The Whiddon Group - Glenfield - Easton Park

Performance Report

81 Belmont Road   
GLENFIELD NSW 2167  
Phone number: 02 9827 6666

**Commission ID:** 0243

**Provider name:** The Frank Whiddon Masonic Homes of New South Wales

**Review Audit date:** 15 January 2020 to 17 January 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | 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 Review Audit; the Review 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 Review Audit report received 17 February 2020.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

There was mixed feedback from consumers who spoke with the Assessment Team about this standard, including in relation to being treated with dignity and respect, maintaining their identity, making informed choices about their care and services and living the life they choose.

For example:

* When asked to describe how staff treat them, consumers said that while there are some staff members who are very good, some staff members can be rude and disrespectful.
* Consumers interviewed confirmed that the service values their culture and diversity, and care and services are generally culturally safe*.*
* Consumers confirmed they are supported to make and maintain relationships with others. However, consumers provided mixed feedback regarding being supported to exercise choice and independence to make and communicate their decisions about their own care and the way their care and services are delivered. While some consumers said that staff know their decisions and preferences about care and services, others said they had never been asked.
* Consumers interviewed confirmed that the service respects their privacy and staff knock and wait for an acknowledgement before entering their rooms.

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.

While staff interviewed by the Assessment Team spoke about consumers respectfully and with regard for their identity, culture and diversity, consumers’ feedback shows not all staff treat consumers with dignity and respect. Staff were able to describe how they have or would support consumers to take risks to enable them to live the best life they can.

Care planning documents reviewed did not consistently identify consumer’s background or reflect what was important to the consumer and provided limited detail of preferences and decisions regarding care and services.

While the service demonstrated that it supports consumers to make and maintain connections with others, the service could not demonstrate that consumers can exercise choice and independence to make and communicate their decisions about their own care and the way care and services are delivered. While some consumers said that staff know their decisions and preferences, others said they had never been asked.

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

## Assessment of Standard 1 Requirements

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

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

The organisation was unable to demonstrate each consumer is treated with dignity and respect with their identify, culture and diversity valued.

The Assessment Team found that consumers were not treated with respect by all staff. Consumers who spoke with the Assessment Team said while some staff are good and kind, some staff are rude, disrespectful and negligent with their duties. Three consumers and one representative described staff as rude. Two consumers said staff have not come to know about their identity and background. Two consumers and one representative said staff are negligent with their duties.

The approved provider in their response expressed their concern of the comments made by consumers. The organisation has introduced relationship based care involving a holistic approach to care by staff. The program is in its early phase and additional training and development of team members is ongoing. The service is also reviewing their admission process to ensure all consumers have their preferences documented, cultural needs identified, language preferences and communication method recorded.

The approved provider does not comply with this requirement as the organisation did not demonstrate each consumer is treated with dignity and respect and their identity valued.

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

Care and services are culturally safe.

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

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

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

The Assessment Team found that while the service supports consumers to make and maintain connections with others it could not demonstrate that consumers can exercise choice and independence to make and communicate their decisions about their own care and the way care and services are delivered. Three consumers stated staff do not know their preferences and one consumer stated staff do not follow their preferences.

The approved provider already had a schedule in place prior to the Review Audit to relaunch their relationship based care project and to reinforce to staff the importance of consumer consultation when developing and delivering care. The approved provider has also held meetings with staff and provided education since the Review Audit.

While the approved provider had planned their relaunch of relationship based care, feedback was still received from consumers during the Review Audit that showed staff did not know and were not following consumer preferences in the delivery of care and services.

The approved provider does not comply with this requirement as the organisation did not ensure each consumer was supported to exercise choice and independence at the time of the Review Audit.

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

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

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

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

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Most consumers who spoke with the Assessment Team confirmed that they feel like partners in the ongoing assessment and planning of their care and services however some consumers do not.

For example:

* Most representatives said they are kept informed of changes in the consumer’s condition or when an incident occurs however don’t have direct input into assessments and care planning. Two consumer representatives said they are involved and have input into care and services provided to the consumer.
* Feedback about whether consumers or their representatives are informed of the outcomes of assessment and planning and have ready access to the care plan is mixed. Most consumers/representatives did not know what a care plan was and/or were not aware they can access the care plan.
* Agreed care and services plans are in place and care consultations occur however these mechanisms appear to only inform consumers and their representatives and do not demonstrate a partnership with consumers.

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.

\Whilst management and staff described processes for initial and ongoing assessment and care planning and had some understanding of risks to the consumer’s health and well-being, review of documentation shows this process is not identifying and leading to the development of effective care and service plans. When risks emerge including in relation to pain, choking risk, the risk associated with the use of restraint and deterioration in wounds this is not routinely escalated, investigated, re-assessed and appropriate action is not taken to prevent reoccurrence and further deterioration, including further review of the care and services plan.

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

## Assessment of Standard 2 Requirements

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

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

The organisation was unable to demonstrate assessment and planning, including consideration of risks to the consumer’s health and wellbeing informs the delivery of safe care and services.

The Assessment Team found care and services plans did not provide evidence of comprehensive assessment and planning that considers risk for the consumers sampled. For example, one consumer at risk of wound deterioration, malnutrition and pain had not been assessed for the risks related to these conditions. One consumer on a modified diet had not been assessed for risk of choking. This risk of a physical restraint on one consumer’s skin integrity had not been identified.

The approved provider in their response advised the service will reassess consumers and develop or update their existing care plans. Staff development will be implemented. The service has reviewed and updated assessment and planning for the three consumers identified by the Assessment Team.

The approved provider does not comply with the requirement as the organisation did not have an effective process to ensure assessment and planning included consideration of risks to the consumer’s health.

### 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 organisation was unable to demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences. However, the organisation does demonstrate the needs, goals and preference for advance care planning and end of life planning does occur where the consumer wishes.

The Assessment Team found assessment and care planning does not address all areas of care and service. For example, one consumer’s current needs for wound management, pain management and nutrition had not been identified and addressed. One consumer did not have current needs for pain management and dietary needs and preferences.

The Assessment Team found the review of care and service records identified most consumers have an advanced care plan and there is evidence this is discussed with the consumer and/or representative at appropriate times.

The approved provider advised in their response they are reviewing the process to streamline assessments and providing additional support, direction and education to staff. The consumers identified by the Assessment Team have been reviewed and assessment and planning completed to ensure current needs are identified and addressed.

The approved provider does not comply with this requirement as the organisation did not ensure assessment and planning identified and addressed the consumer’s current needs, goals and preferences.

### 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 organisation was unable to demonstrate assessment and planning is based on ongoing partnership with the consumer and others that the consumer wishes to involve.

The Assessment Team found care consultation does occur with consumers and/or their representative, however, records show the consumer/representative is informed of the care that is provided and do not reflect a two way discussion with the consumer/representative to indicate ongoing partnership in the care planning process. There was no evidence to show the service supports consumers to decide who they want to involve in their assessment and care planning and staff advised they would involve the next of kin which does not demonstrate an understanding others are involved based on the consumer wishes.

The Assessment Team found assessment and care planning does involve other organisations and providers of other care and services involved in the care of the consumer.

Feedback from consumers/representatives was mixed with one representative advising they are involved in care planning and two representatives saying they had no involvement in assessment and care planning.

The approved provider in their response accepted that care planning had lacked partnership with the consumer and/or representative in some instances. The service is reviewing care plans and providing staff with support, training and education.

The approved provider does not comply with this requirement as the organisation did not base assessment and care planning on ongoing partnership with the consumer and others that the consumer wishes to involve.

### 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 organisation was unable to demonstrate the outcomes of assessment and planning were effectively communicated to consumers and a care and services plan was readily available to consumers.

The Assessment Team found through interviews with consumers and representatives they were not aware of a care and services plan or that they had access to one. Three representatives were aware there was a care and services plan for the consumer but did not know they had access to it. One representative did not know there was a care and service plan or that they had access to it.

The approved provider response advised all consumers and representatives were given a copy of the Resident Handbook and a flyer informing them of their rights in relation to access to all information. Representatives were provided with a copy of the Charter of Aged Care Rights and signed to say they understood it. However, the Charter of Aged Care Rights does not specifically inform consumers they have a care and services plan and their care and services plan is available to them.

The approved provider does not comply with this requirement as the organisation did not have an effective process to ensure the outcomes of assessment and care planning are effectively communicated to the consumer and the care and services plan is readily achievable to the consumer.

### 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 organisation was unable to demonstrate care and services were reviewed for effectiveness when circumstances change.

The Assessment Team found care and services plans do not show evidence of review for effectiveness when circumstances change or when the needs of consumers change. For example, the deterioration of wounds for two consumers did not result in a review of the care provided. A consumer was not monitored as requested by a geriatrician following a change in medication. In reviewing the use of a physical restraint for a consumer there is limited evidence to show assessment and planning and consideration of risk and use of alternatives.

The approved provider in their response advised review of care and services has now occurred for all consumers identified by the Assessment Team. Education and training will be provided to staff.

The approved provider does not comply with the requirement as the organisation did not review care and services for effectiveness when circumstances changed for consumers.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Most consumers and representatives who spoke with the Assessment Team consider that consumers receive personal care and clinical care that is safe and right for them. However, some were not sure.

For example:

* One consumer representative said the consumer gets the care they need and they are satisfied with the care provided. Another representative said that as far as they know the consumer gets the care that is right for them.
* However, one consumer representative said they are unsure as to whether the consumer gets the care they need as they believe the consumer’s care needs may be too complex for the service staff to manage. Another representative said their consumer only gets the care they need due to the family’s consistent involvement and are not completely sure that the consumer does get all the care they need.

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.

Assessment and care planning processes have not been effective in ensuring optimal consumer outcomes in clinical care. There has been impact on those consumers sampled by the Assessment Team.

While the needs and preferences of consumers nearing the end of life have been met, consumers have not consistently received clinical care that is best practice and optimises their health and wellbeing. Deterioration or changes in condition have not been identified and escalated for review for all consumers and appropriate referrals to specialist services have not occurred. In relation to minimising infection, this has not been effective in the case of wound management. While policy and procedures have been introduced at the service to reduce the risk of increasing resistance to antibiotics this has not been fully implemented at the time of this performance assessment.

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

### Assessment of Standard 3 Requirements

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

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

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

The organisation was unable to demonstrate each consumer gets safe and effective personal and clinical care.

The Assessment Team found consumers were not receiving safe, effective care that is tailored to the consumer’s specific needs. For example, one consumer did not receive wound care in line with their wound assessment and management plan, the wound deteriorated and became infected, the consumer’s pain management, behaviour management and clinical monitoring were not provided in line with the consumer’s clinical needs. Clinical documentation for one consumer shows physical restraint used in a way that does not follow best practice.

The approved provider in their response accepts there are areas for improvement in the clinical care of some consumers. The service took immediate action to ensure the consumers identified by the Assessment Team were clinically reviewed with referral and escalation to services required to ensure the consumers are getting safe and effective clinical care. The approved provider’s governance team are providing oversight and monitoring of the service. Education and training is being provided to staff including on wound management, restraint management, pain management and behaviour management.

The approved provider does not comply with this requirement as the organisation did not have an effective process to identify current consumer needs and ensure each consumer gets safe and effective clinical care that is best practice, tailored to their needs and optimises their health and well-being.

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

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

The organisation was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team found while the service had identified some key risks and documented these, the identification of the risks has not been effective in managing risks for the consumers sampled. For example, effective wound management did not occur for one consumer, the consumer was hospitalised for management of their wound. One consumer’s physical restraint documentation shows restraint use did not follow best practice with the risk of extended restraint use not identified or minimised. The risk of a physical restraint on the skin integrity of one consumer had not been identified and addressed.

The approved provider in their response accepts there are areas for improvement in the clinical care of some consumers. The service took immediate action to ensure the consumers identified by the Assessment Team were clinically reviewed including consideration of risk associated with the care of each consumer. The service undertook referral and escalation to appropriate specialist services as required. The approved provider’s governance team are providing oversight and monitoring of the service. Education and training is being provided to staff including on wound management and restraint management.

The approved provider does not comply with this requirement as the organisation did not have an effective process to identify and manage high impact and high prevalence risks associated with the care of each consumer.

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

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

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

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

The organisation was unable to demonstrate deterioration or change of a consumer’s physical function, capacity or condition is recognised and responded to in a timely manner.

The Assessment Team found care and service records do not reflect the identification of and response to deterioration or changes in consumers condition, particularly in relation to the deterioration of wounds. Two consumers had wounds which deteriorated. One of these consumers had three wounds which all showed signs of infection which were not identified and responded to by the service. The other consumer was hospitalised for management of their wound.

The approved provider in their response acknowledge the service failed to identify and manage the deterioration of the wounds for the consumer with three wounds. The approved provider acknowledges the service failed to monitor and document the wound of the consumer who required transfer to hospital for wound management.

The approved provider has engaged external wound specialists to manage and direct the wound care for both consumers. Additional wound care training has been provided to staff. The service is reviewing the workflow, staff skill mix and rostering across the service to ensure there is sufficient time to provide consumers appropriate wound care by suitably qualified staff. The service is providing training on early intervention and recognition of deterioration in consumers.

The approved provider does not comply with this requirement as the organisation did not recognise and respond to the deterioration of wounds for two consumers in a timely manner.

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

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

The organisation was unable to demonstrate information about the consumer’s condition, needs and preferences is documented and communicated within the organisation and with others where responsibility for care is shared.

The Assessment Team found the care and service records do not provide adequate information to support effective and safe sharing of the consumer’s care. For example, one consumer had inconsistent information about the type of diet and fluids required, one consumer did not have information documented about the risks associated with the use of physical restraint and the risk to their skin integrity, and wound directives from an external service had not been recorded in one consumer’s care and services plan.

The approved provider in their response accepts there are areas for improvement for the consumers identified by the Assessment Team. The service has reviewed care planning and the care planning system to ensure information is current and accessible. Education and training are being provided to staff. The organisation has developed guidance for staff including work instructions to assist and inform them of processes they need to follow.

The approved provider does not comply with the requirement as the organisation did not have effective processes to ensure information about the consumer’s condition and needs was documented and communicated.

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

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

The organisation did not demonstrate timely and appropriate referral to individuals, other organisations and providers of care and services has occurred.

The Assessment Team found care and services plans do not consistently evidence the input of others as needed and timely referrals are not evident. For example, one consumer was not referred to their medical officer or a wound specialist in a timely manner when their wound deteriorated, three consumers had not been referred to behaviour or dementia specialist services to obtain assistance in managing their behaviour or risks associated with their behaviour.

The approved provider in their response advised for the consumers identified by the Assessment Team, the medical officer and wound specialists are now involved in the care of the consumer with the wound. Two of the consumers have now been referred to specialist behaviour and dementia services, a meeting has been arranged with the medical officer and representatives of the third consumer to discuss referral to a behaviour and dementia specialist service.

The approved provider is providing education and training to staff to ensure they are aware of and follow the organisation’s policies for referral of consumers where required.

The proved provider does not comply with this requirement as the organisation did not have effective process to ensure timely referral of consumers to individuals, other organisations and providers of other care and services.

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

Minimisation of infection related risks through implementing:

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

The organisation was unable to demonstrate the service has implemented practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Assessment Team found all staff interviewed had completed infection control training and were able to describe how they prevent and control infection in the service. The service has an infection control and prevention program and uses clinical indicators; however, infection reporting is inconsistent, for example, one consumer has had three infections within the six months up to the review audit, only one of these infections had been reported. One consumer was directed to have their temperature monitored and this did not occur. The Assessment Team did not find evidence of wound swabs prior to consumers with wounds being commenced on antibiotics.

The approved provider in their response advised they will ensure staff are accessing and following the organisation’s guidance on management of infections and reporting of infections. Education, training and guidance will be provided to staff on practices to promote appropriate antibiotic prescribing and use.

The approved provider does not comply with this requirement as while some standard and transmission based precautions to prevent and control infection are occurring, practices to promote appropriate antibiotic prescribing and use to promote optimal care were not demonstrated.

# STANDARD 4 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Overall most consumers who spoke with the Assessment Team did confirm that they get the services and supports for daily living that are important for their health and well-being and that enables them to do the things they want to do. However, some consumers did not feel supported.

For example:

* Most consumers said they feel supported by the service and staff to do things they choose and like to do. Two consumers said they felt lonely and/or emotionally unsupported. They indicated they were unhappy.
* A number of consumers said they enjoy a variety of activities and events both in and outside the service.
* Consumer feedback indicates they are mostly able to keep in contact with family, friends and those important to them. Consumers mostly said staff are supportive by giving them privacy and welcoming their visitors.
* The feedback from consumers in relation to food varied. Some consumers liked the meals, some thought the meals were generally satisfactory or fair and one consumer said they disliked the meals.

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.

While there are services and supports for each consumer’s daily living, the service does not demonstrate that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. However, most consumers said they were satisfied with the lifestyle /activities in which they chose to participate. The needs and preferences of consumers in relation to doing things of interest to them is not consistently identified, and therefore is not available to be communicated with others where responsibility for a consumers’ care is shared.

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) Compliant

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

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

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

The organisation was unable to demonstrate services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

The Assessment Team found the service does not demonstrate they are identifying each consumer’s emotional and psychological needs and implementing interventions to meet consumer needs. For example, two consumers who spoke with the team said they feel lonely and staff do not provide emotional support.

The approved provider advised they do provide emotional support for consumers, however for one of the consumers identified by the Assessment Team the evidence from the approved provider show regular actions were only commenced during and following the Review Audit. The other consumer has had an aged and care services plan review completed since the Review Audit and actions have been taken to provide further support to the consumer.

The approved provider does not comply with this requirement as the service’s process were not effective in identifying that services and supports were not promoting each consumer’s emotional and psychological well-being.

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

Services and supports for daily living assist each consumer to:

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

The organisation was unable to demonstrate services and supports for daily living assist each consumer to participate in their community within and outside the service, and have social and personal relationships and do things of interest to them.

The Assessment Team spoke with consumers and representatives who advised consumers did not have participation in their community and are not supported to do things of interest to them. Four consumers interviewed said they did not enjoy group activities and chose not to participate. One representative said they did not notice staff engaging with their relative except to provide care. Another representative advised they often sees consumers sitting in the dining room with no stimulation. Another consumer’s representative said the consumer sits in their chair in the corner and has no lifestyle engagement, activities or stimulation. Three other consumers who spoke with the team did enjoy the activities and consumers who go out on the bus also told the Assessment Team they enjoy the bus outings.

The approved provider in their response advised they regularly consult with consumers and representatives through forums and collaboratively develop plans to improve lifestyle activities. The approved provider will re-review activities and consult with consumers in response to the feedback from consumers and representatives who spoke with the Assessment Team. The approved provider is providing staff with additional education on communication, lifestyle planning and documentation. The review of programs and activities offered in the dementia specific areas of the service is also underway.

The approved provider does not comply with this requirement as consumer and representative feedback shows the organisation did not have effective services and supports for daily living to assist each consumer to participate in their community within and outside the service, have social and personal relationships and do 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 organisation was unable to demonstrate 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 there were inconsistencies in the completion of lifestyle assessments, and care and services plans. While staff were aware of some consumer’s condition, needs and preferences, all lifestyle assessments reviewed by the Assessment Team were incomplete and staff were not aware of the condition, needs and preferences of consumers the Assessment Team sampled.

The approved provider in their response advised there had been an issue with the electronic system upgrade resulting in leisure and lifestyle plans being archived and new care plans not being created. This has now been rectified.

The approved provider does not comply with this requirement as information about the consumer’s needs and preferences was not available to be communicated. While the approved provider advises all leisure and lifestyle plans have now been re-instated or re-created, they were not available at the time of the Review Audit.

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

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

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

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

### Requirement 4(3)(g) Compliant

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

# STANDARD 5 COMPLIANT Organisation’s services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Most consumers who spoke with the Assessment Team indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Most consumers said they felt safe at the service, however one consumer said they did not feel safe when sitting in their chair in their room. This was because they do not have access to their call bell.
* Most consumers said they felt at home at the service and staff made their visitors welcome. One consumer said staff greet their relatives by name and their relatives have said they feel welcome.
* One consumer said they love it here and are very happy and feel very safe.
* One consumer said they do not like living here and another said they used to like living here however things have changed and now they are not happy.
* Consumers did not raise issues with the cleanliness of the service.

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.

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

## Assessment of Standard 5 Requirements

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

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

The organisation was able to demonstrate the service environment is welcoming, easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function.

The Assessment Team observed the service environment to be welcoming within the limits of design and space. The Assessment Team found the environmental layout and lack of signage in the service confusing. However, most consumers who spoke to the Assessment Team are satisfied with their room and felt at home in the service.

The approved provider in their response advised the building is undergoing renovations and has been repainted. Signage was removed prior to painting and consultation with consumers occurred prior to re-hanging signs to gain their feedback and ascertain if the consumers wanted the signs; they have decided on dining room and toilet signs which will be installed.

The approved provider does comply with this requirement as consumer feedback shows the organisation provides a service environment which is welcoming, easy to understand and consumers feel at home.

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

The service environment:

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

The organisation is able to demonstrate the service environment is safe, clean and well maintained and enables consumers to move freely indoors and outdoors.

The Assessment Team found while the service is clean and comfortable there is restriction on free movement of consumers due to narrow corridors and lack of signage. The Assessment Team identified the path outside the fire exit was overgrown and there were some gaps in the cement, the service was already clearing the area prior to the Review Audit and patched the pathway during the Review Audit.

All consumers who spoke with the Assessment Team said they get quick action in response to maintenance requests. They find the service’s environment safe and mostly well maintained. Most consumers were very happy with the cleaning of the environment. Consumer advised they can move freely in the service and are able to go outside if they chose to.

The approved provider in their response confirmed the fire exit meets fire standards and the service have a current fire certificate.

The approved provider does comply with this requirement as the service environment is safe, clean and well maintained and consumers confirmed they can move freely around the service, both indoors and outdoors.

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

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

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Most consumers who spoke with the Assessment Team did not consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken in response to complaints raised.

For example:

* All consumers interviewed said that if they had a complaint, they would raise it with staff or at resident meetings. However, other than this, consumers were not aware of any other methods of providing feedback or complaints.
* One consumer sampled mentioned that other consumers in the service don’t feel encouraged to make complaints and another consumer said that the service often doesn’t take action in response to feedback.
* Consumers interviewed were not aware of access to advocates, language services and other methods for raising and resolving complaints.
* Out of four consumers interviewed, one was able to identify a change made at the service as a result of feedback or complaints.

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.

The service’s complaints resolution policy and guide includes an open disclosure process. While the service has a compliments and complaints log and complaints management system, the Assessment Team did not see evidence of how the service uses this to identify trends and improve the quality of care and services.

The Quality Standard is assessed as Non-compliant as four 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 organisation was unable to demonstrate consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

The Assessment Team found feedback from consumers and representatives demonstrates that not all consumers feel as though they are encouraged and supported to provide feedback and make complaints. Some consumers are frightened to make complaints and others are not optimistic that their feedback and complaints will be actioned. Consumers could only identify talking to staff or attending consumer meetings as a method of providing feedback or complaints.

The approved provider in their response advised they conduct consumer surveys and speak at the consumer meeting to ascertain consumer’s level of satisfaction. The service met with all consumer identified by the Assessment Team to help understand and resolve what concerns they may have. The service advises that consumers are informed of the complaints process both internal and external and information is available in the service.

The approved provider does not comply with this requirement. While the approved provider advised consumers and representatives are encouraged and supported to provide feedback and make complaints the service’s processes have not been effective. Not all consumers and representatives who spoke with the Assessment Team feel they can make a complaint and they are not aware of all avenues for making a complaint.

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

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

The organisation was unable to demonstrate consumers are aware of advocates, language services and other methods for raising and resolving complaints.

The Assessment Team found while consumers and representatives do have access to advocates and other methods for raising and resolving complaints, the majority are not aware of these methods. Information about these services, including language services, was limited and inconsistent around the different areas of the service. Staff were not aware of how they would assist consumers to access advocates or help them raise issues through other methods.

The approved provider in their response advised they encourage access to translation services and these services are readily available. The service acknowledges brochures for advocacy services and external and internal complaints services and supports were not available in each area of the service and this has now occurred. Education and training from the advocacy service for consumers and staff has been arranged.

The approved provider does not comply with this requirement as while the organisation has a process for access to advocates, language services and other methods for raising complaints, consumers were not aware of these. Staff did not know how to assist consumers to access advocates or raise a concern through external complaint services.

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

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

The organisation does have a process for open disclosure, however the service was not able to demonstrate appropriate action is taken in response to complaints.

The Assessment Team found the service’s complaints resolution policy and guide includes an open disclosure process. However, mixed feedback was received from consumers and representatives on action taken in response to complaints. For example, one consumer said that when they make complaints nothing changes, one consumer said action is taken in response to complaints raised at the consumers meeting but another consumer said nothing happens as result. One representative was satisfied with the response to their complaint, but another representative was not satisfied with the service’s response to their complaint. Not all complaints were recorded in the service’s compliments and complaints log so the Assessment Team could not review the service’s response for all complaints raised.

The approved provider in their response advised they will provide training and education to management and staff on providing feedback and any agreed plan of action to consumers and representatives who raise a complaint. However, it is not clear from the approved provider response how they will determine the action taken in response to a complaint is appropriate.

The approved provider does not comply with this requirement as not all consumers and representatives are satisfied with action taken in repose to a complaint. The organisation could not demonstrate how they determine appropriate action is taken in response to complaints.

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

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

The organisation was unable to demonstrate feedback and complaints are used to improve the quality of care and services.

The Assessment Team found while the service has a compliments and complaints log and complaints management system, there was no evidence of how the service uses this to identify trends and improve the quality of care and services. Management were unable to identify the trends or main areas of complaints in their complaints data. The service’s complaints, compliments register trend analysis listed some continuous improvement as a result of feedback, however the Assessment Team could not identify how these improvements were driven by consumer complaints or feedback. The Assessment Team also identified that complaints and feedback received are not consistently recorded in the compliments and complaints register.

The approved provider in their response provided an example of how a complaint from a consumer meeting had been recorded in the service’s continuous improvement plan and actioned. While this does give an example it does not show the service’s process for how the service reviews all feedback and complaints received to improve the quality of care and services on an ongoing basis.

The approved provider does not comply with this requirement as the organisation could not demonstrate all feedback and complaints are recorded to be available for review, and how feedback and complaints are reviewed and used to improve the quality of services.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Overall consumers who spoke with the Assessment Team indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Most consumers said that staff attend to their needs promptly when they use their call bell and that staff are kind to them.
* A consumer said "staff are very good to me. They shower me every morning; sometimes I have to wait a while for them to come but it doesn't bother me.”
* Consumers said staff know what they are doing and could not suggest any areas in which they would require further training.

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.

The workforce does not demonstrate knowledge and competence to carry out their roles effectively. The organisation has systems in relation to the recruitment, induction, support and training of members of the workforce, however these systems have not been effective in ensuring the delivery of outcomes required by the Quality Standards.

The Assessment Team acknowledges that the service has an education and training program in place. However, review of performance against the Quality Standards undertaken during this performance assessment demonstrates that these activities are not effective in ensuring staff have the necessary knowledge and skills and are effectively supported to deliver the outcomes required by these standards.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

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

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

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

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

The organisation was unable to demonstrate the workforce is competent and have the knowledge to effectively perform their roles.

The Assessment Team found most consumers and representatives provided feedback which indicates staff are competent however three representatives raised concerns about the skills of staff. One representatives expressed concern about whether the service would be able to provide care for their relative’s increased care needs, one representative advised their relative only gets the care needed because the family ensure if happens, a third representative was concerned staff were not providing care their relative required. A registered nurse and senior staff member interviewed by the Assessment Team did not demonstrate an understanding of restraint.

The approved provider in their response advised further education and training is being provided for staff.

The approved provider does not comply with the requirement as there is non-compliance across seven of the eight Aged Care Quality Standards showing a deficit in competency and that members of the workforce across the service do not have the knowledge to perform their roles.

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

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

The organisation was unable to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Consumers who spoke with the Assessment Team were generally complimentary about staff and none of the consumers provided any examples of further education and training staff should have. Staff interviewed advised they had received training in relation to these Standards. The Assessment Team found that while the service has an education and training program in place these activities are not effective in ensuring staff have the necessary knowledge and skills to deliver the outcomes required by these Standards.

All staff have completed mandatory education required by the service. A project is underway to complete an induction check sheet with all registered nurses. There is a draft training needs analysis being developed for 2020.

The approved provider in their response advised they are committed to deliver the highest quality of care and in response to the Review Audit are relaunching and redelivering multiple programs to ensure staff are suitable skilled and supported. The approved provider is also planning to implement a formal process to measure the outcome of education.

The approved provider does not comply with this requirement as the organisation did not have an effective process to ensure the workforce is trained, equipped and supported to deliver the outcomes required by these Standards.

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall consumers who spoke with the Assessment Team indicated that the organisation is well run, however consumers had not recognised how they are partnering in improving the delivery of care and services.

For example:

* Two consumers said that the service is well run and that it is “very good”. When asked how they might have input into how the service is run or how they might suggest improvements, they were unaware of how this might occur.
* A consumer said they were aware that consumer meetings occur and they could have a say there. They said they don’t go to the meetings but suppose they should.
* Two consumers said they do not know how they would take part in how things are run or how they might suggest improvements but they said they are happy with how things are managed.

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).

The organisation has involved consumers and representatives in the development, delivery and evaluation of care and services including through participation in the development of the organisation’s five year strategic plan, meeting with consumers and representatives across the service to discuss issues raised during the strategic plan consultation, taking action to respond to the issues raised and providing feedback on the actions being taken.

While there are organisation wide governance systems, these systems have not been effective in relation to information management, continuous improvement, workforce governance and feedback and complaint systems. The organisation’s risk management systems and practices have not been effective in managing high impact or high prevalence risks associated with the care of consumers. The organisation has a clinical governance framework, however this has not effective in relation to antimicrobial stewardship and minimisation of the use of restraint.

The organisation has systems for organisation governance in place. However, some of these systems, as noted above, have not been effectively implemented at this service.

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

## Assessment of Standard 8 Requirements

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

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

### 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.

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

Effective organisation wide governance systems relating to the following:

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

The organisation was unable to demonstrate effective governance systems for information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

The Assessment Team found that the organisation has developed governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. However, the systems for information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints are not effective in ensuring the service complies with the governance systems that have been developed.

Information management governance systems had not identified there were deficits in the information pertaining to consumer assessment and planning, personal and clinical care, and services and supports for daily living. The service was not capturing all feedback and complaints and did not show how they were reviewing and using these to improve the quality of care and services. The approved provider in their response acknowledged that the care documentation system upgrade had caused disruption to the process of care documentation at the service. The restructure of management also impacted on the service.

The continuous improvement logs reviewed by the Assessment Team did not include any indication the planned improvement was completed and or evaluation of the improvement. The approved provider in their response advised the organisation does have continuous improvement plans which do include information specific to the service. However, the approved provider does acknowledge the service did not capture continuous improvement plans as per organisational requirements. There is training scheduled for the managers forum.

Workforce governance systems and process were not effective in ensuring the workforce is competent and have the knowledge to perform their roles, and did not identify the workforce is not trained, equipped and supported to deliver the outcomes required by these standards. The approved provider in their response advised they recognise they require additional monitoring of registered staff and are undertaking work in this area. They are also exploring options to enhance learning for all care team members.

Regulatory compliance governance systems were not effective in identifying management and staff at the service did not understand chemical and physical restraint and the legislative requirement to minimise the use of restraint. The approved provider in their response advise the organisation has a robust policy on restraint minimisation that is aligned with legislation. The approved provider acknowledge staff at the service were not able to articulate the requirements of the policy and additional training had been scheduled.

Feedback and complaints governance did not identify the deficit at the service across Quality Standard 6. The approved provider in their response advised they are committed to responding to concerns in a timely manner and services are supported to be transparent with complaints and feedback.

The approved provider does not comply with their requirement as the organisation’s governance systems were not effective in identifying and addressing the deficits identified by the Assessment Team in information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.

### 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 organisation was unable to demonstrate effective risk management systems and practices for managing high impact or high prevalence risks associated with the care of consumers.

The Assessment Team found the organisation has a documented risk management framework including policies for high impact and high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, and supporting consumers to live the best life they can. However, the service has not implemented effective procedures to manage consumer wounds and pain. Refer to Standard 3 requirement 3(3)(b).

The approved provider in their response acknowledges that despite training, resources, policies and guides, wound care and pain management could be improved. The service is currently implementing a number of actions in these areas.

The approved provider does not comply with this requirement as the organisation did not have effective risk management systems and practices for managing high impact or high prevalence risks associated with the care of consumers.

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

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

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

The organisation was unable to demonstrate a clinical governance framework was in effect at the service.

The Assessment Team found while the organisation had a documented clinical governance framework that included policies for antimicrobial stewardship, minimising the use of restraint and open disclosure, the clinical governance framework was not effective at the service.

Review of consumer care showed policies and procedures are not followed or are not effective at the service in relation to antimicrobial stewardship and minimising the use of restraint.

The organisation’s clinical governance framework had not identified the deficiencies in Quality Standard 2 and 3. The approved provider has commenced actions to rectify the deficiencies.

The approved provider does not comply with this requirement as the clinical governance framework is not evident at the service and was not effective in identifying deficits in Quality Standards 2 and 3 including in relation to antimicrobial stewardship and minimising the use of restraint.

# Areas for improvement

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

# Standard 1

### Requirement 1(3)(a) Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

* The service must demonstrate that each consumer is treated with dignity and respect.
* Provide staff with training in dignity and respect and the importance of valuing each consumer’s identify, culture and diversity.
* Implement a monitoring process including seeking feedback from consumers on how they are treated by staff, and respond promptly to any occasion where the outcome of this requirement does not occur.

### Requirement 1(3)(c) Each consumer is supported to exercise choice and independence, including to:

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

* The service must demonstrate that each consumer can exercise choice and independence to make and communicate their decisions about their own care and the way care and services are delivered.
* The service must identify consumer preferences and ensure consumer preferences are followed.
* Provide staff training to ensure they understand consumers have a choice about both how care and services are delivered, and who should be involved in their care.

# Standard 2

### Requirement 2(3)(a) Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

* The service must demonstrate an effective process for assessment and planning including consideration of risks to the consumers health and well-being.
* The service must ensure risks to the consumer’s health are identified and the management of those risks clearly documented in care planning.

### Requirement 2(3)(b) Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

* The service must demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences. Current consumer needs for wound management, pain management and nutrition must be identified and addressed.
* Provide staff with training to ensure they understand how to identify and address current consumer needs in assessment and planning.

### Requirement 2(3)(c) The organisation demonstrates that assessment and planning:

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

* The service must demonstrate assessment and planning is based on ongoing partnership with the consumer and others the consumer wishes to have involved in assessment, planning and review of the consumer’s care and services.
* The service must demonstrate the consumer is choosing who they wish to involve in their assessment, planning and review of care and services.
* Provide training to staff to ensure they understand the meaning of ongoing partnership with the consumer, and that the consumer has the choice who is involved in the consumer’s assessment, planning and review of care and services.

### Requirement 2(3)(d) The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

* The service must demonstrate consumers are aware of the outcomes of assessment and planning.
* The service must demonstrate that consumers know the consumer’s care and services plan is readily available.
* Provide staff with training to ensure they understand the requirement to communicate the outcomes of assessment and planning to consumers, and make the care and services plan available to the consumer.

### Requirement 2(3)(e) Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

* The service must demonstrate care and services plans are reviewed for effectiveness where circumstances change or the needs, goals or preferences of the consumer change.
* The service must demonstrate care and service plan reviews occur for consumers with wounds, changes to medication and consumers who are physically restrained.
* Provide staff with training and tools to assist them to identify when circumstances change or the needs, goals or preferences of the consumer change, and the understanding this must lead to a review of the care and services plan.

# Standard 3

### Requirement 3(3)(a) Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

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

* The service must demonstrate each consumer gets safe and effective personal care and clinical care that is, best practice, tailored to the consumer’s specific needs and optimises their health and well-being.
* The service must demonstrate consumers receive wound care in line with their wound assessment and management plan.
* The service must demonstrate each consumer’s pain management, behaviour management and clinical monitoring are provided in line with the consumer’s clinical needs.
* Any physical restraint used in the service must follow best practice.
* Provide staff with training and tools to assist them to deliver personal care and clinical care for each consumer that is best practice, tailored to the consumer’s specific needs and optimises their health and well-being.

### Requirement 3(3)(b) Effective management of high impact or high prevalence risks associated with the care of each consumer.

* The service must demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. This includes wound management and physical restraint.
* Provide staff with training and tools to assist them to identify and management high impact and high prevalence risk.
* Ensure staff understand and follow the organisation’s policies for high impact and high prevalence risks associated with the care of consumers.

### Requirement 3(3)(d) Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

* The service must demonstrate deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.
* The service must demonstrate identification and response to deterioration of wounds in a timely manner.
* Provide staff with training and tools to assist them to recognise and respond to deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition in a timely manner. This should include specific training and tools for recognising and responding to deterioration of wounds.

### Requirement 3(3)(e) Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

* The service must ensure accurate and current information about the consumer’s condition needs and preferences is documented. Information should be consistent and should include documentation of risks such as choking, use of restraint, wounds and skin integrity.
* The service must ensure effective process for communication for information about the consumer’s condition, needs and preferences.

### Requirement 3(3)(f) Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

* The service must demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services including for wound management, and behaviour or dementia specialist services.
* Provide staff training and tools to assist them to know when to refer a consumer to individuals, other organisations and providers of other care and services, and how to identify who to refer the consumer to.
* Ensure staff are aware of the organisation’s policies for referral of consumers where required.

### Requirement 3(3)(g) Minimisation of infection related risks through implementing:

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

* The service must demonstrate the service has implemented practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.
* The service must demonstrate infection reporting is consistent, accurate and complete.
* Provide staff with the training and tools to promote appropriate antibiotic prescribing and use, and to report on infections in a consistent and accurate approach.
* Ensure staff understand and follow the organisation’s guidance on management of infections and reporting of infections.

# Standard 4

### Requirement 4(3)(b) Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

* The service must demonstrate they are identifying each consumer’s emotional and psychological needs and implementing interventions to meet consumer needs.

### Requirement 4(3)(c) Services and supports for daily living assist each consumer to:

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

* The service must demonstrate services and supports for daily living assist each consumer to participate in their community within and outside the service, have social and personal relationships and do things of interest to them.

### 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 service must demonstrate information about the consumer’s condition, needs and preferences is communicated within the organisation and with other where responsibility for care is shared. Information should be consistent and complete.

# Standard 6

**Requirement 6(3)(a)** Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

* The service must demonstrate consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

**Requirement 6(3)(b)** Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

* The service must demonstrate consumers are aware of and have access to advocates, language services and other methods for raising and resolving 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 service must demonstrate appropriate action is taken in response to complaints.
* The service must demonstrate it seeks feedback from those who raise complaints on their satisfaction with the response to the complaint.

**Requirement 6(3)(d)** Feedback and complaints are reviewed and used to improve the quality of care and services.

* The service must demonstrate feedback and complaints are used to improve the quality of care and services.

# Standard 7

**Requirement 7(3)(c)** The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

* The service must demonstrate the workforce is competent and have the knowledge to effectively perform their roles.

**Requirement 7(3)(d)** The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

* The service must demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards.
* The service must demonstrate the education and training program in place is effective in ensuring staff have the necessary knowledge and skills to deliver the outcomes required by these Standards.

# Standard 8

**Requirement 8(3)(c)** Effective organisation wide governance systems relating to the following:

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

* The service must demonstrate effective governance systems for information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

**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 service must demonstrate effective risk management systems and practices for managing high impact or high prevalence risks associated with the care of consumers.
* The service must demonstrate they are familiar with and following the organisation’s documented risk management framework including policies for high impact and high prevalence risks associated with the care of consumers.
* The service must implemente effective procedures to manage consumer wounds and pain.

**Requirement 8(3)(e)** Where clinical care is provided—a clinical governance framework, including but not limited to the following:

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

* The service must demonstrate a clinical governance framework is in effect at the service.
* The service must demonstrate the organisation’s policies and procedures in relation to antimicrobial stewardship and minimising the use of restraint are implemented and followed.