St Vincent's Care Services Haberfield

Performance Report

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HABERFIELD NSW 2045  
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**Commission ID:** 0302

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

**Site Audit date:** 8 December 2020 to 10 December 2020

**Date of Performance Report:** 19 February 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* The Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the Site Audit report received 22 January 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

All sampled consumers and representatives consider that consumers are treated with dignity and respect, can maintain their identity and their privacy, can generally make informed choices about their care and services and live the life they choose. The Assessment Team generally observed respectful and kind interactions between staff and consumers. Many representatives said they were able to provide the service with information about their family’s background during the admission process. All consumers and representatives consider they are supported to maintain relationships and stay in touch with people who are important to them within COVID-19 restrictions. Staff were able to demonstrate their familiarity with consumer’s backgrounds and provide examples of how this influenced care and service they provide to consumers.

Most consumers and representatives were able to provide examples of choices consumers are able to make such as when they have a shower.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

The Assessment team found that while there was some evidence of consumers exercising choice around services and care, some consumers and representatives said that consumers were not always supported to exercise choice in relation to their own care, for example, in relation to when they can wake up, shower and have breakfast. The Assessment team also reported feedback that the television was left on without consumers being asked what they would like to watch.

In their response the approved provider stated they take all reasonable steps to provide choice to consumers across a range of care and service areas and that concerns had not been raised previously with them by consumers or representatives. It indicated it would reinforce the provision and availability of choice with staff and consumers.

I am satisfied that the service generally promotes and facilitates choice, but that it recognises this should be constantly reinforced.

I find this requirement is compliant.

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

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

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

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

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Most of the sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services. Most consumers and their representatives said the service has discussed end of life planning with them and that end of life preferences were regularly discussed during care plan reviews and case conferences.

The Assessment Team’s review of the assessment and care planning processes show that it is not consistently effective, including in relation to the consideration of risks for the consumers. The service was unable to demonstrate effective review and care updates. Care plans are not consistently individualised relative to the risk to each consumer's health and well-being. Documentation reviewed indicates inconsistencies in the ongoing assessment of consumer needs and effective communication following outcomes of assessment and planning.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team reported registered nurses (RNs) are responsible for consumers assessments, which are to identify risks to consumers associated with their care and which direct safe and effective care. Review of the sampled consumer care planning documents showed the service does not always consider specific risks or reflect evidence of comprehensive assessment and planning for each consumer. Some assessments and planning documents and records are not consistently attended to sufficient to inform the delivery of safe and effective care.

Issues identified by the Assessment Team included the assessment and planning of risks associated with continence care, behavioural management, pain management, dysphagia, falls management and the management of the deterioration of a consumer’s condition.

In their response the approved provider outlined the actions taken to address the issues raised by the Assessment Team and in particular, the review, assessment and planning for the ongoing care of the consumers identified in the report. This included further specialist review for some of the identified consumers and changes to care plans and records to include ongoing care directives following these reviews. It provided clarity on some of the issues identified.

Although I acknowledge the actions taken by the service, I am not satisfied this has addressed the gaps in assessment and care planning in line with risk management as identified by the Assessment Team. I consider that the service needs further time to demonstrate the actions it has taken in response to the Assessment Team findings are effective and can be sustained.

Based on the information provided I find this requirement is non-compliant.

### Requirement 2(3)(b) 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.*

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

*The organisation demonstrates that assessment and planning:*

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

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

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

The Assessment Team reported that consumer's care and service plans reviewed identified minimal or no documentation to indicate that effective communication with consumers or their representatives was taking place. The sampled consumer care plans had no consumer goals documented to indicate what the consumers or representatives would like the consumer to achieve or the outcomes of their care.

The Assessment Team found most consumers and representatives sampled said some staff do offer them the care plan. However, they also said that staff do not consistently provide or explain relevant or current information about the delivery of a consumer's care and services. One registered nurse told the Assessment Team, in another requirement under this Standard, that due to work and time pressures it was often difficult to keep families informed. Only a few consumer/ representatives stated that they are involved in assessment and care planning on an ongoing basis.

The Assessment Team provided a number of examples under this requirement regarding poor communication and documentation in care planning and assessment. These included concerns that representatives “have to chase things” to get matters addressed, that issues raised would not necessarily be followed through and that due to staff not always answering the telephone, communication was not always timely.

In response, the approved provider noted that over a two-month period they had 17 interactions recorded with a consumer representative who had raised concerns with the Assessment Team, and that consumers and/or representatives could use such interactions as an opportunity to raise issues or concerns. They are taking action to improve incoming telephone communication, particularly for times when the reception area is not covered. They note that staff are instructed to answer the phones at all time.

Although I acknowledge the approved provider’s response, I am not satisfied it has sufficiently addressed the concerns raised regarding whether effective communication with consumers and representatives on the outcomes of assessment and planning is consistently occurring. Although there has been significant interactions with one of the identified representatives, this does not demonstrate these interactions were effective or their concerns satisfactorily addressed for issues under this requirement. Therefore, I have given weight to consumer and representative feedback. This was consistent in expressing dissatisfaction with aspects of the service’s system of communication around assessment and planning.

I find this requirement is non-compliant.

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

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

The Assessment Team reported that although incidents are generally reviewed, care plans were not always reviewed or updated following an incident or a change in a consumer’s condition or needs. This included not consistently reviewing consumers' goals when their condition or needs change.

The organisation has a three-monthly review process in place, where the registered staff notify the representatives and review the consumers care plan, such as through case conferences. The Assessment Team found this system was not fully effective. The service could not demonstrate that reviews were occurring in line with this policy and procedure, and the care plan register showed that some care plans have not been evaluated within the required timeframe. Information gathered from case conferences was not seen to be updated into the care plan to support the ongoing delivery of care and services.

The Assessment Team reported one consumer was identified as suffering frequent falls, but documentation did not identify or sufficiently address the actions taken to manage their falls. Another consumer was identified with significant pressure/wound injuries, but their care plan show documentation was incomplete and inadequate review of the wound. The care manager and service manager advised the Assessment Team that they would follow up on all the issues raised.

In its response the approved provider outlined the care planning, assessment and review system in place at the service. They note the monthly clinical governance team meetings report on any outstanding reviews or evaluations. They are currently upgrading their documentation/records electronic data base system, which is due to be completed by the end of February 2021. This will provide a more efficient means to ensure reviews, evaluations and assessments are completed as per the services requirements.

Although I acknowledge the approved provider’s response, I am satisfied the Assessment Team has shownthat the service is unable to demonstrate effective and consistent review of care and services is occurring. In particular, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

I find this requirement is non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall, the Assessment Team reported sampled consumers and their representative consider that consumers receive personal care and clinical care that is safe and right for them. Consumers and/or their representatives confirmed that consumers have access to doctors and other health professionals as and when needed.

Most consumers and representative said at times staff are slow in responding to call bells identifying an impact on continence care and pain management. The Assessment Team review of the assessment and care planning processes show the service is not consistently effective in delivering adequate clinical care. Staff interviews, and documentation review does not demonstrate the service is ensuring each consumer gets effective personal/clinical care. Review of care planning documentation identified deficiencies in the management of high impact and high prevalence risks for the consumers. There is ineffective clinical oversight and monitoring of consumers care, incidents, changes in health status and staff practices in infection prevention and control.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team reported the service could not demonstrate that consumers get care that is effective, safe, meet their needs and is of best practice and optimises their well-being. Staff interviews and documentation review did not demonstrate the service is ensuring each consumer gets effective personal/clinical care.

The review of clinical documentation and progress notes for the sampled consumers showed inconsistencies in some individualised care. This included three sampled consumers where blood glucose levels (BGL) testing and monitoring was not in line with their medical officer’s instructions. Four consumers were still having medicated creams applied for skin conditions despite their medications being listed as ceased. Fluid balance charts recordings supporting fluid restriction care were seen to be inconsistently completed. A review of skin and wound management plans identified these as not being consistently completed and not reviewed as and when required. Wound charts were seen to include poor quality photographs of wounds; showed wound dimensions not being consistently recorded, and a lack of recording the frequency of dressing changes.

The review of a sampled consumer's pain monitoring chart showed that pain is not always or accurately identified or promptly reviewed. The consumer was reported as having significant chronic pain issues and a stage 4 pressure area. Clinical nurse specialist instructions were for staff at the service to strictly monitor their pain. The Assessment Team found the consumer was not having their pain managed or assessed effectively or in line with the set instructions. Including to monitor for the side effects for the strong pain medication this consumer was receiving as part of their care.

Two representatives said they often have to follow up with staff to ensure their consumer's personal and clinical care needs are addressed and in a timely manner. One representative raised concerns regarding the care of their consumer including the management of falls, unexplained bruising, inconsistent pressure area care, medication left in a drawer and poor skin care. The representative said they have raised this with management, but this has not resolved their concerns, which remain ongoing.

Management took immediate action to ensure all ceased and expired medications, which were as required (PRN) medications, were removed from medication storage.

In their response the approved provider said they identified clinical documentation as an issue before this site audit and ongoing steps have since been taken to address this and they believe there has been a significant improvement in this area. They acknowledge there are issues which can be improved in the monitoring of consumer fluid balances. They have ensured BGL monitoring and instructions are followed. They believe wound charting is effective and wound photographs and wound progress evaluated weekly. However, they acknowledge the pain management, assessment and monitoring of the identified consumer were not appropriately addressed.

The approved provider does not agree with the findings outlined regarding a representative who raised a range of issues about their consumer’s care. They said the information provided is not in line with this consumer’s care records and that the representative has been provided with a number of opportunities in which to raise and address such matters.

Whereas I acknowledge the approved provider’s response, I am not satisfied this has adequately addressed the Assessment Team’s findings. In particular, that there were issues reported on by the Assessment Team which demonstrated impact or potential impact on the clinical care of consumers at the service. In particular, as acknowledged by the approved provider, the pain management of the consumer identified in the report.

I find this requirement is non-compliant.

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

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

The Assessment Team reported the service could not demonstrate effective management of high impact or high prevalent risk associated with each consumer's care. For the consumers sampled, this included the management and delivery of wound care, pain, falls, behaviour and medication management. Information reviewed showed that risks are not adequately managed to enhance each consumer's health or wellbeing. For example, falls which were mostly reported as ‘unwitnessed’ were not being consistently managed, including insufficient assessment for pain post-fall.

For one consumer with recorded complex behaviours, the care plan for behavioural management was seen to be ineffective. It contained limited individualised strategies to support their ongoing care. Although they were reviewed by a specialist service, interim recommendations such as regular pain assessment, were not seen to occur.

The service could not demonstrate a safe system of medication administration. This included the use of ceased medications, undated opened medications, cluttered and poorly maintained medication areas and schedule four (S4) medications not being securely or appropriately stored. Interviews with the registered nurses demonstrated they did not have an understanding of nor were observed to be following required safe medication administration practices. Consumer representatives said administration of medications is not always timely and sometimes consumers do not get their required medications.

The Assessment Team reported the service’s medication advisory committee reported late last year on medication error trends. While this committee has been developing a strategy to address the issues, the Assessment Team reported that there has been, leading up to the site audit, an increase in medication incidents.

Staff informed the Assessment Team that some of the issues identified are due to staff shortages impacting on the ability to deliver the levels of care required.

In their response the approved provider said the service has significantly improved its management of falls while acknowledging the minimisation of restraint has resulted in the reporting of more unwitnessed falls. A management focus group was set up late last year to manage falls including the effectiveness of a range of interventions to minimise falls risk. The identified consumer whose behavioural management care plan was identified by the Assessment Team as ineffective, was reviewed by a specialist service just before the site audit. Additional instructions from this review have since been implemented into their care plan and actioned.

The approved provider acknowledged the Assessment Team’s findings that the service could not demonstrate its medication administration was safe and effective or being appropriately applied. The service’s continuous improvement plan shows the actions the service will take to address the matters raised.

It is my view the service was unable to demonstrate the systems it has in place to manage high impact or high prevalence risks in care for each consumer is effective.

I find this requirement is non-compliant.

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

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

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

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

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

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

The Assessment Team’s review of sampled document indicates there is information about the consumer’s condition, needs and preferences. However, they found staff are not always aware of individual consumers' needs and/or preferences, and at times information is not effectively documented and/or communicated.

Although the organisation has a comprehensive suite of clinical monitoring charts, the Assessment Team identified the charts were not adequately completed and monitored by registered nursing staff. For example, pain charts, fluid intake charts, blood sugar monitoring charts, wound charts and pressure area charts. Daily handover sheets identified minimal details in the management of consumers with a history of behaviours. These records were not seen to be updated to include the consumers current treatments and care needs. The progress notes entries of sampled consumer reviewed contained entries which were minimal such as specialist’s appointment times or following specialist review detailing changes in interventions or recording their effectiveness. Staff said generally they do not read or document in progress notes but document in daily charts.

In their response the approved provider said staff have access to a broad electronic data base with comprehensive and current clinical information on consumers. However, they acknowledged they had identified areas for improvement in documentation, and in staff maintaining and completing records in charts. They note documentation issues have been discussed at management and governance meetings prior to the site audit. Their view is improvements will occur and in particular, when the service’s electronic data base documentation system is upgraded.

Although I acknowledge the approved provider’s response, I am not satisfied this sufficiently addresses the issues found by the Assessment Team during the site audit. Although management had identified there were issues with documentation, and has taken actions taken to manage this, this is still in progress.

I find this requirement is non-compliant.

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

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

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found that the service does not consistently monitor infection control practices to ensure all staff are implementing standard precautions. Staff interviewed did not consistently demonstrate sound clinical practice in relation to the minimisation of infection risks. Feedback from consumers included observations of poor staff infection control practices in the use of personal protective equipment (PPE) including gloves and masks. Similar observations, including not applying hand hygiene in-between assisting with consumers, were made by the Assessment Team, as well as being previously identified through the service’s regular environmental/ infection audits. All staff interviewed stated that have had COVID 19 training recently, including hand washing, infection control, and in the use of PPE.

The Assessment Team also found the service was unable to demonstrate consistent practices in identifying urinary tract infections; such as in the application of pathology or following up on results from such tests. Some staff were unable to articulate to the Assessment Team their understanding of how they minimise or prevent the need for, or use of, antibiotics to ensure they are used appropriately. Some enrolled nurses could not demonstrate sound knowledge in relation to promoting appropriate antibiotic use.

The Assessment Team observed concerns regarding the service’s waste management practices for general, clinical, cytotoxic and sanitary waste. This information has been considered in further detail under Standard 5 Requirement (3) (b).

In response, the approved provider identified and provided information on a range of consumers receiving ongoing urinary tract infection care and management. They believe this shows the service does follow the required antimicrobial stewardship in prevention and minimising antibiotic use. The approved provider advised appropriate staff are knowledgeable in antimicrobial stewardship and demonstrate this in their practices. The service has addressed the issues regarding waste management practices including, through a maintenance plan and scheduled waste bin pick-up and monitoring of waste areas.

I acknowledge the information provided by the approved provider to show examples where antimicrobial stewardship is applied in practice. However, I am satisfied the Assessment Team’s findings demonstrate the service could not show that staff consistently follow the correct and required infection control procedures.

Based on the information provided I find this requirement is non-compliant.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Most sampled consumers and representatives considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers and representatives said they consider that staff are aware of what consumers enjoy doing and provide for this where possible. However, some consumers and representatives stated that staffing availability and COVID-19 restrictions has made this difficult.

Most consumers and representatives interviewed consider that when consumers feel low, staff are able to recognise this and take action to support them and lift their spirits. All consumers and representatives interviewed consider that consumers are supported to keep in touch with people who are important to them, for example, through visits (within COVID-19 restrictions) and assisting with video calls.

Lifestyle staff interviewed were able to provide examples of the service’s weekly activity schedule and said they take into account a range of activities for consumers in line with their interests and needs. The Assessment Team observed many consumers attending activities.

Most of the consumers and representatives interviewed consider overall, the food provided by the service to be of good quality and quantity.

The Quality Standard is assessed; all seven specific requirements have been assessed as compliant.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

### Requirement 4(3)(f) 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 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Some consumers interviewed said they did not have any issues and were happy to be there and others said in general, they felt the service is being well maintained and kept clean.

However, some consumers said they had complained to management regarding the cleanliness of their rooms and the outdoor deck areas not being “cleaned for weeks”.

The organisation has confirmed issues at the service regarding its cleanliness and maintenance of the environment and has commenced implementing services and programs to correct these concerns. Feedback from consumers and representatives regarding the service’s environment have been present for over 12 months and systems to effectively manage the situation are yet to be fully actioned or evaluated.

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

## Assessment of Standard 5 Requirements

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

*The service environment:*

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

The Assessment Team reported the service was unable to demonstrate that it has effective systems in place to ensure the environment is safe, clean, and well maintained and that all consumers are able to move freely outdoors. Some consumers advised they did not like to use the outdoor areas as they were not clean.

Management are currently reviewing the service’s maintenance program with a plan to implement monitoring programs for preventative and day to day maintenance. Contract cleaners commenced a thorough clean of the service environment, both internally and externally during this site audit. This included cleaning carpets, the air-conditioning vents, outdoor and BBQ areas. On the final day of the site audit the Assessment Team observed contractors had cleaned all external windows and cleared cobwebs. New outdoor furniture was being unpacked onto external decks. Management advised monitoring processes will be ongoing and will be evaluated for their effectiveness.

The approved provider acknowledged the Assessment Team findings under this requirement. I acknowledge the actions taken by the service during the site audit to address the matters raised. However, it is my view they need further time to demonstrate the systems put in place are effective and can be maintained.

I find this requirement is non-compliant.

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

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

The Assessment Team observed that internal furniture, fittings and equipment were generally clean. However, a maintenance schedule was not observed to be in place or being used. Maintenance records from October 2020 were seen to be incomplete. The service did not have a maintenance register and was unable to effectively track regular maintenance tasks such as repairing or replacing equipment and furnishings. The preventative maintenance schedule was not timely or effective. Testing and tagging and water valves service records were seen to be incomplete.

The Assessment Team reported the hospitality manager was in the process of implementing a daily maintenance schedule. Management advised that equipment suppliers generally maintained equipment such as lifters and wheelchairs. However, there were no records or schedule seen as to when or how this would occur. The hospitality manager advised during the site audit that all equipment in the service has been cleaned and an ongoing cleaning schedule in place.

The approved provider has accepted the Assessment Team findings under this requirement. They listed the actions taken to address the findings. Including that a preventative maintenance schedule is now in place. An action plan outlining repairs and expected dates of completion is in progress. A maintenance officer has been recruited and provided with training for this role and in the organisation’s maintenance systems.

I acknowledge the actions taken by the service to address the matters raised, however the service requires further time to demonstrate the changes it has made are effective, are monitored and reviewed and can be sustained.

I find this requirement is non-compliant.

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Most consumers and representatives have, or felt they could, make complaints and felt safe to do so. Most consumers and representatives interviewed have been able to directly approach staff and management with their complaints. Most consumers and representatives felt overall, the service had acted to respond and address their complaint.

Consumers and representatives said they are not aware of, or have access to advocates, language services and other methods for raising and resolving complaints.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

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

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

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

The Assessment Team reported the service is not effective in making consumers and representative aware of or to access advocates. Most consumers and representatives were not aware of other avenues for making a complaint or advocates or language services available to them. No care staff were able to identify how they would assist consumers and representatives to access advocacy or language services or provide information on alternative methods for raising complaints.

The service has a residential care agreement that provides information on how complaints and feedback can be made including accessing advocacy services. Management stated they can arrange for an interpreter if a consumer requires this service. They also said there were pamphlets in the foyer areas with information on how complaints and feedback can be provided. However, the Assessment Team did not observe these pamphlets to be available in the foyer area.

The approved provider has accepted the Assessment Team’s findings under this requirement. The service’s continuous improvement plan has an action point to provide further staff education in supporting consumers access advocacy and language/interpreter services.

I find this requirement is non-compliant.

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

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

### Requirement 6(3)(d) Compliant

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

The Assessment Team reported consumers, representatives and staff were not aware of any actions the service has taken to improve the quality of care and services in response to feedback and complaints.

The Assessment Team found the complaints register does not always identify what actions have been taken or how these have been followed up. They found the service was unable to demonstrate that feedback via the complaints system is used to improve care and services for consumers. Complaint findings are not reflected in the services quality continuous improvement plan.

In response the approved provider is of the view that complaints are addressed and do lead to improvements in care and services. They also state they run regular surveys and forums from which information is also used to improve care and services.

I acknowledge the approved provider’s response and note it demonstrates that changes have been made as a result of feedback and complaints.

I find this requirement is compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Most consumers and representatives said staff are kind, caring and gentle when providing care to the consumer. Some consumers and representatives interviewed indicated that the consumer gets quality care and services when they need them, and others said that it was “sometimes good and sometimes bad”.

However, other consumers and representatives provided feedback that staff numbers are inadequate, and that staff tend to be rushed when providing services.

Education records indicated there were gaps in staff training and staff practices. Consumers, representatives and staff raised concerns about the adequacy of staff numbers and spoke about risk to, and/or impacts on the delivery of care consumers.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team reported consumers, representatives and staff raised concerns about the adequacy of staff numbers and the risk this presents to the safe and timely delivery of care and services. Staff said they are not able to complete all of their duties or meet all of the consumers’ needs. The Assessment Team observed staff to be rushed and some consumers requiring assistance left unattended. The Assessment Team review of consumers’ care and services records reflects some consumers’ needs are not being met. Interviews with consumers and representatives identified issues regarding staff lacking specialised skills in for example, managing dementia; insufficient staff to assist with meals and a lack of timely response to call-bells.

The facility manager advised the Assessment Team there have been several changes in management and staff in 2020. A number of staff have moved on including care staff. The service has been without a maintenance officer since October 2020. Support was seen to be provided by a roving facility manager, the organisation’s hospitality manager and a nurse practitioner on site two days a week.

Staff informed the Assessment Team that they have raised the issue of high workloads with management at staff meetings, but nothing has been done. They say they often work extra hours to complete tasks.

In its response the approved provider stated staffing at the service is maintained at all times in accordance with an industry benchmark and adjusted for occupancy. Staff have been trained in dementia care and further training is planned in 2021. Service management are currently reviewing the roster. A maintenance officer was due to commence three days a week in early December 2020.

I acknowledge the submission by the approved provider. However, I have given weight to considerable feedback from consumers, representatives and staff regarding the adequacy of staff. In my view the service has not demonstrated its workforce is planned or deployed to ensure the delivery and management of safe and quality care and services.

I find this requirement is non-compliant.

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

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

Overall, consumers and representatives told the Assessment Team that staff are kind, caring and gentle when providing care to the consumer. Staff interviewed were aware of the importance of treating consumers with respect. A staff member interviewed said that if staff were not respectful and if this was observed they would let management know. The Assessment Team generally observed staff interactions with consumers and representatives to be kind, caring and respectful.

I find this requirement is compliant.

### Requirement 7(3)(c) Compliant

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

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

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

The Assessment Team found the workforce is not effectively trained to deliver care and services to all consumers. A review of care and service delivery for consumers indicates gaps in staff practices. For example, as described under Standards 2 and 3. This includes: assessment, documentation, care planning and a range of staff care practices, and as was identified in wound care, medication management and falls management. Some staff said they lack training, or do not have time to attend or complete training or would like more training. One representative and a staff member said they would like there to be further training in dementia care.

Whilst the service undertakes staff appraisals, the service did not show it has a process in place for identifying staff training needs. The Assessment Team did not see a staff training calendar for 2020. The documentation reviewed by the Assessment Team does not show training being undertaken in the Quality Standards since July 2019, and Quality Standards training is not included in orientation training for new staff.

In their response the approved provider submitted training records to show staff had mostly completed their mandatory training requirements. The service will promote the organisational training calendar to staff and encourage clinical staff to remain up to date with the Standards through regular bulletins.

It is my view the approved provider’s response has not sufficiently demonstrated that staff have the required training or education to meet this requirement. I acknowledge the steps taken to address education across a number of areas including care planning, documentation and aspects of clinical care. The service requires further time to demonstrate how it supports staff to deliver the outcomes required across the Standards, and to demonstrate this is effective in ensuring the staff training and education is sufficient to deliver quality care and services.

I find this requirement is non-compliant.

### Requirement 7(3)(e) Compliant

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Some consumers and representatives interviewed indicated that the organisation is well run and that felt they have a say in their care and services. While other consumers and representatives stated the organisation does not always understand their needs. One representative stated the service is not consistently well maintained. Several consumers and representatives said that were unhappy regarding their feedback to management with regard to their concerns.

Consumers and representatives generally could not describe how they fed into broader service improvements. The organisation could not demonstrate how it supports consumers and representatives to partner in the delivery of the care and services.

The organisation could not demonstrate that its risk management systems and clinical governance framework is effective.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team reported consumers and representatives said they have not been consulted about or had input into the development, delivery and evaluation of care and services at service level. Management were unable to demonstrate that consumers are actively engaged in the development, delivery and evaluation of care and services. The State Manager advised that the organisation has undertaken an initiative to receive broad consumer feedback through its National consumer council.

At a service level, management advised that consumers are supported to attend a resident meeting monthly to discuss issues and provide feedback, However, a review by the Assessment Team of minutes for these meetings showed they are not well attended and do not necessarily provide consumer/representative feedback. The service has commenced a food focus group for consumers to provide feedback to management. The Assessment Team reported no actions have been provided from this to date. The facility manager advised that there have been no consumer/representative surveys completed in the past 12 months.

In their response the approved provider said feedback from consumers is discussed at management and governance meetings. They note improvements in the reporting systems will link feedback and incidents to the continuous improvement system. The organisation will instruct service lifestyle staff to place more emphasis on encouraging consumers to attend consumer meetings and forums.

I have given consideration to the approved provider’s response, but I am not satisfied this has addressed the issues raised by the Assessment Team under this requirement. Although the approved provider has identified a range of mechanisms in place or being developed to engage consumers, these have not been effective. The organisation has not demonstrated it has an effective monitoring system that allows it to review these mechanisms and show it is taking timely action to address any identified gaps.

I find this requirement is non-compliant.

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

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

The organisation charter includes a commitment to promoting a culture of safety, inclusion and quality care and services and the board of directors is accountable for their delivery. The organisation’s long-term strategic plan reflects this commitment.

The organisation has clearly identified line management and reporting systems including the head of clinical governance reports monthly to the board regarding the services risk management, regulatory reporting, assurance, clinical effectiveness and reports, incidents, complaints and feedback and complaints trends, education and training and recruitment and development. The facility manager reports to the state manager on a monthly basis, and reports on the service’s performance against the Standards.

Communication from the board to staff and consumers is directed through the organisation’s clinical governance committee and the management and governance meetings. Staff receive communications via staff meetings and email notifications.

I find this requirement is 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.*

While the Assessment Team found there are organisation wide governance systems, it was not demonstrated these are effective at the service level or in relation to some sub-requirements including: information management, workforce governance and feedback and complaints.

Deficiencies in information management were identified in multiple areas during the site audit. This included care plans are not always up to date with information about consumer needs and risks to their health and well-being. Progress notes are absent or poorly written and do not indicate effective communication taking place with consumers or their representatives. Archiving of documents has not been effective to date due to lack of storage and archived material cannot be easily accessed when needed.

The Assessment Team found policies and procedures were not always current and some were out of date. For example, the wound management policy/procedure which is required to reflect best-practice, was last reviewed in October 2015.

The service has not conducted consumer or staff surveys in the last 12 months.

In relation to workforce governance (including approved provider response to findings) refer to Standard 7 for information about consumer needs not being met. This includes feedback from consumers, representatives and staff regarding sufficiency and training of staff.

In terms of feedback and complaints the service could not demonstrate it was supporting consumers to access advocacy and language/interpreter services. The organisation had not identified this as an issue within the service until raised by the Assessment Team during the site audit. However, the approved provider is taking action to ensure consumers know about and can access these services as and when required.

In their response the approved provider acknowledged the Assessment Team’s findings. In their continuous improvement plan they have outlined actions to address issues around information management such as ensuring care plans, assessments and records are current and accurate. That staff are following policy and procedures in completing and archiving documentation. A project is currently underway to ensure all policies and procedures are updated. Monthly consumer surveys are being undertaken and the organisation will ensure information from these are captured and used in supporting care and service delivery.

I have given consideration to the actions taken by the approved provider both across the Standards as they relate to this requirement and in the actions listed in the continuous improvement plan. It is my view the service requires further time to demonstrateeffective organisation wide governance systems and in particular, for the management of information, workforce governance and comments and complaints.

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.*

Overall the Assessment Team was satisfied the service identified and responded effectively to abuse and neglect of consumers. They also identified that although there were some issues with supporting consumers to live the best life they can, generally consumers were satisfied with their life at the service. However, the Assessment Team found the organisation was unable to demonstrate that effective systems are in place for managing high impact or high prevalence risks associated with the care of consumers.

Staff interviews, and documentation review did not demonstrate the service is ensuring each consumer gets effective personal/clinical care. The organisation was unable to provide a documented risk management framework, including policies describing the areas under this requirement. Review of care planning documentation identified deficiencies in the management of high impact and high prevalence risks for the consumers. There is ineffective clinical oversight and monitoring of consumers care, incidents, changes in health status and staff practices in infection prevention and control. As reported under Standard 3 Requirements (3) (a) and (3)(b) and 3(g).

In response the approved provider said clinical high risk and prevalence audits are carried out three times a year at the service. Three such audits were conducted over 2020. Information from these audits resulted in further training and education being offered to staff. Education provided included: managing nutrition and hydration, managing pain, preventing and managing pressure injury, managing hearing loss and minimising restrictive practices. The approved provider submitted a range of policies and procedures in the risk management framework that support this requirement.

Although I acknowledge the approved provider’s submission, I am not satisfied this has addressed the issues raised by the Assessment Team. I note that although the clinical high risk and prevalence audits have been conducted over 2020 and resulted in providing further training to staff, this was not demonstrated as effective in managing high prevalence risk for all consumers sampled. For example, the Assessment Team identified ongoing issues with wound care and pain management. It is my view the service still requires further time to demonstrate the changes it is making are effective and are reviewed and monitored to ensure they are maintained.

I find this requirement is non-compliant.

### Requirement 8(3)(e) Compliant

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

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

The Assessment Team reported the organisation was unable to demonstrate its clinical governance structure is effective. Although a clinical governance framework, is in place, a review of documentation did not show this was being consistently applied in managing clinical care and the areas listed under this requirement.

However, staff said they have had training and education on the policies and procedures under this requirement. These policies have had been discussed with them including how to apply them in their work practices and staff were able to provide examples of this.

Management were asked what changes had been made to the way that care and service were planned, delivered or evaluated as a result of the implementation of these policies. Management were able to provide some examples of open disclosure in relation to complaints and how they monitor and minimise restraints particularly in relation to chemical restraints. The State manager advised the organisation facilitates clinical governance meetings, which are broadly represented across services. From these meetings a report is formulated for the board.

Overall the organisation was able to demonstrate it has a clinical governance framework that is overall, supporting the delivery of care and services. I am satisfied the organisation demonstrated that overall it applies the principles of antimicrobial stewardship, the minimisation of restraint and open disclosure.

I find this requirement is compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 2(3)(a)

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

* That the service can demonstrate it has effective planning and assessment systems which are applied consistently and support the safe delivery of care and services, including the consideration of risks *to* consumers health and well-being.

### Requirement 2(3)(d)

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

* That the service can demonstrate its communication with consumers and representatives is effective and timely and that related documentation is up-to-date and accurate.

### Requirement 2(3)(e)

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

* That the service can demonstrate that care and services are regularly and effectively reviewed and in particular following incidents or changes in a consumer’s health and well-being, and that this process is documented appropriately in a manner supporting timely and ongoing care.

### Requirement 3(3)(a)

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

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

* That the service can demonstrate each consumer gets safe and effective clinical care and this is monitored and reviewed to ensure it is maintained and adjusted as required to meet consumers clinical and care needs.

### Requirement 3(3)(b)

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

* That the service can demonstrate it effectively and consistently manages high impact or high prevalence risk in the care of each consumer.

### Requirement 3(3)(e)

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

* That the service can demonstrate effective documentation processes are in place and supporting the delivery of care and is effective in managing where there is a shared responsibility of care.

### Requirement 3(3)(g)

*Minimisation of infection related risks through implementing:*

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

* That the service can demonstrate staff infection control practices are followed and the infection control system is effectively reviewed and monitored to achieve this.

### Requirement 5(3)(b)

*The service environment:*

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

* That the service can demonstrate its environment is clean, safe, comfortable and well maintained and the actions taken to address this are effective and can be sustained.

### Requirement 5(3)(c)

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

* That the service can demonstrate it has an effective maintenance system in place and that this is reviewed and monitored to ensure it is meeting this requirement.

### Requirement 6(3)(b)

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

* That the service ensure each consumer can access advocacy or other language services as and when required.

### Requirement 7(3)(a)

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

* That the service can demonstrate it has sufficient staff to support the ongoing delivery and management of safe and quality care and services in line with consumer needs.

### Requirement 7(3)(d)

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

* That the service can demonstrate its staff have education and training in order to deliver the outcomes required by these standards.

### Requirement 8(3)(a)

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

* That the organisation can demonstrate how consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

### Requirement 8(3)(c)

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

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

* That the organisation can demonstrate its governance systems are effective in reviewing and monitoring the service’s information management, workforce governance and feedback and complaints regarding access to advocacy and other language/interpreter services.

### Requirement 8(3)(d)

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

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

* That the organisation can demonstrate it monitors and reviews the service’s management of high impact or high prevalence risk to ensure this is effective and sustained.