display challenging behaviours do not have appropriate strategies in place to optimise their independence, health, wellbeing and quality of life. Staff did not have the skills and knowledge to support some of these consumers.

The approved provider submitted a written response that provided further information in relation to processes used to ensure each consumer gets safe and effective services and supports for daily living. It includes the service completes a comprehensive history of consumers including interest, cultural background and religion which are discussed on admission. In their response, it includes processes to enable consumers to provide feedback and discuss their needs and preferences.

The approved provider’s response includes an improvement action for ongoing education and implementation of dementia training for staff to ensure able consumers with cognitive impairment to have access to appropriate strategies to support their independence and well-being. While this information did explain some of the processes used to enable safe and effective daily living support for consumers, the approved provider’s response did not demonstrate evidence of supports for sampled consumer’s living with cognitive impairments to optimise their independence, health, well-being and quality of life.

I find this requirement is Non-complaint.

### 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 details that overall, most consumers sampled who spoke with the Assessment Team said they were satisfied with the quantity of the food served. However, feedback received in relation to the quality of food was mixed, and a significant amount of feedback indicated a lack of variety. The evening menu in particular was reported as inconsistent in quality and variety, and texture modified meals are rarely varied.

The Assessment Team’s report details that management indicated they had identified the lack of variety in the evening and texture modified meals and are in the early stages of planning to address this issue. The Assessment Team’s report details that initial contact with a dietitian had been made, but other planned actions were not provided to the Assessment Team. The Assessment Team found that staff knew each consumer’s nutrition and hydration needs and preferences, however, documentation did not consistently reflect the most current and accurate information relating to each consumer.

The approved provider submitted a written response in relation to the Assessment Team’s findings and processes used to ensure where meals are provided, they are varied and of suitable quality and quantity. The approved provider’s response includes evidence demonstrating consumers are provided with alternatives and additional meal/snacks when requested. The approved provider’s response acknowledges the service has also identified and implemented an action plan to manage feedback from consumers in relation to the lack of variety of meals, especially for the evening meals.

While the approved provider is undertaking improvement actions in relation to this requirement, these occurred following the site audit. I am of the view that the approved provider does not comply with this requirement. The approved provider also requires time to ensure where meals are provided, they are varied and of suitable quality and quantity.

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

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.

Overall sampled consumers who spoke with the Assessment Team considered they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers stated they feel safe at the service and said the service had managed the COVID-19 restrictions well.
* Consumers interviewed confirmed they feel at home and that their visitors are made to feel welcome outside of COVID-19 restrictions. Consumers stated the service is always kept clean and staff are always available to help them make their rooms homely.
* Consumers interviewed confirmed the service is clean and well maintained. Consumer said the cleaning and maintenance staff are very good, and any requests are attended to in a timely manner.

The Assessment Team observed the service environment to be clean and appeared to be well maintained. However, some consumers rooms had windows into communal areas which does not provide them with privacy at times. Consumers in these rooms were interviewed by the Assessment Team and they all confirmed they did not feel that their privacy was compromised, and they are not concerned by the layout of the building. A few consumers in these rooms said they are happy they can join in and/or observe activities from their room. The Assessment Team found a document review of the facility’s electronic maintenance schedule supported the existence of an effective preventative maintenance system, to ensure that equipment is always safe and clean in accordance with their schedule.

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-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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 trends and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers who spoke with the Assessment Team considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and their representatives said they can make complaints and feel safe to do so. Consumers and representatives said management and staff are receptive to their feedback and respond quickly.

The service provides consumers and their representatives with access to a complaints system which is responsive to consumer needs. Management and staff respond to consumer feedback and complaints in a timely manner. However, management and staff are not knowledgeable about avenues for advocacy and translation services which could be used to support consumers. The Assessment Team found staff do not provide information to consumers and their representatives about options for advocacy outside of the service and the use of translation services.

The Quality Standard is assessed as Non-compliant as one of the four specific requirements has 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) 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 the service does not provide information to consumers about advocacy and language services and does not support consumers to access these services. The consumer handbook does not contain any information regarding the availability of advocacy or language services. The facility manager was unaware of the Seniors Rights Service, OPAN (Older Persons Advocacy Network) and TIS (Translating and Interpreting Service), the services they provide and how this can be made available to consumers. Overall, the majority of consumers have representatives who advocate on their behalf and provide translation when needed. The service does not have access to other avenues to assist consumers with a language barrier to raise their concerns.

The approved provider submitted a written response about process to enable consumer’s access to advocates, language services and other methods for raising and resolving complaints. In their response, the approved provider details that the service has printed signs to comments, complaints and how to access services and supports in languages spoken by consumers. The approved provider has undertaken improvement actions including adding this information to the organisation’s admission documents and resident handbook and ensure all staff have been provided this information and training on how to access. While the approved provider is undertaking improvement actions, these occurred following the Assessment Team’s feedback.

I am of the view that the approved provider does not comply with this requirement as it has not demonstrated that at the time of the site audit that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

I find this requirement is Non-compliant.

### 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) Compliant

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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.

Overall sampled consumers who spoke with the Assessment Team considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* All consumers and their representatives interviewed said the staff are caring, respectful, compassionate and kind. One consumer representative on behalf of a consumers said, "it feels like home".
* Consumers and their representatives confirmed they believe staff know what they're doing and provide care in the way they prefer. Consumers and their representatives also said they feel there is enough staff and that staff respond quickly to their calls for assistance.

The Assessment Team found the service can demonstrate that it has an adequate number of staff to meet the daily care needs of consumers. Consumers and their representatives expressed satisfaction with the number and mix of the workforce. Management can demonstrate they have been responsive to the changing needs of consumers and have increased staffing hours when needed.

However, the service cannot demonstrate that staff employed have the necessary experience and knowledge to perform some of their roles due to a lack of knowledge of the aged care industry, associated requirements and expertise in clinical care.

The service can demonstrate processes for recruiting and orientating new staff. While training is being provided to staff in response to some identified issues and gaps in staff knowledge, it is not addressing all key issues as identified by the Assessment Team.

While there is a system of annual performance appraisal for staff it is not used for probationary staff or the facility manager and systems coordinator/educator. Staff feedback shows that individual performance issues are addressed, however, the system is not used to identify broader issues which might be improved through staff training. The performance appraisal tool is used inconsistently by supervising staff as the tool is not self-explanatory and staff are not trained in its use.

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) 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.*

### 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) 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’s report details the service cannot demonstrate that staff employed have the necessary experience and knowledge to perform some of their roles. Consumers and their representatives were complimentary about staff skills, however, the Assessment Team identified failures in the Quality Standards. Failures were shown to occur due to a lack of knowledge of the aged care industry, associated requirements and expertise in clinical care.

The Assessment Team found there is a system deficiency for monitoring the currency of staff visas and statutory declarations have not been completed by staff. Some registered nursing staff said they do not have all the skills required to manage the complex care of some consumers. The infection prevention and control lead registered nurse has not completed the required training.

The approved provider submitted further information that acknowledges the Assessment Team’s findings. In their response, it acknowledges that further administrative support is required and that the service has recruited an administration officer. The approved provider has undertaken improvement actions including updating position descriptions and providing these to all staff, reviewed all employee files to ensure all documentation is appropriate and accurate, and the organisation chart has been updated and demonstrates clear definitions for all roles and reporting responsibilities. While the approved provider submitted information to show actions taken in relation to the issues raised by the Assessment Team, the service were not compliant at the time of the site audit.

I am of the view that the approved provider does not comply with this requirement as it has not demonstrated that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

I find this requirement is Non-compliant.

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

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

The Assessment Team’s report details that the service can demonstrate processes for recruiting and orientating new staff. While training is being provided to staff in response to some identified issues and gaps in staff knowledge, it is not addressing all key issues as identified by the Assessment Team. The facility manager has not been provided with training and mentoring to assist staff to develop in the role. The Assessment Team found there is no regular on-going clinical training to develop new graduate registered nurses or registered nurses still developing their skills.

The approved provider submitted a written response that details the service has implemented an action plan to ensure that appropriate education and training program is in place for all levels of staff including the board, senior leadership team, assistant nurses and hotel services staff. This will include appropriate resources that the service will review to support the delivery of planned training.

While the approved provider is undertaking improvement actions in relation to this requirement, these occurred following the site audit. The approved provider also requires time to ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards to perform their roles.

I find this requirement is Non-complaint.

### 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 while there is a system of annual performance appraisal for staff, it is not used for probationary staff or the facility manager and systems coordinator/educator. Staff feedback shows that individual performance issues are addressed, however, the system is not used to identify broader issues which might be improved through staff training. The performance appraisal tool is used inconsistently by supervising staff as the tool is not self-explanatory and staff are not trained in its use.

The approved provider submitted a written response that details actions taken by the service in relation to the issues raised by the Assessment Team’s report. This includes that the service’s performance appraisal system has been reviewed and the service is evaluating appropriate systems for implementation. The approved provider is reviewing their policies and procedures in relation to human resource management and mapping against practice to identify gaps and implement changes.

While the approved provider is undertaking improvement actions in relation to this requirement, these occurred following the site audit. I am of the view that the approved provider does not comply with this requirement. The approved provider also requires time to ensure regular assessment, monitoring and review of the performance of each member of the workforce is undertaken and results in sustained improvements.

I find this requirement is Non-complaint.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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 who spoke with the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers and representatives said the service is well run. Consumers and representatives provided examples of how they have observed improvements to the environment, including the development of a new lounge area and painting of the service environment.
* Consumers and representatives said they have opportunities to complete surveys and attend consumer meetings to provide their feedback and they are happy with this level of involvement.

The service's board consists of three Catholic Sisters and a solicitor. The three Sisters have specific roles in the day-to-day operation of the service. The service ensures that at least one Sister is present at the service every day of the week. As a result, the board have daily contact with all consumers and their representatives, are always accessible to consumers and their representatives and observe the care and services provided.

The board does not have a strategic plan and has not documented how they promote a culture of safe, inclusive and quality, care and services. Board members were unable to provide information about how they satisfy themselves that the quality standards are being met by the service.

The organisation cannot demonstrate there are effective organisation wide governance systems relating to information management, continuous improvement, workforce governance, feedback and complaints and regulatory compliance. The organisation cannot demonstrate effective risk management systems and practices or a clinical governance framework which identify and manage risks and ensure clinical care oversight.

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

## Assessment of Standard 8 Requirements

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

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

### 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’s report details the service has four members who form the board. The Assessment Team found that the board members have not participated in any specific training around the responsibilities and function of a board. The board meets every three months and more recently monthly with the service’s management team.

The Assessment Team’s report details that the board was unable to provide the Assessment Team with documented board meeting minutes to demonstrate the types of discussions they have and their decision-making processes. The board does not have a strategic plan and has not documented how they promote a culture of safe, inclusive and quality, care and services.

The approved provider submitted further information in relation to the Assessment Team’s findings. It is noted the organisation is a small, stand-alone provider and has a strong commitment to the delivery quality care and services. The approved provider’s response includes it acknowledges the identified need for additional training and education and that the service will ensure appropriate resources are provided to staff to ensure corporate governance requirements. The approved provider has developed improvement actions outlined in their continuous improvement plan in relation to the issues found by the Assessment Team.

I am of the view the approved provider does not comply with this requirement as it has not demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

I find this requirement is Non-compliant.

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

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

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

The Assessment Team found the service's self-assessment does not demonstrate an understanding of this requirement. It refers to the organisation's policies and practices, however, in many cases the Assessment Team has identified the service do not follow these practices. The board cannot demonstrate that it has oversight and exercises governance over these systems.

The Assessment Team report that documentation provided to the Assessment Team did not provide enough information, was incomplete or out of date. This included complaints information logged in the computerised system did not provide enough detail to understand the complaint and actions to address complaints were not always recorded. Meeting minutes were a list of discussed items that do not provide information on decisions made, key information or instructions for staff and management and no feedback from meeting participants is noted and no action items were recorded.

The Assessment Team found the organisation does not have a way of testing the incident management system and ensuring processes are working. This is evidenced by occasions when mandatory reporting requirements have not been met.

The approved provider submitted additional information about how the service meets this requirement in terms of information management, continuous improvement, feedback and complaints and financial governance. The approved provider’s response acknowledges that other areas within this requirement are being reviewed and clear actions/ timelines are being developed to ensure these are actioned in an achievable, realistic and sustainable manner.

While the approved provider submitted further evidence to show actions taken in relation to the issues raised by the Assessment Team, the service were not compliant at the time of the site audit. The approved provider’s response does not overcome or negate the evidence gathered by the team there has been a lack of effective organisation wide governance.

I find this requirement is Non-compliant.

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

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

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

The Assessment Team found the organisation has a documented risk management framework, and the framework states "the governing body has created a risk management plan to ensure a safe and secure environment for consumers, visitors, volunteers and contractors". However, this plan was unable to be provided to the Assessment Team when requested. The board said they have an evacuation plan for the service but was unaware of any other risk management plan.

The Assessment Team’s report details that the incident management system supports the recording of incidents and the recording of actions to manage incidents. However, the Assessment Team identified that staff do not record adequate information and do not understand how to effectively investigate incidents to establish the cause of an incident.

The Assessment Team’s report details that the organisation's policies have not been updated to reflect current Serious Incident Response Scheme legislation and while staff had been provided with information about Serious Incident Response Scheme requirements, specific policies have not been discussed with them. The service did not demonstrate the effective management of high impact or high prevalence risks or the management of incidents to prevent re-occurrence. The Assessment Team found incidents are often not identified, reported or investigated with suitable strategies to minimise recurrence for consumers.

The approved provider submitted a written response that details that the continuous improvement plan references the implementation of an appropriate risk management framework with measures to include oversight and reporting that are timely and comprehensive. The approved provider notes improvement actions will include aspects of incident management, root cause analysis and legislative changes.

While the approved provider submitted further evidence to show actions taken in relation to the issues raised by the Assessment Team, the service were not compliant at the time of the site audit. The approved provider requires time to implement planned actions and ensure the service has effective risk management systems and practices including but not limited to:

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.

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 found that the organisation did not demonstrate an understanding and application of the clinical governance framework. The board does not have any members with clinical expertise. The board are reliant on the system coordinator/educator (registered nurse) who has encouraged the board to commence monthly meetings with the management team.

Registered nursing staff were able to explain their role in antimicrobial stewardship, minimising the use of restraint and open disclosure. However, the Assessment Team report details no documentation was provided to demonstrate processes used in clinical governance.

The approved provider submitted a written response that details the service has sought assistance to ensure that an appropriate clinical governance framework is implemented that incorporates all elements of this requirement. The approved provider has developed improvement actions in relation to the Assessment Team’s feedback including delivery of education to ensure staff understanding, implementation and management of the organisation’s clinical governance framework.

While nursing staff were able to demonstrate an understanding and their role in antimicrobial stewardship, minimising the use of restraint and open disclosure, the organisation did not demonstrate an effective understanding and implementation of a clinical governance framework.

I am of the view that the approved provider does not comply with this requirement as it has not demonstrated where clinical care is provided that the organisation has implemented with effect an clinical governance framework, including but not limited to the three sub-requirements.

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 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.*

The service should:

* Implement and maintain ongoing improvement plan regarding assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.
* Ensure risk is discussed and documented, and these discussions enable consumers understanding of risk to their health and wellbeing.
* Ensure a consistent and clear approach when undertaking assessment and planning documentation processes and that this maintains care plans that are individualised to the consumers care and service needs.

### 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.*

The service should:

* Review and develop a consistent approach to assessment and planning that actively engages the consumer and representatives to have meaningful input into their care and services.
* Ensure assessment and planning is individualised and encompasses each consumer’s current needs and goals.
* Implement and maintain an ongoing improvement plan regarding documentation processes regarding assessment and planning, including end of life planning.

### Requirement 2(3)(c)

*The organisation demonstrates that assessment and planning:*

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

The service should:

* Implement and maintain processes that enable ongoing partnership with the consumer, relevant others and other organisations for assessment and planning.
* Implement planned action to set up schedule and agenda to send to consumers and representatives to undertake case conferences in partnership.

### 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.*

The service should:

* Implement and maintain processes outlined in continuous improvement plan that enables the outcomes of assessment and planning to be effectively communicated to the consumer and documented in a care and services plan including reviews and case conferencing.
* Ensure the care and services plans are readily available to the consumer and/ or representative and are in a format they can understand.
* Deliver planned training and education for staff in relation to assessment and planning including the implementation, review and responsibilities for care planning.

### 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.*

The service should:

* Develop and maintain processes that enable a consistent approach to reviewing care and services regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Deliver planned training and education for staff in relation to incident reporting and investigation, in particular relating to behaviour support, falls prevention and management.

### 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.*

The service should:

* Deliver planned training for registered nurses in relation to wound management to ensure safe and effective wound management for consumers.
* Deliver planned training in relation to psychotropic medication management and the use of chemical restraint, behaviour changes, and wound management.
* Monitor effectiveness of the planned actions and actions taken to ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their needs and optimise their health and wellbeing.

### Requirement 3(3)(b)

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

The service should:

* Ensure behaviour management strategies are individualised to each consumer individual needs, goals and preferences.
* Implement, monitor and review effective management of high impact or high prevalence risks associated with the care of each consumer. In addition to effective management of risk when incidents impact other consumers.
* Ensure each incident is investigated to determine the root cause and implement management strategies are documented and reviewed.

### Requirement 3(3)(d)

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

The service should:

* Implement and maintain an improvement plan to ensure effective processes to recognise and respond in a timely manner to deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition.
* Deliver planned training to ensure staff have an understanding of processes to effectively recognise and respond in a timely manner to deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition.

### Requirement 3(3)e

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

The service should:

* Review, implement and monitor current information management and documentation process to ensure a consistent approach to document and communicate information about consumer’s condition, needs and preferences within the organisation, and with others where responsibility is shared.
* Implement planned improvement actions to ensure falls management policy is understood and followed by staff, and ensure appropriate assessments are included in care planning.

### Requirement 3(3)(f)

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

The service should:

* Implement planned action to ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services including using alert/ communication processes to ensure this information is shared.

### 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.*

The service should:

* Monitor and review the outbreak management plan to ensure this plan is in line with appropriate guidelines and legislative requirements. Ensure the plan includes all relevant information to ensure the minimisation of infection related risks and these processes are understood by staff.
* Review and monitor infection control practices to ensure they are compliant with the organisation’s policies and procedures.
* Ensure infection prevention and control lead has completed the necessary training for their role.

### 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.*

The service should:

* Ensure all consumers have the opportunity to be involved in the lifestyle activity program.
* Ensure staff are having meaningful conversations so that consumer’s preferences are gained to optimise their independence, health, well-being and quality of life.
* Deliver planned education to ensure staff have the knowledge and skills to support consumer’s living with cognitive impairments to participate in daily living that meets the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

### Requirement 4(3)(f)

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

The service should:

* Implement planned actions including undertaking food focus groups and streamline process for documentation of nutrition and hydration preferences and needs for consumers. Monitor and review planned actions to ensure effectiveness.
* Ensure meals are provided, they are varied and of suitable quality and quantity and satisfy the consumers’ needs and preferences, in particular evening meals.

### Requirement 6(3)(b)

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

The service should:

* Implement and maintain processes to ensure consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. This includes access to Translating and Interpreting Service as required and brochures relevant to feedback and complaints processes and advocacy services.
* Ensure the consumer handbook is updated to contain any information regarding the availability of advocacy/language services/complaints.

### Requirement 7(3)(c)

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

The service should:

* Implement planned actions to ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. This includes review process of human resource functions, recruitment, documentation, position descriptions and performance appraisals.
* Ensure all staff complete required training including mandatory training to ensure staff are competent and have the appropriate knowledge to effectively perform their roles.

### Requirement 7(3)(d)

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

The service should:

* Implement planned action to update training and education program to include mandatory training for all staff annually. Ensure planned training includes the areas identified as knowledge deficiencies.
* Ensure training records for all staff are updated and maintained. Monitor effectiveness of the actions taken to ensure workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

### Requirement 7(3)(e)

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

The service should:

* Ensure that all staff have regular assessment and monitoring of their performance.
* Ensure that the reviews are used to improve staff performance and encourage the growth of their skills including planned training to address skill gaps.

### Requirement 8(3)(b)

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

The service should:

* Implement planned actions to ensure the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. This includes education for the board to ensure understanding of responsibilities and any changes in aged care, legislation and principles.
* Continue board meeting requirements including meeting agendas, minutes and reports.

### 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.*

The service should:

* Develop a continuous improvement plan to review and improve organisation wide governance systems for information management, continuous improvement, workforce government and feedback and complaints.
* Continue to update policy and procedures to ensure effective organisation wide governance systems.
* Implement, monitor and review incident management system to ensure comprehensive review, analysis and action.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The service should:

* Ensure risk management framework and guidelines are updated and the risk management plan is evaluated to determine effectiveness and if additional training and education is required for staff.
* Review and conduct staff training where there are gaps in the knowledge on organisational policies and procedures on risks and managing and preventing incidents.
* Deliver planned training on the Serious Incident Response Scheme (SIRS) to ensure staff have an understanding of this scheme and processes.

### 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.*

The service should:

* Develop a continuous improvement plan to enhance the clinical governance framework to ensure there are effective measures in practice to ensure the quality care for consumers.
* Deliver planned education to ensure staff understanding, implementation and management of the clinical governance framework.
* Develop a consistent program to review and update policies and procedures relating to clinical consumer care.