Uniting Hawkesbury Richmond

Performance Report

23-25 Chapel Street   
RICHMOND NSW 2753  
Phone number: 02 4588 2700

**Commission ID:** 0222

**Provider name:** The Uniting Church in Australia Property Trust (NSW)

**Review Audit date:** 17 February 2020 to 20 February 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) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | 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 27 March 2020.
* the improvement plan provided to the decision maker documenting actions taken since the review audit and proposed for future to address issues raised in the Assessment Team’s report.

In their response, the approved provider did not dispute the findings of the Assessment Team relating to any requirement. While the provider stated they’re disappointed by the findings of the Assessment Team they acknowledge that they have fallen short of the expectations of the Quality Standards. The service acknowledged the significance of the issues raised in the report and have taken actions since the review audit to address these issues.

In determining compliance for each requirement, I have considered the position stated by the approved provider.

# 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

Most sampled consumers confirmed 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.

For example:

* Some consumers said most staff are respectful and considerate.
* Representatives and some consumers commented that some staff do not treat them with respect; that care provision and staff availability negatively impacts on the consumer’s continence care, comfort and confidence.
* Information is kept confidential and consumer privacy is generally respected although some consumers intrude into private consumer spaces.

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.

* The organisation and policies and procedures which emphasises the importance of cultural safety although staff are unfamiliar with the term cultural safety.

Consumer dignity is not always maintained. Each consumer is not supported to exercise choice and independence and staff do not always recognise consumer choices and preferences. Information is not always available and/or communicated in a way that consumers understand.

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

## Assessment of Standard 1 Requirements

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

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

The assessment team found that provision of care is not always respectful and consumer dignity is not able to be maintained. Staff have minimal knowledge of consumer cultural heritage and services are not provided to those who identify as different.

The approved provider does not comply with this requirement as they did not demonstrate that consumers are treated with dignity and respect, with their identity, culture and diversity valued.

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

Care and services are culturally safe.

### Requirement 1(3)(c) 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

make connections with others and maintain relationships of choice, including intimate relationships.

The assessment team found that each consumer is not supported to exercise choice and independence, including to make decisions about their own care and the way care and services are delivered; make decisions about when family, friends, carers or others should be involved in their care; communicate their decisions; and make connections with others and maintain relationships of choice, including intimate relationships. Decision makers chosen by consumers are not always clearly identified and adhered to. Some consumers provided feedback that their choices are not always respected.

The approved provider does not comply with this requirement as they have not demonstrated that consumers are supported to exercise choice and independence.

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

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

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

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

The assessment team found that provision of information is not always timely and current to support choices in decision making. Some information is not readily available and some representatives and consumers do not believe their choices are respected.

The approved provider does not comply with this requirement as they did not demonstrate effective contemporaneous communication which supports consumers 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

Some sampled consumers did not confirm that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Representatives said improvements should be made in communication.
* Most consumers confirmed they are not consulted about care planning or care provision.
* Representatives confirmed they are informed about incidents and have access to case conferences.
* Consumers and representatives confirmed they do not have access to care plans.

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.

* Consumers are not part of the service’s planning process although representatives are invited to attend case conferences and are informed of incidents.
* While the service has initial and ongoing assessment and planning processes there has been insufficient consideration of risks to the consumer’s health and well-being. Assessments are not individualised to identify specific needs of some consumers. Planning has not resulted in the delivery of safe and effective care and services.
* Assessment and planning does not always identify and/or addresses the consumer’s current needs, goals and preferences.
* While representatives are generally consulted about care planning consumers are not. Consumers and representatives do not have access to care plans.

There is limited partnership between consumers and staff. Consultation provided is generally with representatives. Care and services are not reviewed regularly for effectiveness, or when circumstances change or when incidents impacts negatively on the needs, goals or preferences of the consumer.

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) Non-compliant

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

The assessment team found that although initial assessments and some planning is undertaken they are not individualised to support consumer care provision. Consumers with specific needs have not had those needs met resulting in deterioration.

The approved provider does not comply with this requirement as assessment and planning does not adequately consider the risks to consumers health to inform the delivery of safe and effective care and services.

### 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 while end of life planning is generally undertaken assessment and planning does not always identify or addresses the consumer’s current needs, goals and preferences. There was some negative feedback about lack of understanding and support of consumer goals.

The approved provider does not comply with this requirement as it does not assess and plan with adequate consideration of consumers current needs, goals and preferences.

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

The organisation demonstrates that assessment and planning:

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

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

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

The assessment team found that management and staff provide updates about incidents. Case conferences are held for most consumers who have representatives however, Consumers are not involved in discussions about their care planning. Generally consumers and representatives have not had access to care planning or care plan documentation.

The approved provider does not comply with this requirement as it does not demonstrate that it adequately involves the consumer in their assessment and planning, nor do they have access to care planning documentation.

### 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 care and services are not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Care plans were not updated when consumers returned to the service following hospitalisation or after faecal impaction. Pain management and bowel management have not been adequately monitored or evaluated. Falls, skin tears and challenging behaviour have not been documented on incident reports and have not been investigated, changes identified, or care reviewed.

The approved provider does not comply with this requirement as it did not demonstrate that it adequately reviews care and services for effectiveness and when circumstances change, or when incidents impact on the needs, goals or preferences of the consumer.

# 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 sampled consumers did not consider that they receive personal care and clinical care that is safe and right for them.

For example:

* There was considerable negative feedback about continence care; consumers and representatives said consumers wait for toileting assistance.
* There was concern raised about staff knowledge of consumer needs and handover of information.
* Consumers and representatives, who said most staff are supportive, said at times they do not receive 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.

* Consumer do not get safe and effective personal care and/or clinical care that is best practice; is tailored to their needs and/or optimises their health and well-being.
* High risk, high prevalence incidents are not managed to minimise risk to consumers.

Consumers do not receive safe and effective personal care. Lack of staff availability and skills impacts negatively on care provision. There is minimal review or analysis of incidents to identify risks and improve outcomes for consumers. While there is effective monitoring of infections and antimicrobial stewardship processes infection control practices are not effective.

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

### Assessment of Standard 3 Requirements

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

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

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

The assessment team found that continence care, skin care, falls management and behaviour management is not safe effective or tailored to meet consumer needs and not best practice. Care provision is not individualised; is not always safe, effective and is not tailored to meet the specific needs and preferences of the consumer. Staff do not follow clinical directions and at times are not cooperative with the Registered Nurse directions

The approved provider submitted information about the sampled consumers and the specific actions they are taking since the review audit, to minimise the risk to these consumers.

The approved provider does not comply with this requirement as it does not demonstrate that it ensures that personal care and clinical care is delivered which is best practice, tailored to consumers 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 assessment team found that clinical indicator data shows recent improvements in some areas including wound management however, further clinical indicator data provided by the service is not representative of data reviewed by the Assessment Team in their documentation review. Unexplained bruising has not been monitored. There is not effective management of high impact or high prevalence risks associated with the care of each consumer. Staff practices have not been monitored to improve outcomes for consumers.

The approved provider submitted information about the sampled consumers and the specific actions they are taking since the review audit, to minimise the risk to these consumers.

The approved provider does not comply with this requirement as it is not appropriately monitoring and adjusting practice in relation to areas it identifies as high prevalence and high impact across the service and for sampled consumers.

### 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 while there was some positive feedback from consumers, the needs, goals and preferences of consumers nearing the end of life are not always recognised and addressed. Review of care provision shows that needs, goals and preferences are not always identified or met. Consumer comfort is not always maximised and their consumer dignity is not preserved as they near the end of their life. Issues of staff availability and skills impacts negatively on consumers.

The approved provider submitted information about the sampled consumers and the specific actions they are taking since the review audit, to minimise the risk to these consumers.

The approved provider does not comply with this requirement as they don’t demonstrate that they change the way care is delivered for consumers that are palliative, to meet their changed circumstances.

### 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 assessment team found that there have been poor outcomes for consumers where deterioration in condition has not been identified and reported.

The approved provider submitted information about the sampled consumers and the specific actions they are taking since the review audit, to minimise the risk to these consumers.

The approved provider does not comply with this requirement as changing care needs and deterioration was not identified and responded to in an appropriate manner.

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

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

The assessment team found that information about the consumer’s condition, needs and preferences is not always documented or communicated within the organisation, and with others where responsibility for care is shared.

The approved provider submitted information about the sampled consumers and the specific actions they are taking since the review audit, to minimise the risk to these consumers.

The approved provider does not comply with this requirement as there is inadequate documentation and communication of consumers condition, needs and preferences at the service.

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

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

The assessment team found that the service demonstrates referral to some external services including the physiotherapist and dietician. However, review of consumers’ files identified consumers are not always referred to individuals, other organisations and providers of other care and services appropriately.

The approved provider submitted information about the sampled consumers and the specific actions they are taking since the review audit, to minimise the risk to these consumers.

The approved provider does not comply with this requirement as consumers are not appropriately referred to others where necessary, when they experience a deterioration or change in their condition.

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

Minimisation of infection related risks through implementing:

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

The assessment team found that there is a vaccination program in the service to minimise risk of infections. Although there is a system to monitor antibiotic use and a procedure for antimicrobial stewardship there are gaps in the use of standard precautions and provision of care impacting of infection control. The service does not ensure that management of laundry is undertaken to minimise the spread of infections. The service has moved to a new system of laundry management, however processes to ensure that sound infection control practices are in place have not been developed.

The approved provider submitted information about the sampled consumers and the specific actions they are taking since the review audit, to minimise the risk to these consumers.

The approved provider does not comply with this requirement as staff do not understand what they need to do in a practical way to recognise infection, respond and also reduce reliance on antibiotics.

# 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

Some sampled consumers confirm that they 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. However, many consumers provided negative feedback in relation to this.

For example:

* There is lack of a meaningful lifestyle program. The program does not provide support for consumers living in the Blaxland unit or those who do not want to or are unable to attend communal activities.
* Negative feedback was provided in relation to bed alarms to support consumer safety.
* Consumers requiring specialised and texture modified meals are not provided with variety and choices of meals. Consumers are dissatisfied with the quality of food provided by the service, including the taste and temperature of 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.

* Review of the lifestyle program found there is insufficient staff to provide meaningful supports and services for daily living which impacts negatively on consumers.
* The food provided by the service does not provide variety for consumers on specialised diets and the quality and variety is not acceptable to consumers.
* Issues were identified with the supply and maintenance of equipment.

The Assessment Team found that three of seven specific requirements were met.

Each consumer does not get safe and effective services and supports for daily living that meet their needs, goals and preferences or optimise their independence, health, well-being and quality of life. Isolated consumers; those with sensory deficits and those that reside in the Blaxland unit do not have meaningful supports for daily living to meet their needs and preferences.

The lifestyle program does not meet the needs of all consumers. There is no effective program for isolated consumers or those who reside in the secure unit. Consumers are dissatisfied with the food service.

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

## Assessment of Standard 4 Requirements

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

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

The assessment team found that each consumer does not get safe and effective services and supports for daily living that meet their needs, goals and preferences or optimise their independence, health, well-being and quality of life. Isolated consumers; those with sensory deficits and those that reside in the Blaxland unit do not have meaningful supports for daily living to meet their needs and preferences.

The approved provider does not comply with this requirement as it does not demonstrate that it provides 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 assessment team found that although there is a meaningful program for spiritual support, emotional and psychological supports for consumers are not evident. There is minimal understanding of supports for consumers who are sad or lonely. Staff do not appear to have skills or time to further support consumers.

The approved provider does not comply with this requirement as they do not demonstrate that it provides services and supports for daily living to promote consumers emotional and psychological supports.

### 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 assessment team found that most consumers do not do things of interest to them. Consumers who do not participate in the group activities are not provided with meaningful engagements. Staff availability has disrupted the scheduled outings. There is no weekend program. Lifestyle staff often attend care tasks so disrupting the scheduled program. While some consumers maintain relationships, they are largely dependent on staff availability and understanding.

The approved provider does not comply with this requirement as it does not demonstrate that it adequately supports consumers to participate in their community maintain relationships that are important to them and do things of interest to them.

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

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

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

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

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

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

The assessment team found that Consumers said, and representatives provided feedback, that the meals served are often not enjoyed by most consumers. The quality, variety and temperature of meals served was a common concern.

The approved provider does not comply with this requirement as it does not demonstrate that it adequately meet dietary requirements, or preferences and is not of a satisfactory quality.

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

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

# STANDARD 5 NON-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

Some sampled consumers indicated that they do not feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Some consumers expressed concern about the building development and maintenance of the service.
* Some representatives expressed concern about safety devices including bed and chair alarms.
* There was negative feedback about cleaning and the laundries.

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.

* While the service is welcoming and comfortable there is a building development in the co-located area which has brought changes to the external environment of the service.
* Issues were identified with maintenance and cleaning at the service.
* There are some issues with availability and maintenance of equipment. Equipment does not always support consumer safety.

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

## Assessment of Standard 5 Requirements

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

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

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

The service environment:

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

The assessment team found that the service has not ensured that the service environment is safe, clean and well maintained. The service has not ensured that pest control management is effective. Consumers and representatives report that cleaning of their rooms is not satisfactory. The laundry in the nursing home presents risks to consumers who may enter the laundry. The service does not ensure that maintenance needs are attended to in a timely manner.

The approved provider does not comply with this requirement as it does not demonstrate that the service environment is safe, clean and well maintained.

### 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 staff identified some issues relating to sufficiency of some equipment. There were issues relating to the laundries and consumer accessibility of the laundry. Supplies of linen, pharmacy and some other supplies have not been managed effectively.

The approved provider does not comply with this requirement as it does not demonstrate that equipment used to support lifestyle services is suitable, clean and well maintained.

# 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

Overall sampled consumers did not consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers and representative indicated that they complaint processes are not effective and do not result in changes and satisfactory resolution of 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.

* Consumers and representatives generally did not feel that they are encouraged and supported to provide feedback and make complaint and that complaints are not resolved.
* An effective advocacy group exists in the service which consumers generally feel assists in resolving issues.
* Many complaints are not satisfactorily resolved and open disclosure has not been undertaken.
* Complaints do not result in improvements in the service.

The service does not demonstrate that consumers, their family, friends, carers and other are encouraged and supported to provide feedback and make complaints. An open disclosure approach has not been meaningfully implemented in the service. Complaint resolution is not effective and processes to ensure that complaints result in improvements in the service are not implemented.

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 the organisation has documentation which encourages consumers and representatives to raise concerns. However, there is a negative culture at Uniting Hawkesbury and an atmosphere where consumers are encouraged and supported to raise their concerns. Some consumers and representatives do not see a point in raising concerns because they do not result in changes.

The approved provider does not comply with this requirement as consumers don’t feel empowered and some avoid providing feedback as they’re not satisfied with what occurred on the last occasion they provided feedback or complained.

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

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

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

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

The assessment team found that whilst management has applied an approach of apologising as part of any complaint response, management has not demonstrated an understanding of open disclosure and has not applied it when serious allegations have been made. Management does not ensure that effective action is taken to resolve complaints.

The approved provider does not comply with this requirement as it does not respond appropriately in response to complaints and doesn’t apply an approach which demonstrates on a practical level that they understand the principles of open disclosure.

### 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 Complaints are not always captured and trended to identify areas for improvements and complaints do not result in improvements being made.

The approved provider does not comply with this requirement as it does not demonstrate that it manages complaints information appropriately and changes aren’t made at the service to reflect this information.

# 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

Almost all sampled consumers indicated that they do not get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Almost all consumers and representatives report that there are insufficient staff to meet the needs of consumers and that consumers wait for extended periods to have their care needs met.
* Some consumers and representatives indicated that staff and unkind and uncaring.
* Some consumers and representatives indicated that staff do not have necessary skills to undertake their roles.

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.

* Feedback was received from consumers, representatives and staff that there are sufficient staff to meet the needs of consumers.
* Call bell response reports demonstrate that call bells are not responded to in a timely manner.
* The workforce does not demonstrate knowledge and competence to carry out their roles effectively.
* The service does not ensure that staff are adequately trained, supported and performance is not monitored and responded to

Deficits were found in human resource management. Consumers do not always get quality care and services when needed from people who are knowledgeable, capable and caring. The organisation does not have a workforce that is sufficient or skilled and qualified, to provide safe, respectful and quality care and services

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

## Assessment of Standard 7 Requirements

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

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

The assessment team found that Consumers and representatives report that care and services are not provided in a timely manner and review of documentation confirms that this. Management was unable to demonstrate that any action has been taken to address these issues.

In their response the service does not dispute the findings of the assessment team. Since the review audit they have appointed management to the service with extensive sector experience and clinical expertise. A review of roster practices has been undertaken which identified discrepancies between the current roster and the approved budget. Care staff hours have been adjusted to ensure there is an appropriate support structure for consumers.

The approved provider does not comply with this requirement as it did not demonstrate at the time of the review audit that the workforce was planned and enabled in number and mix to deliver safe and quality care and services.

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

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

The assessment team found that Consumers and representatives provided multiple examples of unkind, uncaring and disrespectful treatment of consumers. Observations by the Assessment Team were that staff do not acknowledge consumers’ presence and senior management acknowledge examples of unkind, uncaring and disrespectful treatment of consumers.

In their response the approved provider did not dispute the findings of the assessment team. In their continuous improvement plan which was submitted after the date of the review audit, they identified specific actions relating to workplace culture and performance. They have appointed a workplace coach five days per week to work with staff to improve staff practices.

The approved provider does not comply with this requirement as it did not demonstrate at the time of the review audit that workforce interactions with consumers were acceptable.

### 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 workforce is not competent, and the members of the workforce do not all have the qualifications and knowledge to effectively perform their roles. There was considerable negative feedback about staff skills. Review of personnel files and recruitment documentation confirms deficits in this requirement.

In their response the approved provider did not dispute the findings of the assessment team. In their continuous improvement plan which was submitted after the date of the review audit, they identified specific actions relating to workplace performance. Since the review audit they have appointed management to the service with extensive sector experience and clinical expertise.

The approved provider does not comply with this requirement as it did not demonstrate at the time of the review audit that the workforce determines competencies for different roles, tests staff performance against core competencies and ensures staff work within their scope of practice.

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

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

The assessment team found that whilst the organisation has a 12-week onboarding program for new employees, processes to ensure that all aspects of the onboarding and the provision of training and support is provided to new employees. The service does not ensure that staff undertake required education to enable them to undertake their roles effectively.

In their response the approved provider did not dispute the findings of the assessment team. In their continuous improvement plan which was submitted after the date of the review audit, they identified specific actions relating to workplace culture and performance. Since the review audit they have appointed management to the service with extensive sector experience and clinical expertise. They have also appointed a workplace coach five days per week to work with staff to improve staff practices.

The approved provider does not comply with this requirement as it did not demonstrate at the time of the review audit that the workforce were supported, trained, equipped and supported to deliver the outcomes required by the Quality Standards, beyond the initial recruitment and onboarding.

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

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

The assessment team found that the service does not ensure that regular review of staff performance is undertaken, and most staff have not had their performance reviewed in the last 12 months. Conversations are held with staff when issues regarding their performance are identified however the conversations remain at an informal level, even when serious allegations about performance are made. Actions such as further education, monitoring or supervision to address and follow through on identified issues are not undertaken.

In their response, the approved provider did not dispute the findings of the assessment team. In their continuous improvement plan which was submitted after the date of the review audit, they identified specific actions relating to workplace culture and performance. Since the review audit they have appointed management to the service with extensive sector experience and clinical expertise. They have also appointed a workplace coach five days per week to work with staff to improve staff practices.

The approved provider does not comply with this requirement as it did not demonstrate at the time of the review audit that they appropriately manage staff performance.

# 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

Some sampled consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services. However, many indicated that they do not believe the organisation, and/or the service is well run.

For example:

* Consumers and representatives identified many issues related to availability of staff which have not been addressed.
* Some consumers and representatives said the organisation has not effectively responded to complaints.
* Several consumers and representatives said they believe the service and organisation is very well run. One said that the management should be left to manage because they know what they are doing.

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 undertaken initiatives to involve consumers in the planning, delivery and review of services and is in the process of improving the processes for risk profiling of services.

Governance systems are not effective in relation to information management, continuous improvement, workforce governance and regulatory compliance and comments and complaints.

Risk management systems and practices have not been effective in relation to managing high impact or 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.

The organisation has a clinical governance framework; however, it has not been effective in relation to sound antimicrobial stewardship, minimising the use of restraint and open disclosure.

Organisational governance systems have not been effective. A clinical governance and risk management framework is in place but has not been effective.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) 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 assessment team found that deficiencies identified across all Quality Standards during the review audit demonstrate that the organisation’s governance systems have not been effective. Information systems are fragmented and do not effectively support the delivery of care and services; continuous improvement processes have not identified many of the deficiencies identified during the audit; financial systems have not ensured that equipment required for consumers is always available; workforce governance systems have not been effective; regulatory compliance obligations for compulsory reporting of assaults are not followed and complaint systems are not effective.

In their response the approved provider did not dispute the findings of the assessment team. They described the additional and specialist resourcing they have deployed in the area of senior human resources, management and clinical areas to ensure staff are supported to understand and comply with their responsibilities. These staff will identify gaps in practice and documentation and support continuous improvement.

The approved provider does not comply with this requirement as it did not demonstrate at the time of the review audit that they had effective governance systems in place.

### 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 organisation has not demonstrated that effective systems are in place for managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can.

In their response the approved provider did not dispute the findings of the assessment team. They described the additional and specialist resourcing they have deployed in the area of senior human resources, management and clinical areas to ensure staff are supported to understand and comply with their responsibilities. These staff will identify gaps in practice and documentation and support continuous improvement.

The approved provider does not comply with this requirement as it did not demonstrate at the time of the review audit that they had effective risk management systems in place.

### 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 the organisation has not ensured that the clinical governance framework has been effective in ensuring antimicrobial stewardship, minimising the use of restraint and open disclosure.

In their response the approved provider did not dispute the findings of the assessment team. They described the additional and specialist resourcing they have deployed in the area of senior human resources, management and clinical areas to ensure staff are supported to understand and comply with their responsibilities. These staff will identify gaps in practice and documentation and support continuous improvement.

The approved provider does not comply with this requirement as it did not demonstrate at the time of the review audit that they had an effective clinical governance framework in place.

# 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 ensure that:

* provision of care is always respectful and consumer dignity is able to be maintained. Staff have adequate knowledge of consumer cultural heritage and services are provided to those who identify as different.

### 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 approved provider must ensure that:

* each consumer is supported to exercise choice and independence, including to make decisions about their own care and the way care and services are delivered; make decisions about when family, friends, carers or others should be involved in their care; communicate their decisions; and make connections with others and maintain relationships of choice, including intimate relationships. Decision makers chosen by consumers are always clearly identified and adhered to.

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

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

The approved provider must ensure that:

* information is provided is timely and current to support choices in decision making. Information is readily available and representatives and consumers do believe their choices are respected.

### 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 approved provider must ensure that:

* initial assessments and some planning are individualised to support consumer care provision. Consumers with specific needs have those needs met resulting in prevention of deterioration.

### 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 ensure that:

* end of life planning identifies or addresses the consumer’s current needs, goals and preferences.

**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 ensure that:

* Case conferences are held for consumers who have representatives and Consumers are involved in discussions about their care planning. Consumers and representatives have access to care planning or care plan documentation.

### 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 ensure that:

* 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. Care plans are updated when consumers return to the service following hospitalisation or after faecal impaction. Pain management and bowel management are adequately monitored and evaluated. Falls, skin tears and challenging behaviour are documented on incident reports and have been investigated, changes identified, and care reviewed.

### 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 provider must ensure that:

* continence care, skin care, falls management and behaviour management is safe effective and tailored to meet consumer needs and is best practice. Staff follow clinical directions and are cooperative with the Registered Nurse directions

### Requirement 3(3)(b)

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

The approved provider must ensure that:

* clinical indicator data provided by the service is representative of what is occurring in case documentation. Unexplained bruising is being monitored. There is effective management of high impact or high prevalence risks associated with the care of each consumer. Staff practices are monitored to improve outcomes for consumers.

### 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 provider must ensure that:

* the needs, goals and preferences of consumers nearing the end of life are always recognised and addressed, consumer comfort is always maximised and their consumer dignity is preserved as they near the end of their life.

**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 approved provider must ensure that:

* Outcomes improve for consumers where deterioration in condition is identified and reported.

### 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 approved provider must ensure that:

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

### Requirement 3(3)(f)

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

The approved provider must ensure that:

* consumers are always referred to individuals, other organisations and providers of other care and services appropriately.

### 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 provider must ensure that:

* The are no gaps in the use of standard precautions and provision of care impacting of infection control. The service manages laundry to minimise the spread of 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 ensure that:

* each consumer gets safe and effective services and supports for daily living that meet their needs, goals and preferences or optimise their independence, health, well-being and quality of life. Isolated consumers; those with sensory deficits and those that reside in the Blaxland unit have meaningful supports for daily living to meet their needs and preferences.

### Requirement 4(3)(b)

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

The approved provider must ensure that:

* emotional and psychological supports for consumers are evident. There is adequate understanding of supports for consumers who are sad or lonely. Staff have skills and time to further support consumers.

### 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 approved provider must ensure that:

* consumers do things of interest to them. Consumers who do not participate in the group activities are provided with meaningful engagements. Staff availability does not disrupted the scheduled outings. There is a weekend program. Lifestyle staff aren’t attending care tasks to prevent disruption to the scheduled program.

### Requirement 4(3)(f)

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

The approved provider must ensure that:

* meals served are enjoyed by most consumers. The quality, variety and temperature of meals served is no longer a common concern.

### 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 ensure that:

* the service environment is safe, clean and well maintained. The service has pest control management which is effective. Consumers and representatives report that cleaning of their rooms is satisfactory and that maintenance needs are attended to in a timely manner.

### Requirement 5(3)(c)

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

The approved provider must ensure that:

* There is sufficient equipment. The issues relating to the laundries and consumer accessibility of the laundry are resolved. Supplies of linen, pharmacy and some other supplies have been managed effectively.

### 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 ensure that:

* consumers and representatives feel empowered to raise concerns.

### 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 ensure that:

* management demonstrate an understanding of open disclosure and apply it when serious allegations have been made. Management ensure that effective action is taken to resolve complaints.

### Requirement 6(3)(d)

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

The approved provider must ensure that:

* Complaints are always captured and trended to identify areas for improvements and complaints result in improvements being made.

### 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 ensure that:

* care and services are in a timely manner and Management are able to demonstrate that action has been taken to address these issues.

### Requirement 7(3)(b)

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

The approved provider must ensure that:

* Staff interact with consumers in kind, caring and respectful ways.

### 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 ensure that:

* The workforce is competent and the members of the workforce have the qualifications and 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 approved provider must ensure that:

* The service staff undertake required education to enable them to undertake their roles effectively.

### Requirement 7(3)(e)

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

The approved provider must ensure that:

* The regular review of staff performance is undertaken, and staff have their performance reviewed regularly in the last 12 months.
* Conversations are held with staff when issues regarding their performance are identified and conversations are escalated when serious allegations about performance are made. Actions such as further education, monitoring or supervision to address and follow through on identified issues are undertaken.

### 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 ensure that:

* the organisation’s governance systems are effective. Information systems effectively support the delivery of care and services; continuous improvement processes have identify the deficiencies identified during the audit; financial systems ensure that equipment required for consumers is always available; workforce governance systems are effective; regulatory compliance obligations for compulsory reporting of assaults are followed and complaint systems are effective.

### 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 ensure that:

* The organisation has effective systems in place for managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can.

### 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 ensure that:

* the organisation has a clinical governance framework which is effective in ensuring antimicrobial stewardship, minimising the use of restraint and open disclosure.