St Vincent's Care Services Bronte

Performance Report

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BRONTE NSW 2024  
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**Commission ID:** 1033

**Provider name:** St Vincent's Care Services Ltd.

**Site Audit date:** 14 December 2021 to 17 December 2021

**Date of Performance Report:** 16 February 2022

# Performance report prepared by

G Cherry, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit conducted 14 – 17 December 2021; 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 28 January 2022. The response includes a Plan for Continuous improvement with anticipated completion dates
* the Assessment Contact – Site Report dated 17 March 2021
* the Performance Report dated 19 April 2021
* Information received from the community

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The service did not demonstrate an effective system to ensure consumers are treated with dignity and respect and their identity, culture and diversity valued. Some consumers and representatives said most staff treat consumers well however some staff do not treat consumers with dignity and respect.

An effective system to identify, address and manage culturally safe care and service provision was not demonstrated. Some consumers and representatives said staff did not know consumer’s specific cultural needs and the service did not demonstrate how they identify and provide care/services to address these needs. While most consumers expressed satisfaction, some consumers and representatives gave examples of inappropriate staff practices resulting in consumers not feeling culturally safe and/or valued.

The service demonstrated consumers are supported to exercise choice/independence in relation to making connections with others and maintaining relationships of choice. However, they did not demonstrate an effective system to ensure consumer choices, and those they chose to be involved in care is identified and facilitated. Aspects of care and services are discussed with representatives and do not consistently involve consumers. There is not an effective system to ensure accurate and appropriate information is provided to decision makers to enable informed decisions.

The service demonstrated a system to support consumers in taking risks however did not demonstrate effective processes to monitor/support minimise and/or reduce risks.

The service did not demonstrate an effective system to ensure consumers and representatives receive current, accurate and timely information in a format which is easy to understand andenables choice nor, an effective system to ensure consumers right to privacy is respected and observed.

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

## Assessment of Standard 1 Requirements

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

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

The service did not demonstrate an effective system to ensure consumers are treated with dignity and respect and their identity, culture and diversity valued. Some consumers and representatives said most staff treat consumers well however other staff do not treat consumers with dignity and respect.

Consumers and representatives gave examples such as: care planning documentation (which was accessible for others to view) contained inappropriate descriptors of the consumer and despite multiple requests for change, it did not occur; staff are rude and dismissive of consumer’s requests for assistance; are verbally aggressive and swear; staff speak over consumer in another language; staff enter consumer’s rooms without requesting permission and assist consumers without acknowledging and/or speaking to them.

The Assessment Team observed staff entering consumers rooms without requesting permission to do so; staff repeatedly speaking to a consumer in a loud voice which caused the consumer distress; demonstrating awareness of a consumer’s request for assistance however not responding and staff walk away from a consumer without responding to them after they requested assistance.

Interviewed staff could not advise how they support consumers to maintain their culture and diversity.

Documentation review detailed the organisation has policies relating to diversity and choice. However, the service did not demonstrate how they support consumer awareness of their rights, be treated with respect or how they support identity, culture and diversity when delivering care and services. The service did not demonstrate how they communicate cultural safe service requirements to their workforce.

In their response, the approved provider demonstrated updating of care planning documentation to reflect current needs, alerting staff to ensure consumers communication equipment is consistently working, planned education/training to be provided to staff and senior management team to implement monitoring processes to ensure staff compliance.

I acknowledge immediate and planned actions, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

*Care and services are culturally safe.*

The service did not demonstrate an effective system to identify, address and manage culturally safe care and services. Some consumers and representatives expressed dissatisfaction staff did not know consumer’s specific cultural needs. The service did not demonstrate how they identify consumers specific cultural needs and provide care/services to address these needs.

Most consumers expressed satisfaction however some consumers and representatives gave examples of inappropriate staff practices resulting in consumers not feeling culturally safe and/or valued. Examples include staff coming into their rooms at night without requesting access, staff not knowing their cultural preferences relating to meals and activities of significance.

Interviewed staff could not advise how they support consumers to maintain their individual cultural needs and/or demonstrate knowledge of what individual cultural safety involves. Staff gave examples of knowing consumers are from various countries however many could not advise which country and/or any culturally appropriate care requirements.

Via documentation review the Assessment Team bought forward evidence care planning did not consistently detail consumer’s specific cultural interests/needs and strategies to address these.

In their response, the approved provider demonstrated plans for reassessment of consumers current needs, updating of care planning documentation to reflect current needs, planned education/training to be provided to staff.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

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.*

The service demonstrated consumers are supported to exercise choice/independence in relation to making connections with others and maintaining relationships of choice. However, they did not demonstrate an effective system to ensure consumer choices, and those they chose to be involved, is identified and facilitated. Aspects of care and services are discussed with representatives and do not consistently involve consumers. There is not an effective system to ensure accurate and appropriate information is provided to decision makers to enable informed decisions.

Consumer feedback includes not being involved in decisions, staff repeatedly not following requests for privacy, consumer’s preferences for hygiene care not adhered to, not being able to exercise choice re timing of care provision and not being included in discussions between the service and their representatives. Consumers expressed dissatisfaction of feeling dependent on staff to provide care however not as per their preference.

Via interview with management and staff the Assessment Team ascertained a process to identify and record consumer’s choice of self-involvement and/or who they wish to have involved in decision making is not evident. Management acknowledged a system for obtaining consumer consent and/or involvement of their nominated decision maker is not sought. Documentation review detailing how/when consumer’s representatives and/or substitute decision makers are involved, is not consistently documented to guide staff. Documentation review detailed the organisation’s policy relating to consumer choice, does not guide staff in gathering relevant information.

In their response, the approved provider demonstrated plans for reassessment of consumers current needs, updating of care planning documentation to reflect currency, recommencement of case conference system to include consumers and nominated decision makers and planned education/training to be provided to staff.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

The service demonstrated a system to support consumers in taking risks however did not demonstrate effective processes to monitor/support minimisation and/or reduction of risks. Consumer and/or representatives did not raise issues in relation to risk taking and staff described examples of risks consumers may choose to take.

However, via review of documentation the Assessment Team bought forward evidence monitoring and review processes do not occur to inform risk management approaches, and/or problem-solving mechanisms to reduce risk and improve outcomes for consumers is not considered.

In their response, the approved provider demonstrated plans for reassessment of consumers to ensure current risk related needs (including strategies for risk reduction), updating of care planning documentation and risk assessments to reflect current needs, and planned education/training to be provided to staff.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

The service did not demonstrate an effective system to ensure consumers and representatives receive current, accurate and timely information in a format which is easy to understand andenables choice.

Consumers are dissatisfied information transfer is not beneficial and gave examples such as, lack of menus, inconsistent announcement of daily activities, details relating to outings not clearly/consistently communicated, lack of communication when staff are assisting consumers to attend appointments, not a consistent method of communication transfer and consumers not knowing where/how to access information.

Interviewed staff acknowledged menu information is not displayed and activities calendars are not consistently provided to consumers. Complaint documentation detailed multiple issues received relating to lack of communication/information.

Observation by the Assessment Team identified some information is displayed throughout the service however not all lifestyle activities are communicated via announcement to enable attendance.

In their response, the approved provider demonstrated plans to implement processes to inform consumers of current details, follow-up of feedback received, review current communication methods to implement an effective system and provide education/training to staff.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

The service did not demonstrate an effective system to ensure consumers right to privacy is respected and observed. Consumers gave examples of staff not respecting or accommodating their request for privacy when attending to hygiene needs and staff consistently enter their rooms without permission.

The Assessment Team observed on multiple occasions staff entering consumers rooms without requesting permission and/or waiting for a response prior to entering. They observed staff discussions of individual consumers being conducted in areas accessible by consumers and visitors.

In their response, the approved provider demonstrated plans to review processes related to communication between staff, amend induction and education programs to include topics relevant to this Standards, provide education/training to staff and implement a system of monitoring to ensure staff compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Overall sampled consumers did not consider they feel like partners in the ongoing assessment and planning of their care and services.

The service did not demonstrate effective partnership with consumers and those they wish to be involved. Most consumers and representatives expressed dissatisfaction they have not been involved in assessment and care planning processes, did not have awareness of the process involved nor were consumers provided with a copy of their care plan.

The service did not demonstrate effective assessment processes to gather information relating to consumer’s needs, goals and preferences (including identification and management of risks).

Assessment and care planning did not consistently address all aspects of care and services and detail individual preferences or needs. Effective processes, to identify and address advance care plan directives, are not demonstrated.

A system to ensure comprehensive care plan review is not evident. The service did not demonstrate when consumers circumstances change, that care planning documentation is reviewed and/or amended to reflect current care requirements.

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 service did not demonstrate an effective system of assessment and care planning informs delivery of care. Relevant documentation is not consistently completed, and risks are not identified and appropriately addressed.

Interviewed staff demonstrated knowledge of the assessment and care planning processes and the organisation has policies and procedures to guide staff in relation to conducting assessments and developing care plans, however, the service did not demonstrate an effective monitoring process to ensure staff were adhering to requirements.

In reviewing multiple consumers files, the Assessment Team bought forward evidence relating to lack of skin integrity or pressure injury risk assessment; lack of wound review, unplanned weight loss did not result in reassessment, consumers being administered psychotropic medication did not result in assessment relating to chemical restraint. Review of care planning documentation detailed lack of completed directives to guide staff in providing care.

It was noted by the Assessment Team the organisation’s clinical care policy contained elements which identified another organisation and their practices. Management advised the policy is currently under review.

In their response, the approved provider acknowledged gaps in documentation relating to risk and detailed plans to conduct a comprehensive review of all assessment and care planning documentation for all consumers, develop a monitoring program for regular ongoing review and case conference discussions and provide education/training to staff.

I acknowledge planned actions, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

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 service did not demonstrate effectiveness in ensuring assessment and care planning identified consumers’ current needs and preferences.

The Assessment Team bought forward evidence not all areas of assessment and care planning are completed and documentation to support consumers individuals needs and preferences was not evident. Consumers did not consistently have an advance care plan or directive to guide staff in providing care. Review of some advance care plans demonstrated inconsistent documentation, gaps in information and redundant information.

Informed consent, in relation to use of restrictive practices, is not evident within some consumers documentation. Care planning documentation for consumers exhibiting wandering behaviours and receiving palliative care did not detail directives to guide staff.

The service did not demonstrate a process of review to ensure currency of care planning documentation. The Assessment Team bought forward evidence advanced care plan/directives for several consumers did not demonstrate regular review and advance care planning documentation did not contain clear directives. Interviewed clinical staff did not demonstrated consistent knowledge of assessment and care planning processes.

In their response, the approved provider detailed plans to consult/engage consumers and representatives in assessment and care planning to ensure input and individualised goals and preferences, review all consumers to identify and ensure referral where an identified need is determined, implement a process of regular review with consumer/representative, develop clear palliative care guidelines for staff and ensure consumers requiring palliative care are identified and receiving appropriate care.

I acknowledge planned actions, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

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 service did not demonstrate effective partnership with consumers and those they wish involved in their care. Some consumers and representatives said they had not been included in care planning processes nor offered involvement in case conferences.

Registered staff described the processes to involve consumers and/or their representatives and the organisation has policy and procedures detailing partnering with consumers however the service did not demonstrate this consistently occurs.

Via documentation review the Assessment Team bought forward evidence assessment and care planning documentation did not reflect consumers, representatives or other organisations involvement. For example, although the Public Guardian had been appointed decision make for a consumer the service did not demonstrate their involvement in decision making. Restrictive practice documentation for a consumer does not reflect involvement by either the consumer and/or their nominated decision maker.

In their response, the approved provider detailed plans to consult/engage consumers and representatives in assessment and care planning to ensure input and individualised goals and preferences, review all consumers to identify and ensure referral where an identified need is determined, implement a process of regular review with consumer/representative, review restrictive practice to ensure appropriate consent is in place and/or reduction cessation of restrictive practice if appropriate.

I acknowledge planned actions, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

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 service did not demonstrate effective implementation of this requirement. Consumers and representatives expressed dissatisfaction relating to not being advised of their right to access care planning documentation and care plans were not made available to them.

While clinical staff advised changes to consumer care and outcomes of care planning are communicated to consumers and representatives, documentation review by the Assessment Team did not reflect this occurs. Several consumers and representatives gave feedback they were not aware of care planning processes and had not been supported to site care planning documents.

In their response, the approved provider detailed plans to conduct case conference discussions with consumers and representatives, provide them with a care plan, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

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 service did not demonstrate when consumers circumstances change, care planning documentation is reviewed and/or updated to reflect current care requirements.

Interviewed staff gave details of care plan review regularity however the service did not demonstrate this consistently occurs.

Via review of documentation the Assessment Team identified care planning documentation was not reviewed and/or amended for currency when specialist review and/or incidents occur. For example, care planning documentation was not updated to reflect directives after dementia specialist review, wound care documentation did not reflect current directives post specialist review, behaviour management documentation was not updated post incident and palliative care plans not reflective of current needs.

In their response, the approved provider detailed plans to conduct case conference discussions with consumers and representatives, ensure immediate updating of documentation when needs change, senior clinician daily review of progress notes, review incident reporting to ensure actions/outcomes are documented, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The service did not demonstrate effective systems to adhere to best practice processes for clinical care and ensure care provision is tailored to consumers specific needs. Some consumers and representatives expressed dissatisfaction regarding care and services provided.

The service did not demonstrate an effective system to monitor risks and ensure consumers are receiving appropriate care. While the service demonstrated identification of some high impact/high prevalence risks, an effective system to manage these was not evident.

A consistently effective system to monitor and identify deterioration of consumers nearing end of life to ensure their comfort is maximised, was not demonstrated.

While systems are in place for the transfer of information the service did not demonstrate these were effectively implemented on a consistent basis. They did not demonstrate an effective system to ensure medical officer and other external services are provided with accurate and timely information relating to consumers’ needs.

Most interviewed consumers and representatives expressed satisfaction regarding consumer’s access to health professionals and interviewed staff described the process for referring to other health professionals. However, demonstration of appropriate and timely referral to relevant health professionals was not consistently evident.

The service demonstrated systems relating to outbreak management and minimisation of infection related risks. Practices to minimise the spread of infection and promote appropriate prescribing and antibiotic usage are communicated to staff.

The service demonstrated systems relating to outbreak management and minimisation of infection related risks. Practices to minimise the spread of infection and promote appropriate prescribing and antibiotic usage are demonstrated. However, demonstration of effective and legislative screening processes was not consistently evident for staff and visitors.

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

### Assessment of Standard 3 Requirements

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

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

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

The service did not demonstrate effective systems to adhere to best practice processes for clinical care and ensure care provision is tailored to consumers specific needs. Some consumers and representatives expressed dissatisfaction regarding care and services provided.

Care staff advised they inform registered staff of any consumer concerns and registered staff advised they receive training in relation to clinical care. The organisation has policy and guidance documentation for the management and minimisation of restrictive practices, however, via documentation review the Assessment Team bought forward evidence restrictive practices, such as use of psychotropic medications and equipment, are in use without informed consent from the consumer and/or nominated decision maker.

Documentation review by the Assessment Team for six consumers files detailed the service is not demonstrating effective personal and clinical care in relation to complex behavioural needs, specialist review and subsequent directives not being implemented, complex specialised nursing needs not being met, medical directives do not consistently detail reasons for usage to guide staff when administering psychotropic medication, repeated administration of ‘as required’ schedule 8 medication has not resulted in a review of medication usage, a lack of non-pharmacological intervention prior to administration of pain medication and a lack of effective monitoring relating to unplanned weight loss to demonstrative appropriate responsive actions.

The Assessment Team identified a lack of alternative processes implemented by the service prior to use of a restrictive practice and/or processes to minimise usage and specialist directives recommending a reduction in psychotropic medication has not been implemented. Review of wound care documentation detailed wound care directives have not been consistently implemented, not all incidents are reported, those that have been reported do not consistently demonstrate review and intervention to manage individual risk and/or prevent further occurrence. Incidents are not analysed to identify causal factors.

In their response, the approved provider contends some evidence bought forward by the Assessment Team is not contemporaneous and not in use. They acknowledge deficits in this Standard and detailed plans for senior clinicians to review consumers identified as high risk, assess and review clinical needs, update documentation, ensure specialist review and subsequent directives are implemented, review restrictive practices with a view to reduce use, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

Consideration is given to the decision of non-compliance with this requirement in April 2021 where similar deficits were identified.

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 service did not demonstrate an effective system to monitor risks and ensure consumers are receiving appropriate care. While the service demonstrated identification of some high impact/high prevalence risks, an effective system to manage these was not evident.

Documentation review of several consumer files by the Assessment Team detailed the service did not demonstrate effective management in relation to risks such as complex behavioural needs, falls management, unplanned weight loss, pressure injuries and wound management.

The Assessment Team bought forward evidence a lack of assessment and/or preventative strategies implemented for some consumers who experience falls. For several consumers who experience falls, clinical staff did not conduct assessment/review and consultation by a medical officer did not occur, resulting in a deterioration of consumers’ condition requiring hospitalisation. Consumers experiencing repeated falls did not result in reassessment to determine causal factors and/or implement strategies to minimise risk.

The Assessment Team bought forward evidence of a lack of monitoring processes in relation to hydration management and unplanned weight loss resulted in consumers experiencing unplanned weight loss not being referred to specialist review and hydration requirements not being monitored as per medical officer directives.

The service did not demonstrate an effective system to assess/review consumers exhibiting previously unknown behaviours and or repetitive complex behaviours. The Assessment Team bought forward evidence specialist directives to minimise/prevent incidents of complex behaviours and/or skin integrity and pressure area care are not implemented.

The service does not have an effective system of identifying when incidents are reportable. As a result, reportable incidents are not being communicated to the Serious Incident Response Scheme (SIRS) as per legislative requirements. The Assessment Team bought forward evidence of 5 incidents not reported to SIRS as required.

The organisation has policy and guidance documentation in relation to management of high impact/high prevalence risks however staff are not referring to guidance to manage care.

In their response, the approved provider contends some evidence bought forward by the Assessment Team is not contemporaneous and not in current use. They acknowledge deficits and detailed plans for senior clinicians to review consumers identified as high risk, assess and review clinical needs and incident reports, update documentation, ensure specialist review where required, report required incidents to SIRS, review restrictive practices, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

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.*

Some interviewed consumers and representatives gave examples of discussions conducted with staff. Staff described examples of interventions to maintain consumers comfort and management and representatives said they seek support of a palliative care team to provide appropriate care

However, the service did not demonstrate a consistently effective system to monitor and identify deterioration of consumers nearing end of life to ensure their comfort is maximised. Via file review by the Assessment Team bought forward evidence of staff not consistently identifying and appropriately responding to deterioration in consumer condition including pain management needs. The service did not demonstrate an effective monitoring system to ensure implementation of medical officer directives are consistently followed. Evidence detailed delay in referral to palliative care team and inconsistent monitoring to ensure effectiveness of pain management strategies.

In their response, the approved provider acknowledged deficits and detailed plans for senior clinicians to assess and review clinical needs, update documentation, ensure specialist review were required, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

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.*

While most representatives expressed satisfaction in relation to notification of changes to consumers condition, the service did not demonstrate this consistently occurs.

Interviewed staff demonstrated awareness of escalation processes and the organisation has documented guidance in relation to managing a deterioration in consumer’s condition; review identified inconsistencies with NSW Health guidelines.

The service did not demonstrate a consistently effective system. Documentation review by the Assessment Team relating to several consumers detailed the service did not demonstrate effective and timely response in relation to changes in pain, behavioural and falls management. An effective process to identify and monitor when consumers pain increases was not demonstrated. Changes in consumers behavioural needs were not identified nor were strategies and interventions implemented to manage unmet needs. Deterioration in a consumer’s condition (including increased pain) following a fall was not identified/responded to in a timely manner resulting in a delay before hospital transfer.

In their response, the approved provider acknowledged deficits and detailed plans for senior clinicians to assess and review clinical needs, update documentation, ensure specialist review where required, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

Consideration is given to the decision of non-compliance with this requirement in April 2021 where similar deficits were identified.

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.*

While systems are in place for the transfer of information the service did not demonstrate effective implementation consistently occurs. Information transfer is not consistent and documentation details inconsistent/incomplete information. The service did not demonstrate an effective system to ensure medical officer and other external services are provided with accurate and timely information relating to consumers’ needs.

Some consumer’s expressed dissatisfaction medical officer and allied health directives and not consistently implemented. Clinical staff gave examples of communication methods utilised including functionality of the service’s electronic documentation system. Feedback from management personal advised of a deficit in ability to obtain information relating to consumers specialist review due to lack of information transfer from previous clinical staff.

The Assessment Team observed the electronic care system’s process of information transfer however via file review bought forward evidence of information inconsistently documented effecting appropriate care delivery. Documentation review detailed generic care planning documentation which did not contain individual care directives. Triggers and strategies to manage consumers wandering behaviours were not available to guide staff. Consumer’s substitute decision makers are not provided with current information to enable informed decision making.

The Assessment Team bought forward evidence a lack of effective system to ensure senior clinical management are advised when consumers are transferred to hospital. Consumers and representatives are not consistently advised of changes to care planning directives. Specialist directives are not consistently detailed in care plans to guide staff in providing care. Changes to consumers’ condition is not consistently communicated to medical officers to enable appropriate care directives. There is not an effective system to ensure senior management personnel are informed of incidents.

In their response, the approved provider acknowledged deficits and detailed plans for senior clinicians to assess and review clinical needs, update documentation, ensure specialist review were required, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

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.*

Most interviewed consumers and representatives expressed satisfaction regarding consumer’s access to health professionals and staff described the process for referring to other health professionals.

However, demonstration of appropriate and timely referral to relevant health professionals was not consistently evident. Via documentation review the Assessment Team bought forward evidence medical officer and allied health provider referral did not occur in a timely manner. Consumers experiencing unplanned weight loss, deterioration in condition, increase in pain, changes in continence needs, changes to and/or increase in complex behaviours, injuries sustained as a result of a fall and palliative care needs did not result in timely referral to medical officer, allied health professional and/or specialists.

The organisation does not have a specific policy/procedure to guide staff in relation to referrals processes. Management explained these processes are embedded within other policies and procedures.

In their response, the approved provider acknowledged deficits and detailed plans for senior clinicians to assess and review clinical needs, update documentation, ensure specialist review were required, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

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 demonstrated systems relating to outbreak management and minimisation of infection related risks. Practices to promote appropriate prescribing and antibiotic usage are evident.

Management advised the organisation’s Quality Manager is the current Infection Prevention Control (IPC) lead and plans in place for other clinical staff to undertake relevant training. The organisation has documented procedures relating to minimisation of infections and appropriate usage of antibiotics and an outbreak management plan.

However, the service did not demonstrate effective monitoring processes to ensure staff adhere to appropriate infection prevention practices. Interviewed staff did not consistently demonstrate awareness of infection control practices and/or antimicrobial usage and practices to reduce the risk of antibiotic resistance. Clinical staff did not demonstrate consistent knowledge of current infections. Staff demonstrated inconsistent knowledge relating to outbreak management practices and use of equipment.

Interviewed consumers and representatives expressed dissatisfaction in relation to the lack of room and equipment cleanliness. Feedback was received in relation to lack of appropriate Covid-19 screening processes. The service did not demonstrate effective and legislative screening processes consistently occurs for staff and visitors. Management and staff advised monitoring of effective and appropriate Covid-19 screening processes did not occur on weekend days resulting in visitors gaining access to the service and consumers rooms without adhering to Covid-19 screening processes. The Assessment Team observed an alarm alerting staff to a breach in Covid-19 screening processes did not result in remedial action.

The service did not consistently demonstrate effective standard and transmission-based precautions including appropriate staff practices to minimise infection related risks. The Assessment Team observed limited access to hand sanitising stations and/or supplies in some areas of the service, specific areas of the environment were observed to be in need of cleaning, multiple waste bins required emptying and staff incorrectly wearing Personal Protective Equipment (PPE) resulting in risk to consumers and staff. They observed a lack of monitoring processes by the service to monitor the number of consumers and several visitors accessing communal areas without wearing appropriate PPE.

In their response, the approved provider acknowledged deficits and detailed plans for senior clinicians to assess, review and analyse infections and antimicrobial usage, update documentation, ensure IPC training is conducted, review Covid-19 screening processes and PPE usage, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

# STANDARD 4 NON-COMPLIANT Services and supports 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

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of care occurs. Consumer feedback detailed satisfaction and involvement of other organisations.

Most sampled consumers and representatives gave positive feedback in relation to the quantity of meals noting recent improvements. While most consumers expressed satisfaction, some said improvements were required in relation to meal temperatures.

The serviced demonstrated most equipment is safe, suitable, clean and well maintained. Consumers and staff confirmed there is enough well-maintained equipment.

However, the service did not demonstrate consumers are supported and/or encouraged to participate in activities of daily living which enable independence, maintain their sense of well-being and improve their quality of life. Consumers and representatives expressed dissatisfaction the lifestyle program does not include activities of interest; they are not included in program planning and for those consumers who prefer not to participate in group activities limited alternative activities occur.

While some consumers said they feel supported by pastoral care staff, the service did not demonstrate this is consistent for all. Consumer dissatisfaction was expressed in relation to not being provided emotional support when incidents occur.

Some consumers expressed satisfaction with engagement in daily living activities however this is not consistent for consumers who are not able to (or who chose not to) participate in group activities.

The Quality Standard is assessed as Non-compliant as four 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 service did not demonstrate consumers are supported and/or encouraged to participate in activities of daily living to enable independence, maintain sense of well-being and improve quality of life.

Consumers and representatives expressed dissatisfaction the lifestyle program does not include activities of interest; they are not included in program planning and for those consumers who prefer not to participate in group activities limited alternative activities occur.

The Assessment Team observed consumers living in the secure environment were not engaged in meaningful activities. Staff said due to staffing limitations they were unable to engage consumers in meaningful activities and/or activities of choice. Management acknowledge deficits in relation to the lifestyle program resulting in consumer dissatisfaction. Documentation review detailed assessments and care planning documentation were generic and/or inconsistently completed.

In their response, the approved provider detailed plans for senior clinicians to assess and review lifestyles, cultural, spiritual and social needs with input from consumers and representatives, update documentation with personal goals and preferences, review the lifestyle program, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

An effective system to promote consumer emotional, spiritual and psychological well-being is not evident. While some consumers said they feel supported by pastoral care staff this is not consistent for all. Consumer dissatisfaction was expressed in relation to not being provided emotional support when incidents occur.

The Assessment Team bought forward evidence assessment and care planning documentation were generic and/or inconsistently completed and did not contain individualised strategies.

Pastoral care staff gave examples of supporting some consumers and said pastoral care support is accessible daily, however Covid-19 pandemic restrictions had reduced the ability for spiritual services to occur.

In their response, the approved provider detailed plans for senior clinicians to assess and review lifestyles, cultural, spiritual and social needs with input from consumers and representatives, undertake referrals where required, update documentation with personal goals and preferences, review the lifestyle program, establish regular communication methods, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

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

Some consumers expressed satisfaction with engagement in daily living activities however the service did not demonstrate this is consistent for all. Those consumers who are not able to (or who chose not to) participate in group activities do not feel supported and/or enabled to engage in things of interest to them.

Some consumers and representatives expressed dissatisfaction in being supported to participate in activities, stating limited activities are offered to those who cannot participate in group activities.

Interviewed staff advised of the process in relation to outings however acknowledge a system to sure all consumers who may wish to participate can do so, and/or a process to ensure all consumers are advised of these activities is not in place.

The Assessment Team bought forward evidence assessment and care planning documentation did not contain individualised strategies to support consumers in participation in the community and/or maintain social and personal relationships of choice. The Assessment Team observed consumers living within the secure environment were not engaged in meaningful activities.

In their response, the approved provider detailed plans for senior clinicians to assess and review lifestyles, cultural, spiritual and social needs with input from consumers and representatives, undertake referrals where required, update documentation with personal goals and preferences, review the lifestyle program, establish regular communication methods, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

The service did not demonstrate an effective system to gather and/or disseminate information relating to consumers needs and/or preferences. The Assessment Team bought forward evidence assessment and care planning documentation are generic and/or inconsistently completed and did not contain individualised strategies.

Staff did not demonstrate knowledge of consumers needs. The Assessment Team bought forward evidence the service did not have an effective method of ensuring catering staff are aware of consumer’s dietary needs and preferences.

In their response, the approved provider detailed plans for senior clinicians to assess and review lifestyles, cultural, spiritual and social needs with input from consumers and representatives, undertake referrals where required, update documentation with personal goals and preferences, review the lifestyle program, establish regular communication methods, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

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

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

### 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

Sampled consumers consider they belong, feel safe and comfortable within the service environment. Consumers expressed a range of feedback including the environment feels welcoming, they can generally access external areas and satisfaction with cleaning of the environment and equipment.

Staff described the process for ensuring equipment is cleaned/maintained and support to aid consumer’s independence such as pictures, room identification and signage to assist wayfinding.

There is a preventative and routine maintenance program. Maintenance staff described process for rectification of equipment.

The Assessment Team observed in general the service environment including furniture/fittings to be clean, well-maintained and suitable for consumer use. Consumers, representatives and staff were observed in communal areas.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

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

*The service environment:*

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

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

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

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

While consumers and representatives said they are aware of avenues for complaints and would feel comfortable in doing so, they expressed dissatisfaction relating to a lack of response and/or successful outcome when they do so. Consumers and representatives said the management team was not always responsive to feedback/concerns.

The service did not demonstrate an effective system regarding appropriate and timely action taken in response to complaints. Staff did not consistently demonstrate knowledge of the concept of open disclosure and the service did not demonstrate open disclosure practices had occurred when things go wrong.

Management and staff did not demonstrate an understanding of feedback processes to inform continuous improvement, knowledge of how feedback and complaints lead to continuous improvement and did not demonstrate improvements made as a result of feedback.

Information in relation to advocacy services and external complaints processes is on display throughout the service.

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

## Assessment of Standard 6 Requirements

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

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

While consumers and representatives said they are aware of the avenues for complaints and would feel comfortable in doing so, they expressed dissatisfaction relating to a lack of response and/or successful outcome. Consumers and representatives said the management team was not always receptive/responsive to feedback/concerns.

The service did not demonstrate effective systems in encouraging and supporting consumers and representatives to provide feedback and/or demonstrate appropriate and timely actions.

Interviewed staff demonstrated knowledge of the processes to manage complaints and management described several mechanisms for gathering feedback and advised of organisation processes to manage feedback.

The Assessment Team observed documentation alerting consumers and representatives to the feedback process and documentation review detailed information provided to consumers relating to this.

In their response, the approved provider acknowledged deficits relating to complaints management and detailed plans for senior management team members to meet with consumers and representatives, review policy documentation, establish regular communication methods, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

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

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

The service did not demonstrate an effective system regarding appropriate and timely action taken in response to complaints. Staff did not consistently demonstrate knowledge of the concept relating to open disclosure and the service did not demonstrate open disclosure practices had occurred when things go wrong.

Consumers and representatives expressed dissatisfaction in relation to timely and effective responsiveness to complaints resulting in either non-responsiveness and/or awaiting finalisation from management and staff. Consumers said staff make mistakes, however, do not take responsibility, correct issues or offer an apology.

Interviewed staff advised complaints are not consistently documented, did not demonstrate how resolution occurred or knowledge of open disclosure requirements.

The Assessment Team bought forward evidence complaint resolution processes are not demonstrated. While allegations of some complaints are recorded, documentation does not demonstrate actions taken, responses given, evaluation of effectiveness and/or actions to mitigate further occurrence.

In their response, the approved provider acknowledged deficits relating to complaints management and detailed plans for senior management team members to meet with consumers and representatives, review and implement response policies, establish regular communication methods, ensure complaint capturing and data processes are effective, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

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.*

The service did not demonstrate an effective system.

The Assessment Team bought forward evidence of a fragmented system which did not demonstrate review and/or analysis of complaints to demonstrate improvement.

Consumer and representative feedback detailed dissatisfaction with the process and were not able to cite improvements made as a result of their feedback to management.

Management and staff did not demonstrate an understanding of feedback processes to inform continuous improvement, knowledge of how feedback and complaints lead to continuous improvement and/or demonstrate improvements made as a result of feedback. Management and staff advised feedback is not consistently documented therefore analysis and/or trending not conducted.

Education and training records detailed some staff training.

In their response, the approved provider acknowledged deficits relating to complaints management and detailed plans for senior management team members to meet with consumers and representatives, review and implement response policies, establish regular communication methods, ensure complaint capturing and data processes are effective, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers and representatives expressed dissatisfaction their requests for assistance are not met in a timely manner. Insufficient staffing results in consumers not being supported/engaged in activities of meaningful interest to them, and/or not supported to undertake hygiene activities at a time of their preferences.

The service did not demonstrate an effective system to ensure new and/or staff provided by external agencies have the training or information required to ensure delivery of safe quality care and services.

While some consumers gave feedback that many staff are kind and caring, some consumers and representatives expressed dissatisfaction some staff are unkind, uncaring and speak rudely to consumers, resulting in reported allegations of inappropriate care provision and disrespect.

The service demonstrated an effective process to ensure the workforce have the appropriate qualifications to perform their role, however, do not have an effective monitoring method of ensuring staff competency and/or knowledge to effectively perform their role.

The service has not ensured that staff are recruited, trained and equipped to deliver the outcomes required by the Quality Standards, or a system for ensuring staff are supported and appropriately oriented to the services systems and relevant roles.

The service did not demonstrate an effective system to monitor the performance of the workforce. Staff have not been provided with support for improvement when performance deficiencies have been identified.

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

## Assessment of Standard 7 Requirements

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

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

The service did not demonstrate an effective system.

Consumers and representatives expressed dissatisfaction their requests for assistance are not met in a timely manner. Insufficient staffing results in consumers not being supported/engaged in activities of meaningful interest to them, and/or not supported to undertake hygiene activities at a time of their preferences.

The service did not demonstrate an effective system to ensure new and/or staff provided by external agencies have the training or information required to ensure delivery of safe quality care and services.

Management team members advised of the processes utilised to monitor staff sufficiency and replacement for unplanned leave. They acknowledged some changes currently occurring in the secure environment to ensure an increase in clinical staff and acknowledged a reliance on staff from external suppliers. Interviewed staff gave feedback of a high use of staff from external suppliers resulting in them not knowing consumers and/or their specific needs, several management personnel changes and an awareness of consumer dissatisfaction.

In their response, the approved provider acknowledged deficits relating to the workforce and detailed plans to review roster, consumer acuity, staffing requirements and review of agency staff, review and analyses call bell monitoring processes.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

The service did not demonstrate an effective system.

While some consumers gave feedback that many staff are kind and caring, some consumers and representatives expressed dissatisfaction some staff are unkind, uncaring and speak rudely to consumers, resulting in reported allegations of inappropriate care provision and disrespect. Consumers and representatives said the management team was not always receptive/responsive to feedback.

Most consumers expressed satisfaction with safety however some consumers and representatives gave examples of inappropriate staff practices resulting in consumers not feeling safe when staff access consumers rooms at night without requesting permission. Consumer feedback included staff speaking to them in an inappropriate, argumentative manner.

The Assessment Team observed staff not responding to consumer’s request for assistance, walking past consumers without answering their questions and responding to consumers’ enquiries in a disrespectful manner.

In their response, the approved provider acknowledged deficits relating to the workforce and detailed plans for senior management team members to review staff stand-down procedures, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

The service demonstrated an effective process to ensure the workforce have the appropriate qualifications to perform their role, however, do not have an effective monitoring method of ensuring staff competency and/or knowledge to effectively perform their role.

Most consumers and representatives said permanent staff were generally competent however, some expressed concerns about staff and clinical team members knowledge and skills; for example, in relation to specialised clinical care.

Management personnel explained the process of ensuring clinical staff have the appropriate qualification, the mentoring process to ensure new staff demonstrate required competencies and staff management when performance issues are identified.

The service did not demonstrate appropriate systems to ensure consistently effective handover of duties when senior clinical staff commence. Management explained senior clinical staff did not receive an appropriate handover from previous staff. The Assessment Team bought forward deficits in staff competency and skills relating to observation of inappropriate interactions between staff and consumers, inability in conducting assessments and development of care planning documentation, deficits in delivery of clinical and personal care, insufficient staff to support consumers lifestyle needs and lack of management relating to feedback and complaints processes.

In their response, the approved provider acknowledged deficits relating to the workforce and detailed plans for senior management team members to commence training/mentoring program, review incident management processes, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

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 service did not demonstrate an effective system. The service has not ensured staff are recruited, trained and equipped to deliver the outcomes required by the Quality Standards or a system for ensuring staff are supported/appropriately oriented to the service’s systems and relevant roles. The service did not demonstrate how they ensure education and training is effective in ensuring staff are equipped to undertake their roles. Some consumers and representatives expressed concerns relating to staff knowledge and skills.

Interviewed staff said they had not received any training regarding open disclosure processes. Management team members advised there are no formal processes to ensure staff have awareness of organisational policies and procedures and no formal documented induction program.

Documentation review by the Assessment Team evidenced limited staff had completed organisational training and the service did not demonstrate an effective system of ensuring this occurred.

In their response, the approved provider acknowledged deficits relating to the workforce and detailed plans for senior management team members to commence a comprehensive orientation program, ensure staff files include evidence of training/mentoring program, monitoring compliance with staff education/training program, conduct training needs analysis, mentoring of senior clinicians and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

The service did not demonstrate an effective system to monitor workforce performance. Staff have not been provided with support for improvement when performance deficiencies have been identified.

While management advised a process of performance was in place staff could not provide examples of when performance review occurred. Via documentation review the Assessment Team bought forward evidence of performance management for some staff however the service did not demonstrate education/training and or appropriate actions taken to ensure further deficits did not occur.

In their response, the approved provider acknowledged deficits relating to the workforce and detailed plans for senior management team members to review staff development and those on performance development programs, ensure appropriate actions are completed/documented, training provided and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The organisation is in the process of developing a consumer engagement framework, however, did not demonstrate consumers are currently actively engaged in the development, delivery and evaluation of care and services. Consumers and representatives expressed dissatisfaction they did not feel engaged in the development and delivery of care and services.

The organisation did not demonstrate management and staff had knowledge/understanding and a monitoring system to ensure an effective clinical governance framework existed. The organisation did not demonstrate management and staff had knowledge/understanding of the Quality Standards.

The organisation did not demonstrate consistently effective governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

Demonstration of effective risk management systems and practices were not evident. The organisation overarching risk management system is not effective in supporting consumers and identifying, preventing and managing incidents. The service did not demonstrate an effective method to ensure risks are monitored, trended or analysed.

The organisation was not able to demonstrate management and staff had knowledge and appropriate understanding, plus an effective monitoring system to ensure an effective clinical governance framework existed in relation to antimicrobial stewardship, restraint use and open disclosure.

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

## Assessment of Standard 8 Requirements

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

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

The organisation is in the process of developing a consumer engagement framework, however, did not demonstrate consumers are currently actively engaged in the development, delivery and evaluation of care and services. Management advised the service is in the process of reintroducing consumer representation at the organisational clinical governance committee however is awaiting the development of a new consumer engagement framework which is currently in the consultation/draft stage.

Consumers and representatives expressed dissatisfaction they did not feel engaged in the development and delivery of care and services; detailed dissatisfaction with the process and were not able to cite improvements made as a result of feedback provided to management.

In their response, the approved provider detailed plans to review consumer representation on clinical governance committee, review feedback process to ensure consumer involvement, review case conferencing mechanisms, and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

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.*

Management advised the governing body satisfies itself the Quality Standards are met through clinical indicators and critical event reports, which are prepared by the clinical governance management team, and are tabled at Board meetings. However, the organisation did not demonstrate management and staff had knowledge/understanding of the Quality Standards. The service is non-compliant in seven of the eight Quality Standards.

The organisation has processes through which information about care and services is presented to the governing body. However, did not demonstrate effective systems to ensure the governing body is kept informed, and effectively responds to identified deficiencies in a timely manner. The organisation did not demonstrate management and staff had knowledge/understanding and a monitoring system to ensure an effective clinical governance framework existed. They did not demonstrate how the organisation communicates and promotes a culture of safe, inclusive and quality care, communicates this to the workforce, consumers and representatives and others within the community.

In their response, the approved provider detailed plans to implement a process to ensure all required actions are completed with board member involvement and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

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 organisation did not demonstrate consistently effective governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

Information systems and processes are not effective in ensuring staff have access to accurate and current information relating to consumers’ care needs. Care plans are not consistently updated in a timely manner when consumer’s care needs change. Reporting of incidents is not accurate and does not demonstrate appropriate review and actions. The services incident management system is not effective in ensure incidents are reported and appropriate responded to. Legislative requirements in relation to minimising the use of restraint have not been followed.

The service has a quality improvement plan in place. Actions listed do not consistently result in sustained improvements and the service’s own monitoring systems have not been effective in identifying and/or responding to deficits bought forward by the Assessment Team.

There is not an effective workforce governance system and the organisation does not ensure regulatory compliance requirements are adhered to. While education was provided to management and staff, the service did not demonstrate appropriate actions in relation to reporting of incidents to the Serious Incident Response Scheme (SIRS). Staff did not demonstrate consistent knowledge of organisational policy and procedural requirements.

The service did not demonstrate effective continuous improvement systems to gather and respond to improvement suggestions from consumers and representatives; a system is not in place to document feedback and ensure follow-up occurs.

Methods of obtaining financial support and expenditure in relation to management requests were evident.

In their response, the approved provider detailed plans to implement processes to ensure all required actions are completed with board member involvement, review policies, ensure education provided and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

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.*

Demonstration of effective risk management systems and practices were not evident. The organisational overarching risk management system is not effective in supporting consumers and identifying, preventing and managing incidents.

Identified risks did not included details relating to prevention, minimisation or management strategies and clinical risks had not been consistently identified. The incident management system did not provide an accurate record of incidents and/or alert staff to ensure appropriate timely reporting of incidents to the Serious Incident Report Scheme (SIRS).

The organisation did not demonstrate evaluation strategies or effective prevention or minimisation of high impact or high prevalence risks. The service did not demonstrate an effective method to ensure risks are monitored, trended or analysed.

In their response, the approved provider acknowledges deficits and detailed plans for senior clinicians to review consumers identified as high risk, assess and review clinical needs, update documentation, review incidents, ensure specialist review and subsequent directives are implemented, review restrictive practices with a view to reduce use, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

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 organisation did not demonstrate management and staff had knowledge and appropriate understanding, plus an effective monitoring system, to ensure an effective clinical governance framework exists in relation to antimicrobial stewardship, restraint use and open disclosure.

Registered staff did not demonstrate knowledge of chemical and physical restraint or accurately describe the principles of open disclosure practices when incidents occur.

Documentation review by the Assessment Team detailed preventative and reactionary practices in relation to prevention of infections. However, deficiencies were noted in the service’s management processes relating to outbreak and a lack of monitoring processes to identify all staff and visitors entering the service adhere to appropriate precautions to reduce the risk of transmission.

In their response, the approved provider acknowledged deficits and detailed plans for education and training to be provided to senior management team, provide education/training to staff and implement a process of monitoring to ensure compliance.

I acknowledge actions planned, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

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.

* Standard 1:
  + Implement effective systems to ensure consumers are treated with dignity and respect and their identity, culture and diversity valued
  + Identify consumers specific cultural needs and provide care/services to address these needs
  + Ensure consumer choices, and those they chose to be involved in care is identified and facilitated and consumers are involved in discussions relating to their care and services
  + Implement effective processes to monitor and support minimisation and/or reduction of risks which consumers choose to take
  + Ensure consumers and representatives receive current, accurate and timely information in a format which is easy to understand andenables choice and informed decision making
  + Ensure consumers right to privacy is respected and observed
* Standard 2:
  + Implement effective systems to ensure assessment and care planning documentation is accurate and current, and risks are identified and appropriately managed
  + Assessment and care planning documentation (including advanced care planning) identifies consumers’ needs and preferences.
  + demonstrate effective partnership with consumers and those they wish involved in their care
  + ensure outcomes of assessment and planning are communicated to consumers and representatives and care planning documentation is readily accessible by consumers
  + ensure care planning documentation is regularly reviewed and amended to reflect current care requirements
* Standard 3:
  + Implement effective systems to ensure consumers receive safe, effective personal and clinical care consistent with their needs
  + Ensure effective systems to identify, assess, monitor and mitigate high impact/high prevalence risks
  + Implement an effective system to monitor and identify deterioration of consumers nearing end of life to ensure their comfort is maximised
  + Ensure effective and timely response in relation to changes in consumers condition
  + Ensure accurate information relating to the consumer’s condition is documented and communicated to those who care for the consumer
  + Ensure timely and appropriate referral to relevant health professionals and other providers of care
  + Implement effective systems to ensure staff adhere to appropriate infection prevention practices, knowledge of outbreak management practices, antimicrobial usage
* Standard 4:
  + Ensure consumers and representatives are included in program planning and for consumers who prefer not to participate in group activities are offered/support to engage in alternative activities of interest
  + Implement services and supports for daily living to promote each consumer’s emotional, spiritual and psychological well-being
  + Implement services and supports to assist each consumer to participate in their community, have social and personal relationships, and do the things of interest to them
  + Ensure consumer information is communicated with those responsible for care
* Standard 6:
  + Implement effective systems to encourage and support consumers/ representatives to provide feedback and ensure appropriate and timely response
  + Ensure appropriate action is taken in response to complaints and an open disclosure process used when things go wrong
  + Implement an effective system to ensure feedback and complaints are reviewed and used to improve care and services
* Standard 7:
  + Ensure the workforce is planned and the number/mix of the workforce enables the delivery and management of safe, quality care and services
  + Implement a system of training and monitoring to ensure workforce interactions are kind, caring and respectful of consumer’s identity, culture and diversity
  + Ensure members of the workforce are competent and have the qualifications and knowledge to effectively perform their roles
  + Ensure the workforce is recruited, trained, equipped and supported to deliver required outcomes of the Quality Standards
  + Implement a system of regular assessment, monitoring/review of each member of the workforce performance
* Standard 8:
  + Ensure consumers are supported to engage in the development, delivery and evaluation of care and services
  + Ensure the governing body is accountable for the delivery and promotes a culture of safe, inclusive, quality care and services
  + Implement effective governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints
  + Implement effective risk management systems and practices, including but not limited to managing high impact/high prevalence risks, identifying and responding to abuse of consumers, support consumers to live the best life they can and an effective incident management system to record/manage/prevent incidents
  + Implement an effective monitoring system and clinical governance framework in relation to antimicrobial stewardship, restraint use and open disclosure