St Simeon Village

Performance Report

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**Commission ID:** 0374

**Provider name:** Serbian Orthodox Diocese Aged Care and Education Property Fund

**Site Audit date:** 30 September 2020 to 2 October 2020

**Date of Performance Report:** 19 November 2020

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the 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, and
* the provider’s response to the Site Audit report received 30 October 2020. In their response the provider advised they have engaged a Nurse Advisor and gained support from their peak body and consultancy service to assist them in reviewing and improving their overall governance systems and operational processes systems.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers (and representatives on their behalf) did not raise concerns about dignity and respect, and provided feedback that consumer identity, culture and diversity is valued. Despite this some consumers (and representatives on their behalf) provided feedback that care and services are not always culturally safe which is supported by the lack of access to translating and interpreting services for consumers who communicate in languages other than English.

Management and staff demonstrated they support some consumers to exercise choice and independence but showed limited knowledge of how to support consumers maintain relationships or to continue doing things they enjoy. Consumers (and representatives on their behalf) provided feedback that they are not always consulted about matters that impact them or that management and staff seek to understand their specific needs and preferences.

While consumers (and representatives on their behalf) said they are supported to take risks and management and staff were able to describe the areas where consumers are supported to do so, there is a lack of documentation reflecting these.

Consumers or their representatives are not supported to make decisions about their own care and services, nor are they provided with accurate information which is easy for them to understand.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

While the Assessment Team found that care and services are culturally safe for some consumers, it was not demonstrated overall that the organisation is prioritising culturally safe care and services. This is despite the majority of consumers having a culturally diverse background. A diversity plan is not in place and key documents have not been made available in relevant languages. There is feedback from some consumers and their representatives about aspects of culturally safe care and service delivery not being supported.

The Assessment Team noted that most of the consumers who were born overseas who can communicate verbally do so in a language other than English and that the organisation promotes the service on My Aged Care as catering to consumers who speak nine languages.

For one consumer sampled (who reverts at times to speaking a language other than English) there is a lack of clear information about their related needs and communication aids are not used by the staff. There was also no evidence that management or staff access interpreting services for consumers who speak a language different to that of staff.

I find 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.*

It was demonstrated to the Assessment Team that consumers can exercise some choices relating to lifestyle and that consumers are supported to maintain relationships with family and friends at the service, but staff lacked knowledge about supporting consumers to maintain intimate relationships.

Although the Assessment Team found that some consumer representatives are able to make decisions about the consumer’s care, consumers themselves are not being supported to make decisions. Further it was not demonstrated that consumer independence in relation to being able to continue doing things such as their own laundry and making tea/coffee is supported nor was it found that consultation occurred and that consent was always sought before commencing new medications.

While consumers generally said that they are able to exercise some choices, most consumers interviewed were unable to provide examples of making decisions about their own care and had not been consulted regarding their care plans.

I find this requirement is non-compliant.

### 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) 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.*

Information is not provided to each consumer in a way that is easy to understand or that enables them to exercise choice. A significant number of consumers at the service use a language other than English but key documents are provided in English only. Key documents do not reflect consumer choices, such as those relating to use of and charges for a television and bar refrigerator in their room or to the selection of a pharmacy to supply medications for the consumer. A consumer and two representatives interviewed about this by the Assessment Team raised concerns about a lack of choice or were not aware of having these choices.

I find this requirement is non-compliant.

### 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

Although some consumers (or representatives on their behalf) feel like partners in the ongoing assessment and planning of their care and services, care planning documentation did not support this. For example:

* Initial assessments are not always completed by appropriately skills staff and there is limited assessment or identification of supports to address consumer health and well-being.
* Care planning documents do not reflect that consumers or others are active partners in care decisions or that they are consulted when assessment and planning decisions are made.
* While care and services plans are regularly reviewed this is not always effective and does not account for when circumstances change or when incidents impact on a consumer’s needs, goals or preferences.
* Even though some consumers and representatives expressed satisfaction with assessment and care planning, most representatives and all consumers sampled were unaware of their care plan or that they could have input and access to their care plans.

The Quality Standard is assessed as non-compliant as all 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 that initial assessments are not always completed by appropriately skilled staff and that limited initial assessments are undertaken to support consumer’s health and well-being. Risks are not considered in assessment and planning to inform the delivery of safe and effective care to each consumer.

### Registered nurses interviewed by the Assessment Team were unable to articulate the assessment process or how risk is effectively managed and there has not always been reassessment of consumer risk following incidents. Care planning documents did not demonstrate a comprehensive assessment and planning for each of the consumers sampled, nor were care plans individualised relative to the risks to each consumer’s health and well-being.

### The Assessment Team noted that changes to key clinical personnel has created a void in clinical knowledge and oversight and that overall the assessment process is disjointed with the use of paper and electronic record systems.

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.*

Care assessment and planning reviewed by the Assessment Team did not always identify or address each consumer’s current needs. End of life care planning was also limited. The Assessment Team found no end of life assessments although information about end of life preferences was observed in a consumer’s profile and care plan documents. The information was generalised and did not specify any personalised detailed information or the source of the information. The Assessment Team also noted inconsistent information in a sampled consumer’s care plan and that relevant information was not recorded in other consumers’’ care plans at all.

Some representatives provided feedback to the Assessment Team that they have been involved in advance care planning for the consumer, but others reported limited updates from the service or knowledge of the consumer’s current care needs or health status.

Not all registered nurses at the service are familiar with consumer care plans or assessed needs.

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.*

### It was not demonstrated to the Assessment Team that assessment and planning is based on ongoing partnership with consumers, their representatives or others at the service. Decisions have been made without input or consultation with consumers and others that are involved in consumers’ care.

### The care planning documents for sampled consumers did not reflect that the consumer and others are active partners in consumers’ personal or clinical care decisions or that they are consulted when assessment and planning decisions are made. None of the consumers interviewed knew that they had a care plan and some of the consumer representatives were also unsure about consumer care plans.

### While management and staff told the Assessment Team about the process for informing and consulting with representatives or family members, they did not demonstrate how consumers are also included. Management and staff of the service were also unable to provide information about care plan consultation or that this is regularly completed.

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 outcomes of assessment and planning are not always effectively communicated to consumers and the Assessment Team found gaps in documentation about consumers. Consumers generally appeared unaware of care plans although some representatives were aware of care plans and some have been provided with a copy of the care plan.

Registered nurses were unable to explain how information was provided about care planning to consumers and those interviewed by the Assessment Team do not speak Serbian (the main language spoken by consumers at the service). Care staff and registered nurses were also unfamiliar with the service’s new computerised care records system.

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.*

Although the Assessment Team considered that care and services plans are reviewed regularly, they found it is not done in a rigorous way and they are not effective. Care plans are documented as current but information in care plans is not always current or reflective of consumer needs. Deficits in care provision have not resulted in effective review of care plans and improved outcomes for consumers.

The administration of consumer medication was reviewed in response to specific feedback from their representatives, but there is no systemic review in relation to prescribing trends for other consumers or consultation about this. Similarly, incidents resulting in consumer harm or where there is potential risk to consumers have not always resulted in investigation of the cause of the incident.

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

Some sampled consumers (or representatives on their behalf) consider that they receive personal care and clinical care that is safe and right for them. Despite this gaps were identified in the management of high-impact and high-prevalence risks associated with consumer care, including behaviour management, the use of psychotropic medication, skin, pressure, and wound care, as well as incident reporting and follow-up. Issues were also identified in accessing other appropriately qualified health professionals.

The Quality Standard is assessed as non-compliant as all 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 identified gaps in many areas of personal and clinical care, including behaviour management and use of psychotropic medication; skin, pressure, and wound care; falls prevention and management; nutrition and hydration management; pain management; clinical monitoring and oversight; and accident and incident reporting, investigation and follow-up. Issues were also identified in relation to access to, and use of, appropriately qualified health professionals.

There is a lack of clinical oversight and continuity of care for consumers. The service did not have any registered staff who were familiar with the consumers and who were familiar with the organisational processes working during the three days that the Assessment Team were onsite. It was not demonstrated that care provision is best practice, tailored to meet consumer needs, nor that it optimises consumer health or 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 a lack of effective management of high impact and high prevalence risks associated with the care of each consumer. Although requested a consolidated report of clinical incidents was not able to be provided. There is no evidence of trending or analysis of high risk incidents. There was no evidence of analysis of incidents. There was minimal information or feedback about responses to the identification of high risk issues.

### Falls were identified as high impact or high prevalence risk for consumers. Falls are not always documented as incidents and there are limited strategies in place to minimise risk of falls. Bed and chair sensors do not appear to be used at the service to alert staff when high risk consumers mobilise. Although there is generally some review following falls strategies are not effective to reduce incidence.

### Some consumers have had multiple falls, some with injury, without an effective falls minimisation strategy put in place. There has not been a falls review committee and the physiotherapist has not reviewed all consumer who have had falls. The physiotherapist has limited time allocated for management of clinical issues. While there is a regular and popular daily exercise program there is minimal evidence of one to one consumer program to support mobility of consumers.

### Some consumer challenging behaviours places them and potentially others at risk. Challenging behaviours are not always documented and consumers displaying behaviours are not monitored. Consumers have left the service, unauthorised, during the COVID-19 pandemic lockdown placing themselves and potentially others at risk. Some consumers have not cooperated with isolation strategies when requested placing themselves and other at risk, and risks associated with this have not been effectively managed.

I find this requirement is non-compliant.

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

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

Management did not demonstrate the needs goals and preferences of each consumer nearing the end of life are recognised and addressed, that their comfort is maximised or that their dignity is preserved. There was some positive feedback about the caring and compassionate care provision and support from staff offered to the Assessment Team. While some aspects of end of life care provision are shown as compassionate and caring, others are not. There have been deficits in skin integrity, pain management, preservation of dignity and consumer choice for consumers nearing and at end of life.

I find this requirement is non-compliant.

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

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

Deterioration in consumer condition is not always recognised and responded to in a timely manner. There has been negative impact to consumers due to a lack of clinical oversight in relation to deterioration. Management and staff reported that delirium screening and urinalysis is not currently undertaken at the service, and that they refer consumers for medical review if they are unwell.

While there are policies and processes in relation to monitoring of consumers’ clinical condition, these are not consistently followed. For example neurological observations are not completed according to the schedule following unwitnessed falls or head strikes. Following the identification of deficits in clinical oversight registered nurses have been rostered 24 hours per day, but this has not yet addressed the outcomes of this requirement.

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.*

### Information about the consumer’s condition, needs and preferences is not always documented or communicated within the organisation, and with others where responsibility for care is shared.

### The issues accessing documented information potentially negatively impacts on staff’s understanding of consumer needs and preferences. For example much of paper based information is illegible such as progress note entries, and an individual continence aid list was not able to be located and had to be reprinted when requested by the Assessment Team. There is currently minimal rehabilitation as there are insufficient staff.

Although consumers raised no concerns in relation to communication among staff and health professionals and staff sampled spoke about making referrals via a communication book. While handover occurs between change of each shift it is not rostered for registered nurses or care staff and relies on their good will to attend work for handover prior to the commencement of their shift. There has also been considerable use of agency staff following changes to the clinical team and since the rostering of 24 hour registered nurses.

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.*

There has been recent dietician review of numerous consumers. Speech pathology reviews of consumers and podiatry services are evident in consumers’ care and service records. A physiotherapist provides services to consumers two days a week.

Consumers (and representatives on their behalf) are generally satisfied with their access to medical officers. One medical officer has a weekly clinic at the service. The Assessment Team observed gaps in the timely and appropriate referral of consumers for services to support their care provision. Deficits were found in the referral of consumers with chronic wounds and those with behavioural management issues. Palliative care referrals have not always been timely.

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 service has developed a COVID-19 outbreak management plan although it is not yet accessible to staff and the document has some inconsistent information. Staff interviewed generally demonstrated knowledge relevant to their role and responsibilities. Education records show some staff have undertaken relevant training, but other staff have not.

Work is underway to develop an antimicrobial stewardship program for the service, but this was not in place at the time of the Assessment Team’s visit. Inclusion criteria for reporting of infections was not understood by a registered nurse. There is a trend of consumer urinary tract infections in 2020.

There has been minimal planning to meet the cultural and communication needs of consumers in the event of an outbreak. Management and staff said there are Serbian cue cards which could be used and that they would seek volunteers from the Serbian community to support communication in the event of an outbreak.

A registered nurse was aware of the need to minimise and support appropriate use of antibiotics, but they were not aware of any strategies utilised at the service to minimise antibiotic use. Staff also confirmed to the Assessment Team that consumers had not complied with isolation requirements following their return from appointments and hospital admissions.

The infection control officer was asked if any risk assessment had been undertaken in relation to the four non-vaccinated staff working in the service and was unable to answer this. Management said no risk assessment has been undertaken.

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

Most consumers (or representatives on their behalf) sampled 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. Most also confirmed they live the life they generally want although there have been some changes in response to the COVID-19 pandemic and some representatives expressed concern with visiting restrictions. Many consumers are supported in their spiritual beliefs although there has been limited support for consumers who hold spiritual beliefs other than the Serbian Orthodox faith.

Most consumers provided feedback that they do not like the meals provided and while the service has received feedback about this, there is no evidence of this being addressed to bring about improvement. While catering staff knew the specific dietary needs of consumers sampled and described how they meet them, the Assessment Team observed a consumer being served a meal inconsistent with their specific dietary needs.

There is minimal evidence to show that consumer independence relating to mobility is optimised or that consumer mobility is supported to optimise their independence and well-being. Staff were also unable to identify referral of consumers relating to services and supports for daily living. A systematic approach to stock takes and ordering was not demonstrated and items have not been made available to consumers on an ongoing basis consistent with their needs 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.*

It was not demonstrated to the Assessment Team that consumers get safe and effective services and supports to optimise their independence, well-being and quality of life. There is minimal evidence to show that consumer independence relating to mobility is optimised or supported. While group activities and exercise classes run by the lifestyle staff are well attended, there is a lack of programming to meet consumer individual needs and preferences for their well-being and quality of life. An administration officer completes initial care plan and emotional assessments as they speak Serbian but does not have clinical training or qualifications.

I find this requirement is non-compliant.

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

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

### Requirement 4(3)(c) 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.*

### Most consumers (and representatives on their behalf) interviewed by the Assessment Team said they are enabled to do the things of interest to them. Although some consumers actively participate in life at the service and have made friends, other consumers have not settled in and it was not demonstrated that they are well supported or they are not supported to do things of interest to them. In particular there is a lack of support shown for consumers identified as needing one to one support. The coronavirus pandemic has also reduced community contact and there has been a recent increase in lifestyle hours to support consumers during this period.

I find this requirement is non-compliant.

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

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

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

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

Timely and appropriate referrals to individuals, other organisations and providers of other care and services are not evident. Although the Assessment Team requested further information regarding this it was not provided. Staff interviewed did not provide information about a formal referral system for spiritual or pastoral care supports although a Serbian Orthodox priest visits the service weekly to hold a church service. They said referral for pastoral support is done by self-referral or by family request. Management and staff conformed that no formal interpreter services have been used but staff assist and interpret for Serbian speaking consumers.

Lifestyle staff said an English speaking volunteer previously visited the service and interacted with three of the English speaking consumers but this has ceased during to coronavirus pandemic.

I find this requirement is non-compliant.

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

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

Most consumers interviewed (and representatives on their behalf) provided feedback that the consumer does not like the meals or that the meals need to improve. The service has received feedback about consumers liking the meals some of the time during the period January to June 2020, and there is no evidence of this being addressed to bring about improvement. The service was not aware of current consumer dissatisfaction with the meals. While the catering service knew the specific dietary needs of the consumers sampled and described how they meet them, one of those consumers was served a meal inconsistent with their specific dietary needs and the care staff member helping them did not know about the consumer’s needs.

I find this requirement is non-compliant.

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

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

A systematic approach to stock takes and ordering was not demonstrated. Items have not been made available at all or provided on an ongoing basis consistent with consumer needs and preferences.

The Assessment Team observed there was supply of various types of continence aids, some consumers had a bottle of water in their room or with them in a basket on their walking aid, and there was enough for consumers to eat at lunch-time.

#### Consumers interviewed (and representatives on their behalf) considered that the furniture, fittings and equipment available were clean and they did not have any related concerns about safety or maintenance. Some consumer representatives provided information about television programming in the consumer’s language not being available.

While staff said they have access to continence aid supplies the Assessment Team notes that this information is not readily available to staff for use suitable to the consumer’s needs. Care staff and a registered nurse said only high care consumers are given toothbrushes while deodorant is not provided at all.

I find this requirement is non-compliant.

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Most consumers interviewed (and representatives on their behalf) provided positive feedback about the service environment including feeling at the service as much as is possible. Those sampled also reported that the service was safe, clean, well maintained, comfortable and that the outdoor areas were accessible. Some feedback was provided about maintenance and cleaning in a consumer’s room and was not aware if this has been addressed.

Furniture fittings and equipment was also reported as being safe, clean and well maintained although some consumer representatives did not know if equipment had been provided which was suitable for the consumer. Despite this it was not demonstrated that there is sufficient comfort chairs for consumers who need them, or sufficient equipment in use to support falls prevention and harm minimisation for consumers at risk of and who are falling.

Organisational policies and procedures reflect that the service environment should be welcoming and easy to understand, and should optimise each consumer’s sense of belonging, independence, interaction and function. Management has not commissioned any review or sought any advice about the service environment as a whole to assist in complying with its own policies procedures. It was also found that dementia enabling design principles have not been implemented at the service. This includes a lack of consideration given to these prior to recently replacing flooring and re-painting inside the service.

Maintenance requests are reported and addressed in a timely manner and planned maintenance is being undertaken, though in relation to water temperature monitoring not reliably. There is no planned maintenance schedule for work to be undertaken by external contractors, but some work has been completed. Numerous concerns were identified relating to fire safety at the service, most of which had not been identified and addressed by management or staff at the service.

The Quality Standard is assessed as non-compliant as none of the three specific requirements have been assessed as 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.*

### Most consumers interviewed (and representatives on their behalf) provided positive feedback about the service environment and the consumer feeling at home at the service as much as is possible. The organisation has policies and procedures which reflects that the service environment should be welcoming and easy to understand, and should optimise each consumer’s sense of belonging, independence, interaction and function.

### Management has not commissioned any review or sought any advice about the service environment as a whole to assist in complying with its own policies and procedures or the dementia enabling design principles. Observations show, and interview with management confirms, the policies and procedures and dementia enabling design principles have not been implemented at the service. This includes lack of consideration given to these prior to recently replacing flooring and re-painting inside the service.

I find this requirement is non-compliant.

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

*The service environment:*

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

### Most consumers interviewed (and representatives on their behalf) provided positive feedback about the service environment being safe, clean, well maintained, comfortable and that the outdoor areas are accessible. Responsive maintenance requests are reported and addressed in a timely manner. Planned maintenance by the maintenance officer is being undertaken, although in relation to water temperature monitoring not reliably. There is no planned maintenance schedule for work to be undertaken by external contractors, but some work has been undertaken.

### The Assessment Team observed that the service environment was generally safe, clean and well-maintained, and review of the risk assessment records confirmed some risks relating to the service environment have been identified, assessed and managed. Despite this, numerous issues were identified relating to fire safety, most of which had not been identified and addressed by management or staff at the service. Management addressed the issues in relation to fire safety after feedback was provided by the Assessment Team.

I find this requirement is non-compliant.

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

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

Although furniture, fittings and equipment were generally clean and appeared safe and well-maintained, it was not demonstrated to the Assessment Team that equipment suitable for consumers was available to them. In particular it was not demonstrated that there is sufficient comfort chairs for consumers who need them, or sufficient equipment in use to support falls prevention and harm minimisation for consumers at risk of and who are falling.

I find this requirement is non-compliant.

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Some consumers interviewed (and representatives on their behalf) considered that they are encouraged and supported to give feedback and make complaints and that appropriate action is taken when they do so. Other consumers and representatives were not aware of any meetings held at the service in 2020 or where they could discuss concerns and give feedback. Some consumers and representatives were also unaware of any external avenues for complaints or said that they became aware only through their own research.

Some representatives of Serbian speaking consumers who can communicate in Serbian and not English, said they would like for there to be more Serbian speaking staff so they can communicate with their consumer. Most consumers and representatives who have made a complaint were not satisfied with the outcome or said they had not received a response.

Management and staff spoke of a range of ways consumers can give feedback and make complaints and said that advocacy and language services are promoted. The Assessment Team reviewed documentation and made observations confirming this and that staff who speak Serbian are available at times to communicate with the Serbian speaking consumers. Key documents produced by the service are available in English only and a significant number of consumers communicate in a language other than English only. Management were unable to explain how open disclosure was practiced within the service.

The Quality Standard is assessed as non-compliant as none of the four specific requirements have been assessed as 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.*

Management and staff spoke to the Assessment Team about a range of ways consumers can give feedback and make complaints. Documentation reviewed and observations made confirm information about internal and external complaint mechanisms is promoted. Some consumers (and representatives on their behalf) said they would feel comfortable making a complaint if they needed to. Other consumers and a representative were not aware of any meetings held at the service in 2020 where they could discuss concerns or give feedback and some representatives were unaware of an external avenue for complaint or became aware of this through their own research.

The service’s plan for continuous improvement includes an entry in January 2020 about a lack of feedback processes and needing to encourage feedback from consumers and families to minimise escalation of complaints. While the planned completion date was February 2020 no actions are recorded.

The Assessment Team noted that resident committee meetings are meant to be held quarterly and these are an avenue for consumers and their families to provide feedback. Minutes of these meetings were requested but not provided. The Assessment Team was unable to confirm if this avenue for feedback and complaint has been available to consumers and their representatives in 2020.

I find this requirement is non-compliant.

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

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

### While information was gathered by the Assessment Team showed some consumers are made aware of and have access to advocacy and language services as ways to raise and resolve complaints, this was not the case for other consumers. The first language of many consumers living at the service who can still communicate is a language other than English (predominantly, but not only Serbian) and many of them do not have English as a language to communicate in. Some staff speak Serbian and are available each day. However, key documents produced by the service for consumers with information about avenues for complaints and advocacy services are in English only. Management and staff also confirmed that no external interpreting or translating services are currently used.

I find this requirement is non-compliant.

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

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

While consumers interviewed (and representatives on their behalf) said some action was taken in relation to complaints, they said they were not satisfied with the outcome or the issues have reoccurred. Some representatives said they have made complaints and they have not received a response. Management described complaint handling consistent with the organisation’s policy and procedure, except in relation to open disclosure which they did not understand. Complaint records show a lack of actioning of the issues in the complaint or a lack of post investigation follow-up, and they do not demonstrate open disclosure was implemented. Management was also unaware of the significant number of consumers who were dissatisfied with the meals provided who spoke to the Assessment Team.

I find this requirement is non-compliant.

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

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

Most consumers interviewed (and representatives on their behalf) provided information about not being satisfied with the outcome of their complaint or their complaint not being addressed. Management provided information about one improvement made as a result of consumer feedback in 2020. Records provided do not show improvements made as a result of consumer feedback or complaints in 2020. A trend evident from January to May 2020 in consumer feedback from surveys has not been actioned in a timely manner and addressed. Areas for improvement documented by the service include that serious and systemic complaints need to be in the plan for continuous improvement and surveys need to be analysed for trends but progress in these areas has not been demonstrated.

I find this requirement is non-compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Overall consumers interviewed (and representatives on their behalf) said the consumer finds the staff to be kind and caring and that staff show the consumer respect. Consumers and their representatives generally provided information about staff being responsive to their needs. Some consumers and their representatives were unsure if staff are skilled enough to meet the consumer needs, and others said that staff needed more training.

Call bell response reporting reflect that staff are generally responsive to consumers but it was not demonstrated that the workforce is planned and the mix of members of the workforce has or is enabling the delivery and management of safe and quality care and services. There has been a lack of registered nursing staff for the provision and oversight of consumer clinical care.

While there is a program of mandatory competency assessments, some staff have not completed some of these particularly in the area of hand hygiene. In relation to medication administration, comprehensive competency assessment has not been arranged for the care staff in 2020. Management and staff did not demonstrate competency or knowledge in a range of areas based on the Assessment Team’s findings across the Quality Standards. Some members of the workforce have been undertaking work which they are not qualified or competent to do.

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

## Assessment of Standard 7 Requirements

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

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

Consumers, representatives and staff generally provided information supporting that staff are responsive to consumers’ needs, and call bell response reporting reflects this. Despite this it was not demonstrated to the Assessment Team that the workforce is planned and the mix of members of the workforce has or is enabling the delivery and management of safe and quality care and services.

There has been a lack of registered nurses for the provision and oversight of consumer clinical care, and clinical handover by registered nurses and care staff has not been prioritised in the roster. Representatives interviewed were unaware there had been a recent increase in registered nursing hours, saying they had thought there was already 24 hour registered nursing coverage.

Gaps identified by the Assessment Team in assessment, planning, delivery and evaluation of care and services for consumers means that the service is also unable to adequately plan the workforce based on correct consumer acuity.

I find this requirement is non-compliant.

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

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

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

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

Some consumers and representatives considered that staff are skilled enough to meet the consumer’s needs, whereas others said they do not know about this or provided information to the Assessment Team that staff needed more training. While there is a program of mandatory competency assessments, some staff have not completed some of these including in hand hygiene. In relation to medication administration, comprehensive competency assessments have not been arranged for care staff in 2020. Management and staff did not demonstrate competency or knowledge in a range of areas based on the Assessment Team’s observations across the Quality Standards. Some members of the workforce have been undertaking work which they are not qualified or competent to do.

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.*

Consistent with feedback provided in relation to Standard 7, requirement (3)(c) some consumers and their representatives considered that staff are skilled enough to meet the consumer’s needs.While there is a program of mandatory training not all required staff have completed this. Other training has been provided to staff, but it has not been demonstrated this has enabled them to deliver care and services consistent with the Quality Standards. Management was unable to give an example of how feedback from consumers and performance reviews is used to identify staff training needs, but an annual staff training needs analysis has been undertaken.

I find this requirement is non-compliant.

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

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

While performance appraisals have been undertaken with most staff, they have not been completed with some staff when due. It was not demonstrated to the Assessment Team that performance appraisals have led to development opportunities for staff or have been used to address staff performance issues, such as those arising from a complaint about consumer care and services.

Staff interviewed also said they had a performance appraisal completed in the last year. They were not aware of any specific changes that have been made as the result of performance appraisals to support their development. While management also confirmed staff performance appraisals are conducted annually and that most have been, they acknowledged some new staff have not been assessed after their first three months in line with the organisation’s policy. Documentation reviewed by the Assessment Team showed that most staff have had a performance appraisal, except for some new starters and a couple of staff who have not had their performance appraised for more than 12 months.

I find this requirement is non-compliant.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Most consumers and representatives sampled thought the service was well run. It was not demonstrated that consumers are being genuinely engaged in ongoing development, delivery and evaluation of care and services.

Strategic, business, and diversity plans have not been finalised, endorsed by the organisation’s Board and released with information about the Board’s commitment to a culture of safe, inclusive and quality care and services. The Board has not been and is not accountable for the delivery of safe, inclusive and quality care and services. They have not been receiving and nor have they requested information to enable them to be accountable. Generally Board members are not aware of critical incidents and other serious matters relating to the care of consumers.

Organisation wide governance systems are not in place or are ineffective, generally and in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Effective risk management systems and practices are not in place relating to managing high impact or high prevalence risks associated with the care of consumers or identifying and responding to abuse and neglect of consumers. An effective clinical governance framework is not in place generally or in relation to antimicrobial stewardship, minimising the use of restraint, or open disclosure.

While governance systems and practices were not demonstrated relating to supporting consumers to live the best life the can, the consumers sampled by the Assessment Team were being supported to live the best life they can with support from management and staff.

The Quality Standard is assessed as non-compliant as none of the five specific requirements have been assessed as 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.*

While most consumers and representatives generally thought the service was well run, the Assessment Team found that consumers are not being deeply engaged in ongoing development, delivery and evaluation of care and services. Consumers were engaged in the decision to introduce an on-site café in 2019, though management and the Board were unable to articulate how consumers are supported to be engaged on an ongoing basis in the development and evaluation of care services. Although Board members visit the service and speak with consumers, management were unable to provide examples of how this led to consumers being involved in the development of delivery of care and services. Management advised that consumers and the representatives can contact the Board any time and may attend Board meetings, but are not aware of this having occurred.

I find this requirement is non-compliant.

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

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

### The Assessment Team found that a strategic plan, business plan or diversity plan have not been finalised, endorsed by the Board and released with information about the Board’s commitment to a culture of safe, inclusive and quality care and services and therefore there have been no communications about this to staff, consumers and representatives. The Board has not been and is not accountable for the delivery of safe, inclusive and quality care and services. They have not been receiving nor have they requested information from management that would enable them to be accountable. Other than in relation to COVID-19 and some other matters in 2020, Board members were not aware of critical incidents and other serious matters relating to the care of consumers.

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.*

Organisation wide governance systems are not in place or are ineffective, generally and in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Documentation provided to the Assessment Team reflects the Board consists of a Chairperson, Vice President, Treasurer and three Directors with one alternate Director. At the time of the Assessment Team’s visit a number of Board members were newly recruited to their positions with limited industry experience.

The organisation has a corporate governance policy and procedure, which describes the overarching governance framework for the organisation. This covers matters such as the Board setting and monitoring the strategic direction and attainment of strategic directives.

As noted under Standard 8, Requirement (3)(b) the Board has not finalised, endorsed and released key documents about strategic directions. The Board also ensures documentation for the residential aged care accreditation process is maintained although the Assessment Team has found throughout their assessment that this documentation has not been maintained. This also means that effective governance relating to regulatory compliance was not demonstrated. Effective governance relating to feedback and complaints is not in place, which was also reflected under Standard 6, Requirement 3(d).

While Board recruitment is on the basis of skill and diversity requirements. Management and the Treasurer confirmed none of the Board members has or had a clinical background. A range of other governance documents were provided, for example, delegations of authority and a good governance checklist, but these were incomplete template documents.

There is not a methodical approach to ongoing monitoring, review and service improvement. In relation to how opportunities for improvement are identified, management said this is through audits, surveys, feedback and complaints. The service’s plan for continuous improvement does not show the source of the improvement idea and it was not otherwise evident where the improvement idea had come from. Entries made early in 2020 about significant gaps have also not been addressed.

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.*

### Effective risk management systems and practices are not in place relating to managing high impact or high prevalence risks associated with the care of consumers or identifying and responding to abuse and neglect of consumers. While governance systems and practices were not demonstrated relating to supporting consumers to live the best life the can, the Assessment Team found for the consumers sampled they were being enabled to live the best life they can with support from management and staff.

### The organisation has a risk management policy that describes its risk management framework consistent with the Australian Risk Management Standards. This policy and the Quality Standards self-assessment report includes the organisation has a strategic risk register. The Assessment Team requested this and an operational risk register was provided.

### An administration support officer manages the operational risk register, which is she is predominantly about hazards and workplace health safety issues. There was no information in the register about a hazard identified recently as reported by the physiotherapist and confirmed by management, which is that new beds were purchased and the lifter would not fit under the beds for staff to move consumers.

There was information in the register about a hazard relating to a candle lit in a consumer’s room. The risk assessment shows the inherent risk was rated as likely to occur with extreme consequence and the controls to be used. It was not evident that management was overseeing the operational risk register.

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.*

An effective clinical governance framework is not in place generally or in relation to the sub-requirements of this requirement. The Assessment Team found that there has been a lack of clinical oversight for effective clinical governance. The clinical supervisor (registered nurse) was underperforming and the position had been and was vacant at the time of the assessment. The service only recently moved to registered nurse coverage 24 hours a day despite a majority of consumers being assessed as having high care needs. Two of the four registered nurses are new to the service and one of them is a new graduate.

Management who is responsible for clinical oversight in the absence of a clinical supervisor, does not have an understanding of the clinical systems and processes operating at the service. Evidence of analysis of clinical indicator data about consumers and actioning of trends was not provided.

There is a documented clinical governance framework, however it was not demonstrated this has been implemented. The organisation has a policy/procedure about antimicrobial stewardship, which includes that an antimicrobial stewardship program will be developed and provides the principles and processes for this to occur. The organisation also has a policy about minimising the use of restraint, which is consistent with best practice and regulatory requirements, but again it was not demonstrated this has been implemented at the service

The organisation has a policy and procedure about complaints and feedback and incident management, which include information about explaining to the person when things go wrong. The complaints and feedback policy and procedure does not include information about saying sorry when things go wrong and the service’s plan for continuous improvement includes a need to make improvement in this area. Management did not know what open disclosure meant and a review of the service’s complaints records for 2020 did not show open disclosure is occurring.

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.

The provider must demonstrate that consumers are enabled to make informed choices, are genuinely included as partners in the assessment and planning of their care and services, and that it is prioritising the delivery of safe personal and clinical care in line with the below requirements.

The provider must also demonstrate that consumers have access to the services and supports they need for daily living and that the service environment is and comfortable.

Additionally, the provider must demonstrate how consumers are encouraged to provide feedback or make complaints and that this informs continuous improvement, that staff have the knowledge and capacity to provide the care and services that consumers need, and that the organisation is accountable for the provision of quality care and services in line with the below requirements.

**Standard 1 Requirement (3)(b)**

*Care and services are culturally safe.*

The provider must demonstrate that:

* it is prioritising culturally safe care and services, including through the provision of information to consumers in languages other than English and by using interpreting services for consumers who speak a different language to that of staff.

**Standard 1 Requirement (3)(c)**

*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 provider must demonstrate that:

* consumers are adequately supported to make decisions about their own care and the way it is delivered
* support is provided to enable consumers to maintain their independence and to continue to do things for themselves if they wish, and
* enable consumers to make and maintain relationships, including intimate relationships, of their choice.

**Standard 1 Requirement (3)(e)**

*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.*

**Standard 2 Requirement (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.*

**Standard 2 Requirement (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.*

**Standard 2 Requirement (3)(c)**

*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.*

**Standard 2 Requirement (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.*

**Standard 2 Requirement (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.*

**Standard 3 Requirement (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.*

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

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

**Standard 3 Requirement (3)(c)**

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

**Standard 3 Requirement (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.*

**Standard 3 Requirement (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.*

**Standard 3 Requirement (3)(f)**

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

**Standard 3 Requirement (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.*

**Standard 4 Requirement (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.*

**Standard 4 Requirement (3)(c)**

*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.*

**Standard 4 Requirement (3)(e)**

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

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

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

**Standard 4 Requirement (3)(g)**

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

**Standard 5 Requirement (3)(a)**

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

**Standard 5 Requirement (3)(b)**

*The service environment:*

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

**Standard 5 Requirement (3)(c)**

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

**Standard 6 Requirement (3)(a)**

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

**Standard 6 Requirement (3)(b)**

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

**Standard 6 Requirement (3)(c)**

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

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

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

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

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

**Standard 7 Requirement (3)(c)**

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

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

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

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

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

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

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

**Standard 8 Requirement (3)(b)**

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

**Standard 8 Requirement (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.*

**Standard 8 Requirement (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.*

**Standard 8 Requirement (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.*