SummitCare Randwick

Performance Report

15 Frenchmans Road
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**Commission ID:** 2332

**Provider name:** Frenchmans Lodge Nursing Home Pty Limited

**Site Audit date:** 16 March 2021 to 18 March 2021

**Date of Performance Report:** 17 May 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | 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) | Compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | 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) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 21 April 2021.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Some consumers interviewed by the Assessment Team did not consider that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Although some consumers and their representatives had positive feedback about the way staff treat consumers, some consumers and representatives said that not all staff treat consumers in a respectful manner and/or maintained their dignity.

Consumers interviewed did not always feel that staff respect or know about their cultural identify. Consumers and representatives interviewed stated they do not always feel their privacy is respected. The service environment and closeness of consumer beds in shared rooms means some consumers have limited privacy.

The service demonstrated that consumers are supported to exercise choice and independence, and most consumers interviewed feel the service supports them to take risks so they can live the life they choose. The information provided to each consumer is generally communicated in a way they understand and enables them to exercise choice.

The Assessment Team found that the service did not consistently demonstrate that there is a culture of inclusion and respect for all consumers. Most staff interviewed had limited or no knowledge regarding cultural safety for consumers.

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

## Assessment of Standard 1 Requirements

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

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

While most consumers interviewed by the Assessment Team said staff treat them with respect, some consumers and representatives provided examples where consumers were not treated with respect and their dignity was not maintained. Consumers spoke of feeling ignored by staff due to having to wait for assistance, or staff not engaging respectfully with the consumers. Two consumers identified they felt embarrassed and forgotten after being incontinent and having to wait for staff assistance. The Assessment Team observed a consumer not being treated respectfully, with their dignity not maintained by attending staff.

The approved provider’s response identifies continuous improvement actions to address the issues raised by consumers and representatives to the Assessment Team. This includes staff education and training, additional audits and consumer interviews by management, and strategic planning including the review of the organisation’s diversity action plan.

However, at the time of the site audit, not all consumers felt they were treated with dignity and respect at the service.

I find this requirement is Non-compliant.

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

*Care and services are culturally safe.*

Some consumers interviewed by the Assessment Team said while staff know about their background and what is important to them, they feel this is not always supported and services are not tailored to their culture. One consumer of Aboriginal heritage said the service had never explored getting someone from the Aboriginal community to visit them, which the consumer said they would like. Two consumers raised that they were not supported to do things that they enjoy and are important to them such as going to the football and having a barbeque. Staff interviewed by the Assessment Team did not have a clear understanding of culturally safe care and said they had not received training in cultural safety. Lifestyle care planning documentation reviewed by the Assessment Team did not consistently include what was important to the consumer or were generic in nature.

The approved provider’s response demonstrates that following the site audit, case conferences were conducted with consumers identified in the Assessment Team’s report to better understand the consumer’s cultural needs and update care planning documents to better reflect these. The approved provider’s response identifies training that has since been provided to staff including on culturally safe care, and to better equipped staff to personalise services through assessment, care planning and the delivery of meaningful activities.

At the time of the site audit, care and services were not culturally safe for all sampled consumers.

I find this requirement is Non-compliant.

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

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

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

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

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

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

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

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

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

Some consumers interviewed by the Assessment Team felt they did not have privacy in their rooms due to the layout of the service and the number of beds in consumer rooms. Consumers interviewed who share a room with up to three other consumers said there is little privacy in their rooms. The consumers said they have to keep their privacy curtains closed to maintain some privacy from their roommates, however this is not always effective. One consumer representative provided feedback about there being no private spaces in the service to visit the consumer. The Assessment Team observed staff practices that were not dignified or respectful of consumer’s privacy.

The approved provider’s response identifies that the organisation is undertaking a review of bed numbers and room sizes to better accommodate privacy for consumers. The approved provider’s response identifies that the service has commenced staff education on privacy and dignity.

Interviews with consumers and representatives, and observations by the Assessment Team demonstrated that at the time of the site audit, each consumer’s privacy and dignity was not maintained.

I find this requirement is Non-compliant.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall consumers and representatives interviewed by the Assessment Team did not consider that they feel like partners in the ongoing assessment and planning of their care and services. Consumer representatives said they are contacted if there are changes in consumers’ care however did not confirm they had been involved in consumer care planning. Sampled consumers and representatives said they did not receive information regarding the outcome of assessment and planning. They said they are not aware of the care plans or how they could access this information. While some consumers have advanced care plans, two representatives said they had not discussed end of life care for the consumer with staff.

However, the service demonstrated consumer’s assessment and care planning includes other organisations and individuals and providers of other care and services, that are involved in the care of the consumer. Medical and allied health professionals contribute to consumers assessment and care planning.

The Assessment Team found sampled consumers have assessments and care plans to guide their clinical and personal care, and the service has systems to regularly review care plans. However, some sampled consumers care plans contained generic information which is not reflective of consumers current needs, goals and preferences and does not reflect the service’s understanding of tailoring care and services to reflect consumers assessed needs, goals and preferences.

While consumer care plans are regularly reviewed three monthly, the service did not demonstrate all incidents are reported and that all changes in circumstances trigger a review of care and services. The Assessment Team identified this had a negative impact on consumers particularly consumers living with dementia who display behaviours of agitation and distress.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

The Assessment Team found that for sampled consumers, assessment and care planning considered risks to the consumer’s health and well-being. Consumers sampled had documented risk care plans that generally identified risks to the consumer’s health and well-being and impacts on their care needs. While the Assessment Team identified some risks that were not included on these risk care plans, they were considered in other care planning documents. Staff interviewed by the Assessment Team could describe the organisation’s systems for assessment of consumer’s clinical and personal care needs and were generally aware of assessed risks for the sampled consumers. However, the Assessment Team found that the care and services provided to consumers to manage these risks was not always best practice.

The approved provider’s response demonstrates that for the consumers identified in the Assessment Team’s report, assessment and planning considered risks to their health and well-being and this generally informed safe and effective care and services.

While clinical and personal care provided to consumers was not consistently in line with best practice, I have considered this in my assessment of Standard 3 Requirement 3(3)(a). The service demonstrated that assessment and planning considers risks to consumers health and well-being to generally inform safe and effective care and services. Staff interviewed by the Assessment Team had a good understanding of the organisation’s systems in relation to this requirement.

I find this requirement is Compliant.

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

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

The Assessment Team found that sampled care plans contained generic information that was not reflective of consumer’s current needs, goals and preferences. For one consumer, strategies to manage their depression and prosthesis were not included in their care plan or were generic in nature. For another consumer, strategies to manage their distress and agitation were contradictory and information about prescribed chemical restraint was not current. While some consumers have advanced care plans, two consumer representatives said they have not had the opportunity to discuss the consumer’s end of life care with the service.

The approved provider disputes that care planning information for consumers was generic in nature. The approved provider states that the generic information identified in the Assessment Team’s report is automatically populated to guide staff on the aim of the care plan domain.

For the two consumers identified by the Assessment Team whose care plans did not contain personalised information to manage depression and distress/agitation, the approved provider demonstrated that action such as referrals to specialists were made to manage these needs. The approved provided demonstrated that care is generally tailored to address these needs. The approved provider acknowledged there was minimal information on the care plan regarding the management of the identified consumer’s prosthesis and demonstrated this information has now been included in care planning documentation.

For the consumer representatives who told the Assessment Team they have not had the opportunity to discuss the consumer’s end of life care with the service, the approved provider demonstrated that both had signed a ‘future treatment order’. This document included basic advanced care information including whether the consumer is for cardiopulmonary resuscitation, transfer to hospital, and artificial nutrition and hydration. The approved provider did not demonstrate any other end of life or palliative care wishes were documented. This included for one consumer who was palliative and passed away during the site audit. The approved provider demonstrated that 62% of consumers had completed future treatment order forms, with remaining consumers and/or representatives declining this conversation.

While the approved provider demonstrated that for most consumers, assessment and planning informs consumer’s care needs, it was not demonstrated that for all consumers, assessment and planning identified and addressed consumer’s current needs, goals and preferences. While most consumers and representatives have the opportunity to discuss some aspects of advanced care planning, the service did not demonstrate that advanced care planning and end of life planning identifies and addresses the needs, goals and preferences of consumers.

I find this requirement is Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found that assessment and care planning included organisations, individuals and providers of other care and services, that are involved in the care of the consumer. However, the Assessment Team found the service did not demonstrate that assessment and planning is based on ongoing partnership with consumers and others they wish to be involved in their care. Consumer representatives said they are contacted if there are changes in consumers care however, said they have not been involved in consumer care planning. Consumers and representatives interviewed by the Assessment Team were not aware of what a care plan was or how they contribute to their care plan.

The approved provider’s response demonstrated that most consumers have had a case conference in the last 12 months. The approved provider identified that since the site audit, the service has worked to increase consumer and representative understanding of care plans and how they contribute to this.

While the service demonstrated that most consumers and/or representatives have been involved in a regular case conference, this does not demonstrate that assessment and planning is based on ongoing partnership with consumers and others they wish to be involved in their care.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that the outcomes of assessment and planning are documented in consumer care plans which are available electronically where care and services are provided. However, the service did not demonstrate that the outcomes of assessment and planning are effectively communicated to consumers and representatives. Consumers and representatives interviewed by the Assessment Team were not aware of what a care plan is, or how they contribute to it. After raising this with the service, during the site audit summary care plans were sent to all consumer representatives and given to consumers who make their own decisions.

The approved provider’s response demonstrated that some case conferencing processes were in place at the time of the site audit to get consumer and representative input into care assessment and planning. However, the approved provider’s response did not demonstrate that care plans were readily available to consumers and representatives before this was raised by the Assessment Team.

The service did not demonstrate that the outcomes of assessment and planning are effectively communicated to the consumer in a care and services plan that is readily available to the consumer and representative.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that while consumer care plans are reviewed regularly, the service did not demonstrate care and services are reviewed when circumstances change. The Assessment Team found that not all incidents are reported and trigger a review of consumer care and services. For one consumer, care and services were not reviewed for effectiveness in a timely manner after a consumer was identified as deteriorating and requiring palliative care. The Assessment Team identified episodes of consumer aggression that were not reflected in the service’s incident reporting of aggressive episodes. The service did not demonstrate care and services were reviewed for effectiveness following these episodes of aggression.

The approved provider’s response identifies that for the consumer who required palliative care, the consumer’s representatives were against the commencement of a palliative care pathway until the time it was commenced. However, the approved provider’s response did not include evidence that care and services were reviewed during this time for effectiveness, to ensure they met the changing needs, goals and preferences of the consumer.

The approved provider’s response identifies that the episodes of consumer aggression were not classified by the service as incidents and therefore were not reported in their incident data. However, the approved provider’s response did not include evidence that behaviour management was reviewed for effectiveness following the episodes of consumer aggression.

The service did not demonstrate that consumer care and services are reviewed for effectiveness when circumstances change, or incidents impact on the needs, goals and preferences of the consumer.

I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Most consumers and representatives interviewed by the Assessment Team were satisfied with the personal and clinical care the consumer receives. However, several representatives provided feedback that care doesn’t always optimise consumer’s well-being, and the staff don’t always have time to provide the care needed. Some commented on staff not understanding the consumer’s needs.

Most consumers interviewed said they have access to their doctor and other health providers. However, one consumer expressed dissatisfaction with amount of physiotherapy provided.

The Assessment Team found that some aspects of consumer’s personal and clinical care is delivered according to best practice, is tailored to the consumer’s needs and optimises their health and well-being. However, the Assessment Team identified that the service’s chemical restraint practices were not best practice or in line with the organisation’s procedures. The Assessment Team found that strategies to manage consumer behaviours were not consistently personalised or effective.

Documentation reviewed by the Assessment Team demonstrated that information about consumers’ condition, needs and preferences is available within the organisation and with others where responsibility for care is shared.

The Assessment Team found that the organisation has systems to manage the high impact or high prevalence risks associated with the care of each consumer. However, the service did not demonstrate these systems were effective in managing the associated risks for consumers who are living with dementia and exhibit physical and verbal aggression.

The organisation has systems to recognise and address consumer’s needs, goals and preferences to maximise comfort and dignity at the end of life. However, the Assessment Team identified not all consumers have been asked about end of life needs, goals and preferences and end of life pathways are not implemented in a timely manner for sampled consumers who have assessed end of life needs. The Assessment Team observed gaps in one consumer’s needs, goals and preferences being recognised and addressed by staff, and the consumer’s comfort, privacy and dignity being preserved during end of life.

While the service demonstrates clinical monitoring occurs for consumers to identify deterioration or change in their mental health and cognitive or physical function, the Assessment Team found not all consumers identified as experiencing deterioration are responded to in a timely manner. The Assessment Team identified not all consumers are referred to other services or providers of care and services in a timely manner.

The Assessment Team found that while the service demonstrates an understanding and practical application of antimicrobial stewardship, gaps were identified in the application of standard and transmission-based precautions.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that wounds and pain are effectively managed for consumers to meet their needs and optimise their health and well-being. However, the Assessment Team found that for two consumers, documented strategies to manage consumer agitation and aggression are not consistently personalised or effective in managing these behaviours. The Assessment Team found that the service’s chemical restraint processes were not best practice or in line with the organisation’s procedures. The Assessment Team identified that a review of the restraint had not occurred within the required timeframe for two consumers. For one consumer, care documentation did not identify that chemical restraint is to be used as a last resort after non-pharmacological interventions are evaluated as not effective, in line with best practice. For another consumer who had received as required (PRN) chemical restraint, this was not documented in their progress notes and the non-pharmacological interventions used prior to administration were not documented.

Most consumers and representatives interviewed by the Assessment Team were satisfied with the care they receive. However, some consumers and representatives provided feedback that care doesn’t always optimise consumers’ well-being, and the staff don’t always have time to provide the care needed. For example, a consumer representative said staff do not manage the consumer’s prosthesis, despite the representative teaching staff how to do this. Other consumer representatives said they were not sure if the consumer got the care they needed regarding assistance with feeding, or oral care.

For the two consumers identified in the Assessment Team’s report who did not have personalised or effective behaviour management strategies, the approved provider’s response identifies that these consumers have had improvements in the number of behavioural incidents in the last few months. The approved provider states that this demonstrates consumer’s behaviours are generally managed effectively using non-pharmacological interventions. I acknowledge that for one of the consumers, since the site audit a referral to a behaviour specialist nurse practitioner has occurred to identify more personalised and effective behaviour management strategies.

Regarding chemical restraint, the approved provider demonstrated that for consumers identified in the Assessment Team’s report, restraints were reviewed in the required timeframe. For the consumer whose care plan did not identify that chemical restraint is to be used as a last resort, the approved provider’s response identifies that this restraint was ceased at the time of the site audit. For the consumer who had received PRN chemical restraint, in their response the approved provider states that the service does not require PRN administration to be recorded in progress notes. However, in the in the approved provider’s response, the non-pharmacological interventions used prior to administration were not demonstrated to be recorded. This included for an occasion where the PRN chemical restraint was administered after the site audit.

Regarding the consumer representative feedback, in their response, the approved provider disputes this feedback identifying that staff meet the consumer’s needs in regard to the issues identified by the representatives.

While the approved provider’s response refuted some of the Assessment Team’s findings regarding review of chemical restraint, the approved provider did not demonstrate that chemical restraint practices are consistently in line with best practice. The approved provider did not demonstrate that non-pharmacological interventions to manage behaviour are tailored to the consumer’s needs and are consistently used prior to administration of chemical restraint. The approved provider did not demonstrate that personal and clinical care is consistently tailored to consumer’s needs and optimises their health and well-being.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that risks associated with the care of consumers are identified in care documents, with some documented strategies to manage these risks. The organisation has policies to guide staff in the identification and management of high impact or high prevalence risks. Staff interviewed by the Assessment Team were aware of the high impact or high prevalence risks associated with the care of consumers, and the organisation’s systems regarding this. However, the Assessment Team identified that the risks associated with consumer behaviours of agitation and aggression are not effectively managed. For one consumer, while their care plan identified the risk of aspiration, strategies to mitigate this risk were not documented.

The approved provider’s response demonstrates that for the consumer at risk of aspiration, the associated risks have been explained to the consumer and strategies to manage this risk are identified. The approved provider’s response demonstrates that the consumer has been referred to the speech pathologist to assist in managing this risk.

While for some consumers the risks associated with behaviours of agitation and aggression are not effectively managed, I have considered this in my assessment of Standard 3 Requirement 3(3)(a). Overall, the service demonstrated that the high impact or high prevalence risks associated with the care of consumers are identified and effectively managed.

I find this requirement is 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.*

The Assessment Team found that consumers and/or representatives are given the opportunity to discuss end of life planning during case conferences. However, the Assessment Team found that an end of life pathway was not implemented in a timely manner when a palliative status was indicated for one consumer. The Assessment Team found that no crisis medication was ordered until the day before the consumer passed away. The consumer’s documented end of life needs, goals and preferences were generic. The Assessment Team observed gaps in the consumer’s needs, goals and preferences being recognised and addressed by staff, and the consumer’s comfort, privacy and dignity being preserved during end of life.

In their response, the approved provider acknowledged that it was difficult to preserve the privacy of consumers during the end of their life due to the service environment where consumers share rooms with up to three other consumers. The approved provider identifies that the service endeavours to provide single rooms to consumers nearing end of life where able.

In their response, the approved provider states that the consumer identified in the Assessment Team’s report had deteriorated quickly and had not required an end of life pathway until it was commenced.

The service did not demonstrate that for one consumer, during end of life their needs, goals and preferences were recognised and addressed, and the consumer’s comfort, privacy and dignity was preserved.

I find this requirement is Non-compliant.

### 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.*

The Assessment Team found that the service demonstrated clinical monitoring occurs for consumers to identify deterioration or change in their mental health, cognitive or physical function, capacity or condition. Review of consumer care planning documentation by the Assessment Team identified appropriate and timely response following falls including neurological observations, transfers to hospital, notifying representatives and doctors and physiotherapy reviews. However, the Assessment Team identified gaps in the service’s response to a consumer who deteriorated and required end of life care. The Assessment Team observed that for a consumer who had a change in her physical function, this was recognised but not addressed by the service.

In their response, the approved provider demonstrated that for the consumer who had a change in her physical function, this was identified and responded to during the site audit.

While the Assessment Team identified gaps in the service’s response to a consumer who deteriorated and required end of life care, I have considered this in my assessment of Standard 3 Requirement 3(3)(c). Overall, the service demonstrated that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

I find this requirement is Compliant.

### Requirement 3(3)(e) 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.*

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

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

The Assessment Team found that the service generally refers consumers to individuals, other organisations and providers of other care and services as appropriate. However, for one consumer a dietician referral was not made in line with recommendations from the geriatrician and for another consumer a behaviour management referral had not occurred despite this being identified in care documentation.

In their response, the approved provider demonstrated that for the consumer who was recommended to have a dietician referral, this had occurred a month prior to the geriatrician’s recommendations and therefore re-referral was not appropriate. For the consumer who had not been referred to behaviour management specialists, in their response the approved provider demonstrated that this has occurred since the site audit.

While for one consumer a referral had not occurred in a timely manner once indicated, overall the service refers consumers to individuals, other organisations and providers of other care and services as appropriate and in a timely manner.

I find this requirement is 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.*

Staff interviewed by the Assessment Team had a good understanding of antimicrobial stewardship including the practical application to prevent infection and reduce the use of antibiotics. However, the Assessment Team identified gaps in the service’s application of standard and transmission based precautions to prevent and control infection. For a consumer who had an antibiotic-resistant infection in their urine, three staff providing care to the consumer were unaware of the infection when interviewed by the Assessment Team. The Assessment Team found that the consumer’s care plan identified the infection, however, did not include information on the additional precautions to take when providing care to the consumer. The Assessment Team observed that the service environment did not support standard and transmission based precautions to prevent and control infection. Beds in shared consumer rooms did not enable social distancing and consumers who return from hospital generally return to shared rooms with no additional monitoring processes in place.

The approved provider’s response identifies that for the consumer who had an antibiotic-resistant infection, an alert and sign were in the consumer’s room to ensure staff are aware and follow standard precaution when providing care. The approved provider identified that the consumer no longer has an antibiotic-resistant infection.

In their response, the approved provider identified that consumers who return to the service from hospital are required to have a negative COVID-19 swab result and therefore don’t require any additional monitoring.

While the approved provider demonstrated that processes were in place to facilitate staff awareness and application of standard and transmission based precautions to prevent and control infection, these were not effective for the staff providing care to a consumer with an antibiotic-resistant infection. At the time of the site audit, the service environment did not enable the effective implementation of standard and transmission based precautions to prevent and control infection.

I find this requirement is Non-compliant.

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Some consumers interviewed by the Assessment Team did not consider that they get the services and supports for daily living that optimise their health and well-being and that enable them to do the things they want to do. However, consumers identified the people who are important to them and described the ways they are supported by the service to keep in touch with these people.

The Assessment Team found the service has systems for providing consumer input into the services and supports for daily living thatmeet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. However, not all consumers interviewed felt the service knew how to support them to optimise their well-being and quality of life and information regarding this is not always recorded correctly or individualised. The Assessment Team found that information recorded about consumer’s conditions, needs and preferences is not always accurate and current.

The Assessment Team found that the service’s lifestyle activity program does not always occur as planned due to staffing shortages and there is very limited evaluation and review of the program.

The service demonstrated it refers to other services and providers to enhance consumer’s lifestyle and most consumers interviewed by the Assessment Team said they enjoy the meals provided at the service. Consumers thought the variety of meals was sufficient and consumers were satisfied with portion sizes.

The Assessment Team found that equipment used for services and supports for daily living is generally safe. However, interviews with staff and consumers indicated the service does not have enough wheelchairs and the limited space between consumer beds in shared rooms posed issues when staff are providing care to consumers. Staff interviewed by the Assessment Team said they have not received training in the use of lifting equipment for consumers which may compromise consumer safety.

The Quality Standard is assessed as Non-compliant as three 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.*

Two consumers interviewed by the Assessment Team said that services and supports for daily living did not meet their needs, goals and preferences, and optimise their independence, health, well-being and quality of life. One consumer said they had not been asked about their goals or preferences and their preference of leaving the service more is currently not being met. Another consumer said their goal is to improve mobility following a stroke and was not sure staff are aware of this. Care documents reviewed by the Assessment Team had generic goals regarding services and supports for daily living and did not reflect the goals and preferences identified by the consumers during interviews with the Assessment Team.

The Assessment Team found that the leisure and lifestyle position at the service was vacant and being shared between other staff. Documents reviewed and observations by the Assessment Team demonstrated that activities get changed or cancelled due to insufficient leisure and lifestyle staff.

The approved provider’s response demonstrates that for the consumers identified in the Assessment Team’s report, the service has undertaken case conferencing to determine the consumer’s needs, goals and preferences in relation to services and supports for daily living. These needs, goals and preferences have been documented in the consumer’s care planning documents.

In their response, the approved provider identified that a full-time leisure and lifestyle position was recruited following the site audit. The approved provider’s response identifies continuous improvement actions have been undertaken in relation to this requirement. This includes staff training, and audit of leisure and lifestyle resources, and new music and movement therapy activity for consumers.

While the approved provider demonstrated that improvements have been made in relation to this requirement, at the time of the site audit each consumer did not receive services and supports for daily living did not meet their needs, goals and preferences, and optimise their independence, health, well-being and quality of life.

I find this requirement is Non-compliant.

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

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

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

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

The Assessment Team found that information about consumer’s condition and some care needs are generally communicated within the organisation and others where responsibility for care is shared. Staff involved in providing services and supports to consumers were able to describe to the Assessment Team how changes to consumer condition and needs are communicated. However, for some consumers, information about their needs and preferences regarding services and supports for daily living were not documented and communicated within the organisation.

The approved provider’s response demonstrates that for the consumers identified in the Assessment Team’s report, following the site audit case conferences were conducted to determine information about the consumer’s needs and preferences. The approved provider demonstrated this has been documented in care planning documents to communicate within the service.

While the approved provider demonstrated action was taken regarding identified gaps in relation to this requirement, at the time of the site audit the service did not demonstrate that information about each consumer’s needs and preferences was accurately documented and communicated within the service.

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) Non-compliant

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

The Assessment Team found that equipment used for services and supports for daily living is generally safe. However, interviews with staff and consumers indicated there is not enough wheelchairs available at the service for those that require them. The Assessment Team found that the limited space between consumer beds in shared rooms posed issues when staff are providing care to consumers. Equipment was observed to be dirty including curtains between consumer beds and over-bed tables. Staff interviewed by the Assessment Team had not had recent training or competencies completed on the use of lifters. Some consumers interviewed by the Assessment Team expressed concern over staff competency in using lifters.

In their response, the approved provider disputes that there are not sufficient wheelchairs for consumers who requires them and identifies that as a result of an audit the service has purchased additional wheelchairs. The approved provider identifies that a schedule is in place for the cleaning of curtains and over-bed tables.

The approved provider’s response identifies that staff complete manual handling training, including the correct use of equipment and transferring technique, on orientation to the service and then annually thereafter.

While the service has processes in place for cleaning of equipment and staff training on safe use of mobility equipment, at the time of the site audit these processes were not demonstrated to be effective.

I find this requirement is Non-compliant.

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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.

Consumers and representatives interviewed by the Assessment Team said overall the organisation provides a reasonably clean and well maintained environment. However, several consumers and representatives stated that the service environment does not provide consumers with a comfortable safe space to enjoy privacy and a sense of belonging, interaction and function.

Interviews with consumers and representatives and observations by the Assessment Team identified issues with the service environment that did not optimise consumer’s belonging, independence and function. The service environment, furniture, fittings and equipment were also not found to be consistently safe, clean or well maintained.

The Assessment Team found that the service environment does not enable consumers to move freely inside the facility or outside without support from staff.

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

## Assessment of Standard 5 Requirements

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

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

The Assessment Team found that the service environment does not optimise each consumer’s sense of belonging, independence, interaction and function. The Assessment Team observed corridors leading to consumer rooms are generally narrow and there is insufficient space for shared equipment which is stored along corridors and in bathrooms and toilets not allowing consumers to move safely through the environment. The Assessment Team observed that some areas of the service were not easy to understand due to a lack of signage, including for consumer rooms.

Shared consumer rooms did not provide ample room for consumers to personalise their space with items such as pictures or furniture from the consumer’s home. Several consumers did not have a chair for visitors available or a television. Consumers and representatives interviewed by the Assessment Team spoke about the lack of privacy for consumers in shared rooms including for when consumers have visitors.

In their response, the approved provider identified there are plans to rebuild the service site to better cater to consumer needs and preferences. The approved provider also identified that a review of the bed numbers and shared room sizes is occurring to better accommodate privacy for consumers and improve operational needs. Additional storage spaces for equipment and private areas for consumers are under consideration. The service has placed additional signage around the service to guide consumers to common areas and their rooms.

The service has identified and actioned some improvements to the service environment since the site audit. However, at the time of the site audit, the service environment was not easy to understand and did not optimise each consumer’s sense of belonging, independence, interaction and function.

I find this requirement is Non-compliant.

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

*The service environment:*

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

The Assessment Team found that the service environment was not consistently safe, clean and well maintained. Assessment Team observed shared consumer bathrooms to be cluttered with consumer belongings or stored mobility equipment. Outdoor balconies used by consumers and representatives were observed to be dirty with broken furniture. The laundry trolleys were observed to be overflowing on several occasions.

The Assessment Team found that the service environment does not enable consumers to move freely indoors and outdoors. Shared consumer rooms have limited space between beds making it difficult for consumers to navigate with wheelchairs and around beds and sensor mats. The doors leading to the outdoor areas of the service have an access code which most consumers do not have. For consumers on the first floor there are limited outdoor areas and the lift and stair access to get to the lower level require an access code.

In their response, the approved provider identified a number of continuous improvements actions to ensure the service environment is safe, clean and well maintained. This includes the cleaning of balconies has been added to the cleaning schedule, staff training and further monitoring of staff practices by management. The approved provider identified that staff are able to assist consumers with accessing the outdoor areas.

While I accept that the service has rectified some of the issues raised by the Assessment Team, the service needs time to implement more proactive and preventative processes to identify and action risks to the cleanliness and safety of the service environment. This includes ensuring consumers can move freely, both indoors and outdoors.

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 found that the service did not have effective systems to ensure that furniture, fittings and equipment are safe, clean and well maintained. The Assessment Team observed outdoor storage sheds that are accessed by staff that was not safe, clean or well maintained. Other equipment including wheelchairs and over-toilet chairs were observed to be dirty or not maintained. Consumers and representatives interviewed by the Assessment Team said staff do not regularly clean their wheelchairs. One consumer representative said they have raised multiple complaints about electrical wires along the skirting boards and electrical sockets coming out from the wall in their room. The representative the service fixes the issue, but it keeps reoccurring.

In their response, the approved provider demonstrated that the issues identified with the safety and cleanliness of the storage sheds have been rectified. The approved provide identified that a cleaning schedule for wheelchairs was in place at the time of the site audit.

Regarding the consumer who raised issues with electrical wires and sockets in their room, in their response the approved provider identified a more permanent fix has been put in place to stop the issue reoccurring.

While the approved provider had systems in place at the time of the site audit to ensure the safety, cleanliness and maintenance of furniture, fittings and equipment, these were not effective at the time of the site audit.

I find this requirement is Non-compliant.

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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 consumers and representatives interviewed by the Assessment Team felt they could make complaints and felt safe to do so. However, staff interviewed by the Assessment Team were not aware of the process of how to make a complaint and were mostly unable to demonstrate that they know how to assist a consumer to raise a complaint. The Assessment Team found that consumers on the first floor did not have access to an anonymous feedback box if they want to make an anonymous complaint.

The Assessment Team found that information is available to consumers on advocates, language services and other methods for raising and resolving complaints. This information is also available in languages other than English.

The Assessment Team found that some complaints are not recorded in the feedback and complaints register. While an open disclosure process is generally used when things go wrong staff interviewed did not understand what open disclosure means in relation to complaints.

The service did not demonstrate that it uses feedback and complaints as a way to improve care and services for consumers through the continuous improvement system. Complaints and feedback raised at consumer and representative meetings was not managed through the service’s feedback and complaints system.

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.*

The Assessment Team found that most consumers and representatives interviewed said they knew how to raise a complaint and felt comfortable in doing so. However, two consumers did not feel encouraged or support to make complaints. Most staff interviewed by the Assessment Team were not aware of the process for consumers to make a complaint or were unaware of their roles in assisting consumers to provide feedback and complaints. The Assessment Team found that consumers on the first floor do not have access to an anonymous feedback box if they want to make an anonymous complaint. The consumer handbook reviewed by the Assessment Team had outdated information regarding external complaints procedures.

The approved provider’s response demonstrates that for the consumers who did not feel encouraged or supported to make complaints, when they have raised complaints, these have been addressed.

In their response, the approved provider identified that additional training has occurred for staff on the service’s complaints procedures and how to assist consumers to make a complaint. The approved provider identified that an additional anonymous feedback box has been installed on the first floor and the consumer handbook has been updated to reflect current information regarding making and management of complaints.

While the approved provider demonstrated that consumers can raise complaints, this does not demonstrate that at the time of the site audit, consumers were encouraged and supported to provide feedback and make complaints.

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.*

Some consumers and representatives interviewed by the Assessment Team did not feel that appropriate action was taken in response to concerns they had raised. The Assessment Team found that not all complaints raised by consumers is recorded in the service’s feedback register. While the service demonstrated that an open disclosure process is generally used in the complaints process, staff interviewed by the Assessment Team did not have an understanding of what open disclosure meant. The service’s approach to complaints management detailed in the organisation’s feedback and complaints policy and procedure includes using an open disclosure process.

The approved provider’s response demonstrated that for consumers identified in the Assessment Team’s report, some action was taken regarding their feedback and complaints. However, the approved provider did not demonstrate that the service had finalised the complaints with the consumer or representative to ensure their satisfaction with the action taken. The approved provider’s response also identifies that additional staff training on open disclosure has been planned.

The service did not demonstrate that appropriate action is consistently taken in response to complaints, including documenting the complaints to ensure they are followed up. While the service demonstrated that generally open disclosure is used in the complaints process, staff interviewed did not understanding open disclosure or their role in this.

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 Assessment Team found that the service did not use feedback and complaints to improve the quality of care and services. Most consumers interviewed by the Assessment Team were unable to identify changes made at the service as a result of feedback and complaints. One representative said little improvement had occurred to the quality of care and services for the consumer despite raising several complaints. While management said that complaints are analysed to identify trends for continuous improvement, the Assessment Team found that not all complaints raised by consumers were recorded in the service’s feedback register. This included complaints and feedback raised at consumer and representative meetings. The service’s plan for continuous improvement reviewed by the Assessment Team only had one item resulting from consumer feedback.

In their response, the approved provider identified that for the consumer whose representative raised several complaints about their care and services, some action was taken to address the concerns and improve their care. The approved provider identified in their response that feedback from consumer and representative meetings are tracked and reported on at each meeting, including via meeting minutes.

The service did not demonstrate that feedback and complaints are effectively reviewed, trended or analysed, and used to improve the quality of care and services.

I find this requirement is Non-compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall, consumers and representatives interviewed by the Assessment Team did not consider that the consumer gets quality care and services when they need them and from people who are knowledgeable and capable. Most consumers, representatives and staff interviewed by the Assessment Team stated that staffing is inadequate and had a negative impact on consumer care and services. However, most consumers and representatives stated that staff are kind and caring.

The Assessment Team found that the service was unable to demonstrate that the workforce is planned and sufficiently staffed to enable the delivery and management of safe and quality care and services. The Assessment Team found that the service demonstrated effective processes for ensuring staff have the required qualifications and registrations for their roles. However, the Assessment Team identified gaps in staff knowledge that meant staff were unable to effectively perform their roles. This included in relation to manual handling, leisure and lifestyle, the service’s complaints processes, and the application of standard and transmission based precautions to prevent and control infection.

Training documentation reviewed by the Assessment Team indicated that most staff have completed mandatory training in the past 12 months. However, the Assessment Team identified inadequacies in orientation training and the service’s system for feeding staff training needs into the training schedule.

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

## Assessment of Standard 7 Requirements

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

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

Consumers and representatives interviewed by the Assessment Team raised concerns regarding the adequacy of staffing and the impact on the care of consumers. Consumers and representatives said staff are slow to answer consumer call bells including to assist consumers after they are incontinent. One representative said there are not enough staff to assist the consumer with meals, and another representative said the consumer no longer is supported to go the downstairs level of the service to participate in aerobics.

Staff interviewed by the Assessment Team said there are often not enough staff to enable the delivery and management of safe and quality care and services. Staff identified that care tasks are passed onto the next shift as they often cannot be competed on the required shift, and staff do not have enough time to provide one-on-one social support to consumers. Observations by the Assessment Team suggested that there was insufficient staffing to provide safe and quality care and services. Documents reviewed and observations by the Assessment Team demonstrated that activities get changed or cancelled due to insufficient leisure and lifestyle staff. The Assessment Team reviewed staff shift allocation sheets for the month prior to the site audit. This review identified consistent unfilled shifts for the month, including between 12 to 16 unfilled care shifts a week.

In their response the approved provider disputes that the number and mix of the workforce does not enable the delivery and management of safe and effective care and services. The approved provider’s response identifies that staffing is based on the occupancy level of the service, and the service has access to a casual pool of staff to cover shifts.

Feedback from consumers, representatives and staff, and observations and documents reviewed by the Assessment Team did not demonstrate that 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.

I find this requirement is Non-compliant.

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

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

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

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

The Assessment Team found that the service demonstrated effective processes for ensuring staff have the required qualifications and registrations to perform their roles. However, some consumers and representatives interviewed by the Assessment Team expressed concern over some aspects of staff competency including use of lifters and hoists, and managing consumers with behaviours of agitation and refusal of care. Some staff interviewed by the Assessment Team did not feel they have the required knowledge or competency to effectively perform their roles. This included in relation to manual handling and use of lifters, leisure and lifestyle, and assisting consumers to raise complaints. The Assessment Team identified gaps in staff application of standard and transmission based precautions to prevent and control infection.

The approved provider’s response demonstrates that a number of mandatory training modules are completed before staff commence work at the service and then annually thereafter. This includes training on manual handling and infection control. The approved provider also identified other strategies used to ensure staff have the required competencies and knowledge including buddy shifts.

While the approved provider demonstrated systems are in place to ensure the workforce is competent and has the required knowledge to perform their roles, it was not demonstrated that these systems were effective at the time of the site audit. This includes in relation to manual handling, leisure and lifestyle, the service’s complaints processes, and the application of standard and transmission based precautions to prevent and control infection.

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.*

Training documentation reviewed by the Assessment Team indicated that most staff have completed mandatory training in the past 12 months. However, the Assessment Team identified some gaps in staff understanding of providing culturally safe care, complaints management and open disclosure, and the Quality Standards. The Assessment Team also identified inadequacies in orientation training and how this is monitored by the service. One staff member told the Assessment Team that last year they had requested additional training in two topics, however this had not been arranged. The service did not demonstrate an effective system for identifying staff training needs and feeding this into the training schedule.

The approved provider’s response includes additional orientation documentation that demonstrates the service had processes in place to orientate and support new staff in their role at the time of the site audit. The approved provider demonstrated that they have some systems to identify staff training needs and allocate this as required. For example, as part of performance management.

The approved provider’s response also identifies continuous improvement actions to deliver more consumer focused training and other competencies. This also includes new systems to identify and deliver additional staff training.

While the service had systems in place to train and equip staff to deliver the outcomes required by the Quality Standards, these were not demonstrated to be consistently effective. This includes in relation to staff understanding of providing culturally safe care, complaints management and open disclosure, and the Quality Standards. The Assessment Team also identified gaps in staff practices in relation to assessment and planning of personal and clinical care and services and supports for daily living. The approved provider did not demonstrate effective processes for identifying staff training needs, including from staff feedback, and feeding this into the training schedule.

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-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Some consumers and representatives interviewed by the Assessment Team said that they felt the organisation is well run and that they can partner in the delivery of care and services. However, consumers and representatives generally could not describe how their input fed into broader service improvements. Many consumers and representatives interviewed did not think they are involved in the development and evaluation of care and services.

The Assessment Team found that the organisation was not able to demonstrate that its governing body is accountable for the delivery of safe and quality care and services including promoting a culture of safe, inclusive and quality care. The organisation has a risk management system and a clinical governance framework. However, it was not demonstrated to be effective in managing consumer’s clinical care and allowing them to live the best life they can.

The Assessment Team identified gaps in the implementation of organisation wide governance systems relating to information management, continuous improvement, workforce governance and feedback and complaints.

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

## Assessment of Standard 8 Requirements

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

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

Consumers and representatives interviewed by the Assessment Team generally could not describe how they are engaged in the development or evaluation of care and services, or how their input fed into broader service improvements. Interviews with staff and documentation reviewed by the Assessment Team did not demonstrate that consumers are supported to be engaged in the development, delivery and evaluation of care and services. The service’s plan for continuous improvement had little actions identified from consumer feedback.

In their response, the approved provider identified that consumers and representatives have avenues such as meetings and access to management to provide feedback about the care and services.

However, the approved provider did not demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

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 Assessment Team found that the organisation and governing body promotes a culture of safe, inclusive and quality care and services and has systems to identify compliance issues or risks to safe, inclusive and quality care and services for consumers. However, the Assessment Team identified gaps in the effective mitigation, or addressing of, these issues. The organisation demonstrated that the governing body is informed of significant incidents at the service, and identified planned and actioned changes led by the governing body to improve the quality of care and services.

The approved provider’s response includes additional information regarding the organisation’s and governing body’s action taken to address identified issues and risks to safe, inclusive and quality care and services for consumers.

The approved provider demonstrated that overall, the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

I find this requirement is Compliant.

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

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

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

The Assessment Team found that organisation wide governance systems relating to information management, continuous improvement, workforce governance and feedback and complaints were not effective. The Assessment Team identified deficiencies in the organisation’s information management systems including that the organisation does not have an effective system to review policies and procedures and meeting minutes do not include information about how or when raised issues will managed. The Assessment Team identified that consumer feedback does not effectively drive continuous improvement.

In their response, the approved provider identified additional information that demonstrated the organisation’s policies and procedures are reviewed annually.

The service demonstrated that generally systems relating to information management, financial governance and regulatory compliance implemented at the service are effective. However, systems relating to workforce governance, feedback and complaints and continuous improvement were not demonstrated to be effectively implemented.

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.*

The Assessment Team found that the service has risk management systems and practices relating to the management of high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, and supporting consumers to live their best life. However, the Assessment Team identified gaps in the management of behaviours of agitation and aggression and chemical restraint. The service did not demonstrate that risk management systems are effective in supporting consumers to live their best life. Services and supports for daily living do not optimise consumer’s independence, health, well-being and quality of life, and the service did not demonstrate that all consumers are treated with respect and their dignity is maintained.

The approved provider’s response included some additional information regarding the management of consumer behaviours and chemical restraint. However, the approved provider did not demonstrate that these risks were consistently and/or effectively managed for all consumers.

The service did not demonstrate that risk management systems and practices relating to the management of high impact or high prevalence risks associated with the care of consumers and supporting consumers to live their best life are effective.

I find this requirement is Non-compliant.

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

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

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

The Assessment Team found that while the service has a clinical governance framework, this has not been effective in ensuring antimicrobial stewardship practices are followed by staff and that chemical restraint is used as a last resort after non-pharmacological interventions are evaluated as not effective. Staff interviewed by the Assessment Team did not have a good understanding of open disclosure.

In their response, the approved provider disputes that systems relating to antimicrobial stewardship and minimising the use of restraint are not effective. The approved provider identified that education on open disclosure is planned to increase staff understanding.

While the service has a clinical governance framework, at the time of the site audit, this framework was not demonstrated to be effective in ensuring antimicrobial stewardship practices and minimising the use of restraint.

I find this requirement is Non-compliant.

# Areas for improvement

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

### Requirement 1(3)(a)

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

The approved provider must demonstrate:

* All consumers are treated with dignity and respect, and staff are aware of and value consumer’s identity, culture and diversity.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 1(3)(b)

*Care and services are culturally safe.*

The approved provider must demonstrate:

* Care and services provided to consumers are culturally safe.
* Staff have an understanding of culturally safe care and how it relates to specific consumers.
* Consumer care planning documentation details what is important to the consumer, and how this relates to the care and services provided.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 1(3)(f)

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

The approved provider must demonstrate:

* Each consumer’s privacy and dignity is respected.
* Staff practices are respectful of consumer’s privacy.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 2(3)(b)

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

The approved provider must demonstrate:

* Assessment and planning consistently addresses the needs, goals and preferences of consumers, including advanced care planning and end of life planning if the consumer wishes.
* Assessment and planning is reviewed and updated to ensure it addresses consumer’s current needs and preferences.
* For consumers who have needs, goals and preferences in relation to advanced care or end of life, these are identified and documented in care planning documentation.

### Requirement 2(3)(c)

*The organisation demonstrates that assessment and planning:*

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

The approved provider must demonstrate:

* Assessment and planning is based on ongoing partnership with the consumer and others the consumer wishes to be involved in their care and services.
* Consumers and representatives are aware of how they can contribute to the assessment and planning of consumer care and services, and the development and review of the consumer’s care plan.

### Requirement 2(3)(d)

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

The approved provider must demonstrate:

* The outcomes of assessment and planning are effectively communicated to consumers or representatives on their behalf.
* Care and services plans are readily available to consumers or representatives on their behalf.

### Requirement 2(3)(e)

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

The approved provider must demonstrate:

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

### Requirement 3(3)(a)

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

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

The approved provide must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Chemical restraint is best practice, including used as a last resort after tailored non-pharmacological interventions to manage behaviour are evaluated as not effective.

### Requirement 3(3)(c)

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

The approved provide must demonstrate:

* The needs, goals and preferences of consumers nearing end of life are recognised and addressed in a timely manner.
* The comfort and dignity of each consumer nearing end of life is maximised.

### Requirement 3(3)(g)

*Minimisation of infection related risks through implementing:*

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

The approved provide must demonstrate:

* Effective application of standard and transmission based precautions to prevent and control infection.
* Effective systems to facilitate staff awareness of what additional precautions may be required when providing care to consumers with current infections.

### Requirement 4(3)(a)

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

The approved provider must demonstrate:

* Services and supports for daily living meet each consumer’s needs, goals and preferences, and optimise their independence, health, well-being and quality of life.
* Consumer’s needs, goals and preferences regarding services and supports for daily living are identified and documented to facilitate staff understanding.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 4(3)(d)

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

The approved provider must demonstrate:

* Information about consumer’s needs and preferences regarding services and supports for daily living is documented and communication within the organisation, and with others where responsibility for care is shared.

### Requirement 4(3)(g)

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

The approved provider must demonstrate:

* Equipment used for services and supports for daily living is safe, suitable, clean and well maintained.
* Staff have the required knowledge and competency to safely use mobility equipment such as lifters and hoisters.

### Requirement 5(3)(a)

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

The approved provider must demonstrate:

* The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.
* Consumers have adequate spaces to meet with their visitors that optimises their privacy, interaction and function.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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.*

The approved provider must demonstrate:

* The service environment is safe, clean, well maintained, comfortable, and enables consumers to move freely indoors and outdoors.
* The service has effective processes in place to identify and actions risks to the safety, cleanliness and maintenance of the service environment.
* The service environment enables consumers to move freely and safely indoors and outdoors.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 5(3)(c)

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

The approved provider must demonstrate:

* Furniture, fittings and equipment are safe, clean and well maintained.
* The service has effective processes in place to identify and actions risks to the safety, cleanliness and maintenance of furniture, fittings and equipment.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 6(3)(a)

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

The approved provider must demonstrate:

* Consumers and representatives are encouraged and supported to provide feedback and make complaints.
* Staff understand how to assist consumers to provide feedback and make complaints.
* Consumers and representatives are supported to provide anonymous complaints.
* Consumers and representatives have information about how to make external complaints.

### Requirement 6(3)(c)

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

The approved provider must demonstrate:

* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Staff have an understanding of open disclosure and how this is used regarding complaints.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 6(3)(d)

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

The approved provider must demonstrate:

* Feedback and complaints are effectively reviewed, trended or analysed, and used to improve the quality of care and services.
* The services has processes to ensure an accurate complaints register to assist with review of complaint trends.
* Consumer and representative feedback informs continuous improvement actions for the service.

### 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.*

The approved provider must demonstrate:

* The workforce deployed enables the delivery and management of safe and quality care and services. This includes personal and clinical care, and leisure and lifestyle services.
* The service has effective processes in place to manage unfilled shifts without compromising quality consumer care and services.

### Requirement 7(3)(c)

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

The approved provider must demonstrate:

* The service has effective processes in place to ensure staff have the required knowledge and competencies to effectively perform their roles. This includes but is not limited to manual handling and use of lifters; leisure and lifestyle assessment, planning and delivery; assisting consumers to raise complaints and use of open disclosure; and application of standard and transmission based precautions to prevent and control infection.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 7(3)(d)

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

The approved provider must demonstrate:

* Staff are trained, equipped and supported to deliver the outcomes required by the Quality Standards.
* The service has an effective processes for identifying staff training needs, including from staff feedback, and feeding this into the training schedule.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 8(3)(a)

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

The approved provider must demonstrate:

* Consumers are supported in their engagement in the development, delivery and evaluation of care and services.
* Consumer feedback informs continuous improvement actions for the service and feed into improvements in care and services.

### Requirement 8(3)(c)

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

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

The approved provider must demonstrate:

* Effective organisation wide governance systems are implemented at the service relating to workforce governance, feedback and complaints and continuous improvement.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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.*

The approved provider must demonstrate:

* Effective risk management systems and practices relating to the management of high impact or high prevalence risks associated with the care of consumers and supporting consumers to live their best life.

### Requirement 8(3)(e)

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

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

The approved provider must demonstrate:

* The clinical governance framework implemented at the service is effective in minimising the use of restraint and ensuring antimicrobial stewardship practices are followed.
* The service demonstrates best practice regarding restraint including effective monitoring, reporting and consent practices and that chemical restraint is used as a last resort after non-pharmacological interventions are evaluated as not effective.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.