Uralba Retirement Village

Performance Report

5 Eulamore Street
CARCOAR NSW 2791
Phone number: 02 6367 3000

**Commission ID:** 0220

**Provider name:** Uralba (Carcoar) Incorporated

**Site Audit date:** 8 June 2021 to 17 June 2021

**Date of Performance Report:** 27 July 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 16 July 2021

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall sampled consumers considered 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. All sampled consumers expressed their satisfaction with the way staff make them feel respected and valued as an individual.

Consumers generally said that staff respect their privacy, however some representatives indicated concern that their family member had been monitored using audio and visual equipment which they had not consented to. The service does not always ensure that consumers have capacity to make significant decisions about their lifestyle. In addition, the service does not involve appointed substitute decision makers in decisions about the consumer’s care and services.

Information provided to consumers is sometimes incorrect or outdated. Representatives and substitute decision makers are not provided with accurate and timely information related to the consumer’s care which does not enable them to exercise choice and make decision on behalf of the consumer.

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) Compliant

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

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) 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 *c*onsumers are generally supported to exercise choice and independence in relation to their day-to-day life in the service, and to make connections with others and maintain relationships of choice. However, while the service appears to support consumers to make decisions in relation to connections with others and maintaining relationships of choice including intimate relationships, this is not always considered in the context of the consumer’s cognitive capacity. For one consumer, the substitute decision makers were not included in significant decisions about the consumer’s choices.

The assessment team reports that some staff said they raised concerns to management about a consumer’s choices due to their cognition. The consumer’s substitute decision makers were not initially informed of their consumers choices or included in conversations to seek their views regarding choices the consumer was making. Management informed the assessment team that all consumers at the service are able to exercise choice and independence in decisions about their life.

The approved provider response advised that they did not seek a review of the consumers cognition in relation to making choices although they did contact a behaviour management service to seek advice. Additionally, the approved provider asserted that cognition and capacity is subjective and decision specific and that the behaviour management service also provided this advice.

I acknowledge that the approved provider contacted a behaviour support service to seek advice regarding the situation. However, the approved provider was unable to demonstrate that the service included the general practitioner or the substitute decision makers in discussions about a consumer’s choices.

I accept that consumers with varying cognition can make choices and that the issue of capacity is complex. However, the approved provider failed to include the identified substitute decision makers in conversations about choices a consumer made which had the potential to impact the consumers psychological health and safety. I do not accept that the approved provider attempted to provide alternate strategies to support the consumer’s care needs.

I find this requirement Non-compliant.

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

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

### Requirement 1(3)(e) 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 overall consumers confirmed they are kept informed about what is happening at the service and referred to informal communication mechanisms such as staff informing them what is happening. Management confirmed that informal communication mechanisms are the primary method for communicating with consumers and email a method for communicating with representatives. However, some written information provided to consumers either through display or in the resident handbook is incorrect or outdated. This also included outdated information regarding consumer rights and responsibilities, and lack of information about complaint processes. Additionally, representatives and substitute decision makers are not provided with timely and accurate information to enable them to exercise choice.

The approved provider response asserted that the information in the resident handbook was updated during the site audit however did not attach this as supporting evidence. Additionally, the approved provider response did not address why consumers and representatives are not provided with timely and accurate information.

Based on the findings at the time of the site audit, I find this requirement Non-compliant.

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

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

The assessment team observed staff respecting the privacy of consumers throughout the performance assessment such as knocking on doors prior to entering rooms and that consumer information was stored confidentially and securely in the nurses’ station. However, the service does not ensure that each consumer’s privacy is always respected as audio and visual monitoring equipment has been installed in the bedrooms of a number of consumers without their consent Additionally, conflicting information was provided about the monitoring equipment, with a representative advising that they were aware that the monitor recorded sound only although staff advised that the equipment enables consumers to be observed and heard without making a recording. Furthermore, the assessment team reported that the monitoring device plays on a monitor in the nurse’s station and they were able to observe a consumer in their room from this device.

The approved provider response clarified that the monitoring equipment does not record sound and is visual recording and that consent had been sought from one representative and two other representatives were reportedly aware of the equipment being used although no written consent was obtained. Additionally, the approved provider argued that the equipment was being used for a consumer who was palliating, another consumer who was a falls risk and for another consumer who was “under wander watch”. The approved provider advised that the service has subsequently updated their privacy policy.

I acknowledge that the approved provider attempted to gain consent for the use of the equipment from representatives, however I do not accept the approved provider’s rationale for the use of the equipment as other alternatives are available to ensure consumer well-being without compromising their dignity and privacy. The use of the equipment and that the assessment team were able to observe this footage contravenes consumer privacy.

I find this requirement Non-compliant.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

For the consumers sampled, clinical and care documents generally provide evidence of assessment and care planning that considers risk to the consumer’s health and well-being and registered nursed were able to explain the process of for assessment and planning.

Most sampled consumers or their representatives did not consider that they feel like partners in the ongoing assessment and planning of their care and services. Sampled consumers and/or representatives said that the service does not involve them in assessment and care planning processes although advised they received a copy of the care plan after it was developed.

The service demonstrated that consumers sampled and or their representatives generally have shared consumers’ goals and preferences in relation to advanced care planning and end of life wishes. However other current care needs are not identified or addressed with impact on the consumers sampled. The regular review of care plans has not identified whether interventions have been effective in meeting the needs of consumers.

Incident reports do not include any investigation of the incident which impacts the development of appropriate assessment and planning to prevent further incidents.

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

## Assessment of Standard 2 Requirements

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

### 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 the service demonstrated that consumers sampled generally have shared their goals and preferences in relation to advanced care planning and end of life wishes. However, other current care needs are not identified or addressed which impact on the consumers sampled. For one consumer, the care plan does not reflect current care needs in relation to falls management, palliative care, increased frailty and pain. Additionally, for another consumer assessment and planning does not include information about current behaviours or the use of chemical restraint

The approved provider did not submit any additional information to clarify or refute the assessment team’s findings.

Although assessment and planning addresses consumer preferences in relation to advanced care planning, other current needs in relation to falls management and behaviours are not identified in this process, therefore I find this requirement Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

The assessment team found that feedback from consumers and representatives and review of documentation does not demonstrate that consumers and/or their representatives are involved in the assessment, planning and review of the consumer’s care and services.While progress notes include someentriestitled ‘care consultation’, the discussions are not reflected in care plans. Two consumer representatives said they had not had any involvement in the planning and review of their consumers care. While registered nurses advised that consumers are involved in the development of care plans, the service was unable to provide any documentation that this occurs.

The approved provider did not submit any additional information to clarify or refute the assessment team’s findings.

Review of documentation and consumer/representative feedback at the time of the site audit demonstrates that assessment and planning does not evidence ongoing partnership with consumers and representatives.

I find this requirement Non-compliant.

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

### 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 although staff said care plans are reviewed on a regular basis, meaningful review of them is not conducted when consumers’ condition or needs change. For consumers sampled care plans did not demonstrate appropriate review when circumstances change or when incidents occur. In some cases, incidents are not reported and therefore the effectiveness of care is not reviewed. For two consumers who experienced deterioration in their mobility and sustained falls neither were referred to a physiotherapist for review or re-assessment of current falls risk in relation to a change in their circumstances. Additionally, for another consumer there was no review conducted despite a change in behavioural symptoms.

The approved provider did not submit any additional information to clarify or refute the assessment team’s findings.

The assessment team’s findings demonstrate deficits in the review of care and services when circumstances change, and incidents occur which impact on consumer care.

I find this requirement Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers said they had no issue with the way personal and clinical care was provided and confirmed that they get the care they need. Consumers and consumer representatives interviewed said they were not aware of any issues in relation to accessing medical services or allied health professionals for consumers. The service has systems in place for communicating information about the care of the consumer.

While consumers gave mostly positive feedback about clinical and personal care, the service has not demonstrated that falls management, restraint management and medication management is best practice, tailored to the needs of the consumer or optimises their health and well-being. The service has deficiencies in relation to clinical oversight which impacts on the delivery of safe and effective care. Changes or deterioration in the condition of the consumers sampled are not identified and/or responded to in a timely manner.

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

### 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 consumers and representatives provided mostly positive feedback about clinical and personal care. The service was able to demonstrate that wound assessment and management is effective in optimising the consumers well- being. The service has a policy and guidelines for pain assessment and management however pain assessments are not always regularly completed and reviewed when required.

Review of clinical care documents did not demonstrate that care provided to consumers is consistent with best practice guidelines and optimises consumer health and well-being. Although the service has a restraint policy it has not ensured that chemical restraint is used as a last resort and non-pharmacological strategies have been implemented for changes in behaviour. The service does not have a process to guide staff on minimising the use of chemical restraint. For one consumer, consent for chemical restraint was not obtained and the service does not have a process to guide staff to monitor the effectiveness of the medication or signs of distress. This is not aligned with best practice or meets legislative requirements.

The assessment team found that care staff administer Schedule four and eight medications to manage behaviour without the consultation with the registered nurse and at times administer medication when the behaviours it was prescribed for were not displayed.

The approved provider response submitted that for a consumer who was prescribed chemical restraint this was a short- term trial and was later discontinued, however no current medication chart was submitted to determine current regular and prn use of chemical restraint. The approved provider response submitted that in relation to whether the chemical restraint was being used as a last resort that this was an issue for the prescribing practitioner. The approved provider did not address whether consent had been sought for the use of the chemical restraint from the consumer’s substitute decision maker nor did the approved provider submit any evidence to support that the service has a policy or framework for minimising the use of restraint. Additionally, the approved provider did not address why pain assessments are not always completed and reviewed.

Although consumer and representative feedback supports that consumers receive safe personal and clinical care, the approved provider response was unable to demonstrate that personal and clinical care is aligned with best practice and optimises the consumers well-being. Additionally, the response demonstrated a lack of understanding in relation to current legislative requirements around the use of chemical restraint.

I find this requirement Non-compliant.

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

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

The assessment team found that consumer care plans include some information about some high impact and high prevalence risks, however negative outcomes have been identified in relation to behaviour management, falls and medication management. Staff were generally unfamiliar with the concept of high impact and high prevalence risks although acknowledged there were generally a high number of falls which had increased in recent times. The assessment team found that falls are not effectively managed with poor post fall management. There is limited or no investigation into the circumstances of the falls and observations are not consistently completed in line with the services policy which requires observations every 20 minutes for three hours.

The assessment team found that the services medication management systems are unsafe and present a high impact for consumers with care staff administering prn medications and there have been multiple incidents were consumers were administered the incorrect medications. For one consumer, issues related to chemical restraint, lack of appropriate assessment and the development and implementation of behaviour management strategies has had a high impact on their safety and well-being.

The approved provider response acknowledged that the services medication management policy was not updated at the time of the site audit and took immediate steps to rectify it. The current policy reportedly requests care staff contact registered nurses prior to the administration of prn medication and this is acknowledged. However, the approved provider response did not provide any additional information to demonstrate that falls are being effectively managed, or investigations take place or did the response address the incidents where consumers were provided with the incorrect medication.

Given the high impact for consumers regarding ineffective management of falls and lack of investigation into consumers being administered incorrect medications, I find this requirement Non-compliant.

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

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

### Requirement 3(3)(d) 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 thatfor consumers sampled care planning documents and/or progress notes do not reflect the identification of, and response to, deterioration or changes in function/capacity/condition. Deterioration of a consumers wound was identified by staff and escalated to the medical officer. However, for another consumer experiencing increasing falls this was not escalated accordingly nor were pain and neurological observations undertaken. For a consumer whose behaviour had escalated this was not recognised or responded to appropriately with no evidence of referrals for advice, reassessment or the development of interventions. Additionally, the consumers representative was not informed of the deterioration.

The approved provider response did not address why a consumer experiencing increasing falls was not escalated. The approved provider response clarified that for a consumer experiencing increasing behaviours that the service made telephone contact with a behaviour support service to seek advice, however this contact did not occur until several weeks after the behaviours commenced therefore this does not appear to constitute a timely response. Additionally, while the approved provider asserted that the representative was informed of the change in behaviour at the time it occurred they did not provide any supporting evidence in the form of progress notes or other documentation to confirm that a conversation had taken place informing the representative of the change in behaviour.

I find this requirement Non-compliant.

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

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

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

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

The assessment team found thatcare and service records indicate evidence of referrals to allied health and specialised services including a dietician, optometrist, speech pathologist and podiatrist. However, referrals have not been made in relation to high risk situations including consumers experiencing frequent falls and behaviours of concern.

The assessment team reported that there is no referral or involvement of other professionals such as an occupational therapist for equipment assessment, behavioural support services for consumers who are experiencing increasing behaviours and physiotherapist for consumers with deteriorating mobility and who have experienced an increase in falls. For two consumers who sustained multiple falls the assessment team reported that there was no referral to physiotherapy to request review and re-assessment, consistent with findings in Standard 2 (3)(e).

The approved provider response did not provide clarifying information or supporting evidence to the contrary to demonstrate that the service does make appropriate referrals to occupational therapists and physiotherapists although provided evidence that a referral was made to a behaviour support service which was considered not be timely, consistent with findings in Standard 3(3)(d).

I acknowledge that the service does make referrals to some allied health professionals and services to support the needs of consumers, however in the absence of other referrals to occupational therapists, physiotherapists, and timely referrals to behaviour support services to provide input and interventions to enhance the needs of consumers, I find this requirement Non-compliant.

### Requirement 3(3)(g) 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.*

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers generally indicated that they are supported by the service to do things they like to do or are able to independently pursue their interests. However, one consumer who would like to independently go down the street on their mobility scooter is prevented from doing so.

Consumers generally said they able to independently keep in touch with people who are important to them and consistently expressed satisfaction with the meals provided by the service. While the lifestyle program has limited variety and does not provide activities that meets the interests of some consumers, sampled consumers provided feedback that they enjoy their life in the service and most consumers who do not find the lifestyle program interesting are able to independently pursue their own interests.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall, consumers and representatives interviewed spoke positively about the environment saying they felt safe, are able to move freely within the service environment and it was clean and well maintained. The service was observed to be clean and well maintained, and has processes in place to ensure furniture, fittings and equipment are safe, clean and regularly serviced, which includes cleaning and maintenance schedules.

The service has a welcoming environment and consumers were observed to be moving around the service using a range of mobility assistive equipment, including wheelchairs and wheeled walkers. However, consumers living with dementia do not have relevant and visible cues and way-finding signs, in accordance with dementia enabling design principles.

The service does not have suitable equipment for consumers who are falls risks such as sensor mats, low-low beds or fall mats. The service does not have an operational call bell system for the entire service.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements has 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) Compliant

*The service environment:*

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

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

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

The assessment team found that overall observations made, feedback from consumers, representatives, staff and review of sampled maintenance records, show most furniture, fittings and equipment is safe, clean, well maintained, and suitable for most consumers. However, the service does not have falls prevention equipment and the call bell system has not been functioning in the older section of the service (14 of 22 rooms). The facility manager advised hat the call bell system had not been functioning for more than a year and as an alternative, consumers were provided with a pendant alarm system. Secondary to the call bell system not being operational in 14 rooms sensor mats are also not able to be installed in these rooms, despite two consumers residing in these rooms having sustained falls. The assessment team identified safety risks with the pendant alarms due to consumers not being able to seek assistance when in the shower and the facility manager advised this had not been considered although was not aware of any problems which had occurred in relation to this.

The approved provider response clarified that consumers who reside in the 14 rooms without a call bell system are either assisted or supervised when showering and this is acknowledged. However, the approved provider response did not address why alternatives to sensor mats had not been considered in the rooms of consumers who had sustained falls.

I accept that the furniture, fittings and equipment at the service are safe and well maintained, however I have given greater consideration to the absence of suitable equipment to monitor consumers at risk of falls and the potential impact of this on consumer well-being.

I find this requirement Non-compliant.

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Most consumers generally said they had not had the need to raise a complaint but were generally unaware of the complaint processes in the service. Some consumers said they would speak with staff or the facility manager if they had a concern but did not know about any more formal complaint mechanisms.

There is no information available in the service about how to make complaints or provide feedback. There is some information available about advocacy services that consumers can access. Although appropriate action is taken in response to complaints, management and staff are not familiar with the concept of open disclosure in relation to complaint management.

The Quality Standard is assessed as Non-compliant as two 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 foundconsumers generally said they had not had the need to raise a complaint although were generally unaware of the complaint processes in the service. Some consumers said they would speak with staff or the facility manager if they had a concern but did not know about any more formal complaint mechanisms. One consumer who expressed some dissatisfaction said they had not been told how to make a complaint. The facility manager advised that consumers are informed about the service’s complaint mechanism by the staff member inducting them to the service. However, the induction checklist for consumers did not contain any information about complaints processes. The assessment team observed outdated and limited information about internal or external complaints processes and no feedback or complaints forms or a complaint or suggestion box on display in the service.

The approved provider response clarified that the service did not have a complaint/suggestion box at the time of the audit due to it being broken and a new one was ordered and is currently in place. I no longer find this specific issue an area of concern. However, the approved provider response did not address consumer feedback in relation to being unaware of formal complaint mechanisms nor did it provide information to the contrary in relation to induction checklists not containing information about complaint processes.

I acknowledge that overall consumers expressed the view that they did not have a need to raise a complaint, however the approved provider response was unable to demonstrate that there are effective processes in place to support consumers and representatives to provide feedback and make complaints should they want to.

I find this requirement Non-compliant.

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

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

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

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

The assessment team found that the service has limited recorded complaints and review of the documentation related to complaints indicates that action was taken in response to those complaints. However, there is no documentation to show that open disclosure has been used in relation to complaints raised with the service and management and staff interviewed were not familiar with the concept of open disclosure. The complaint policy does not make mention of the use of open disclosure in the complaint processes. Open disclosure was not used when a consumer representative was informed of their representative being involved in sexual contact with fellow consumers and the details of this provided to the representative were not transparent. Management advised that most complaints are received via email and verbal communication and that verbal complaints are also recorded in the complaints register. However, management were unaware of a complaint that had been made by a family member which was documented in staff meeting minutes.

The approved provider response argued that management are familiar with the concept of open disclosure, however the response did not address other deficits identified by the assessment team in relation to this requirement or provide any additional information as further context or to refute the assessment team’s findings.

I accept that the service has limited complaints and that appropriate action is taken in relation to these. However, the service is unable to demonstrate that the service has an open disclosure policy, that staff understand the concept or that the service implements open disclosure in practice.

I find this requirement Non-compliant.

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall sampled consumers and representatives interviewed considered that the consumer gets quality care and services when they need them and from people who are knowledgeable, capable and caring. Overall consumers and representatives interviewed confirmed that staff know what they are doing.

However, the service did not adequately demonstrate that the workforce is planned and deployed to provide quality care and services. Deficits identified in the delivery of care and services demonstrates that the workforce is not adequately equipped nor trained to effectively undertake their roles. The service was unable to provide evidence that mandatory training and annual refresher training has occurred.

The service demonstrates that it regularly assesses, monitors and reviews the performance of each member of the workforce.

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

## Assessment of Standard 7 Requirements

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

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

The assessment team found that consumers and representatives did not raise any concerns about the adequacy of staff levels to meet their needs. Additionally, staff commented that they can mostly complete their designated duties within their shift although some staff expressed concerns about the process for contacting a registered nurse when the service does not have clinical coverage There is no system for an on call registered nurse roster and staff contact nurses until one is available. The facility manager confirmed that the service has registered nurse coverage four days per week, however the assessment team reported when there is no registered nurse on-site there are no processes or directives to guide care staff who to contact to identify and escalate care issues which impact the safety of consumers.

The approved provider response submitted that while the service would like to have 24/7 registered nurse coverage, however the funding does not provide for this and this is acknowledged. The approved provider response clarified that care staff can access emergency decision guidelines produced by NSW Medicare local. However, the approved provider response did not provide any information in relation to the process for contacting on-call registered nursing staff to discuss and receive guidance in relation to care issues which impact consumer health and safety.

In the absence of an appropriate on-call registered nurse system to inform staff whom to contact and the potential impact of this on consumers, I find this requirement Non-compliant.

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

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

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

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

The assessment team found that overall, consumers and representatives did not raise any concerns about the knowledge and skills of staff although one representative expressed the view that staff did not have the necessary skills in caring for consumers with dementia. The assessment team reported that some members of the workforce do not have relevant qualifications and knowledge to perform their role and that care staff work outside their scope of practice. A staff member with no qualifications undertakes assessments including blood glucose levels and weighing consumers despite not having any training in relation to this. Additionally, review of care staff files demonstrated that relevant competencies for the role had not been completed. Furthermore, care staff have management of the schedule eight medication cupboard and administer as needed medications which is outside their scope of practice consistent with findings in 3(3)(a).

The approved provider response did not specifically address the deficits identified by the assessment team in relation to this requirement and were unable to demonstrate that all members of the workforce work within their scope, have completed required competencies and have the knowledge to perform their roles.

I find this requirement Non-compliant.

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

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

The assessment team found that consumers and representatives did not express any areas where they felt staff required additional training. However, despite the positive feedback it was identified that the workforce is not adequately trained to deliver the outcomes required by the Quality Standards. Specifically, the service does not have a training schedule or process in place to identify the training needs of staff and staff confirmed they had not completed any training in relation to the Quality Standards since 2019. Additionally, while the service had a serious incident response scheme (SIRS) policy, it was limited and did not contain basic information about the scheme. Furthermore, there were no training materials provided to staff in relation to the scheme nor had staff accessed the SIRS training modules provided by the Commission.

The approved provider response disputed that the services SIRS policy was limited however did not provide any supporting evidence in relation to this. Additionally, the approved provider response did not provide any further information to address what training staff had completed in relation to the Quality Standards since 2019 or why staff had not been provided with training in relation to the SIRS.

I find this requirement Non-compliant.

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall consumers indicated that the organisation is well run however they are not a partner in improving the delivery of care and services. Aside from saying they are able to attend resident meetings, consumers and representatives interviewed were unable to indicate ways in which they are involved in the development, delivery and evaluation of care and services.

The governing body does not promote a culture of safe, inclusive and quality care and services and accountability. Effective organisation wide governance systems were not evident in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaint systems. The service does not have effective risk management systems and practices to manage high impact or high prevalence risks or an effective incident management system.

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

## Assessment of Standard 8 Requirements

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

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

The assessment team found that the service does not have policies and procedures in place which include consumer partnership in service planning. The facility manager indicated that the service does not have consumer representation at board meetings, staff recruitment or training. The facility manager was unable to provide examples of how consumers are actively engaged in the development, delivery and evaluation of care and services, other than through surveys, feedback mechanisms and resident meetings. Consumers and representatives interviewed by the assessment team said they are unaware of how they would have input into the development or evaluation of services.

The approved provider response did not provide any information to the contrary to support that consumers are supported and engaged in the development and evaluation of care and services, therefore I find this requirement Non-compliant.

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

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

The assessment team found the service was unable to demonstrate that systems are in place to ensure the governing body promotes a culture of safe, inclusive and quality care. The service was unable to demonstrate how the board satisfies itself that the Quality Standards are being met within the service, or what communications have come from the board to staff and consumers regarding the Quality Standards. Although the board received information about budget, complaints and staffing issues they were unaware of an incident that took place in December 2020 or that it had been reported to the Commission in line with regulatory requirements. Additionally, the chairperson was unable to provide any examples of the board’s involvement in any improvements that had been made at the service as a result of consumer feedback and confirmed that the board had not sent any communication to staff or consumers about the Quality Standards.

The approved provider response did not provide any additional evidence to support how the governing body is accountable for the safe and quality of care and services.

I find this requirement Non-compliant.

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

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

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

The assessment team found the organisation does not have effective governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback complaint systems. Some of the organisation’s policies are not comprehensive, or line with legislative requirements. Specifically, the SIRS policy does not include information about what types of incidents should be reported as a SIRS incident; incident management procedures do not include processes for complaint investigation and medication management policies indicate that care staff are able to manage schedule 8 medications.

The assessment team reported that the chairman of the board indicated they do not communicate changes to the aged care law to staff and leave it up to the facility manager and registered nurses to do. The chairman confirmed that the board had not received any training in relation to SIRS. The service is not aware of Australian privacy laws in relation to the use of audio and video recording devices and their installation without the knowledge and consent of consumers.

The approved provider response did not address the specific deficits identified by the assessment team or provide any supporting evidence to demonstrate that the service has effective organisation wide governance systems in relation to the sub-sections covered by this requirement.

I find this requirement Non-complaint.

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The service does not demonstrate that is has effective organisational risk management systems and practices in place to manage high impact, high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, or supporting consumers to live the best life they can. Staff were unable to explain what high impact or high prevalence risks are, nor does the service have a policy in relation to this including identifying and managing risks associated with the care of the consumer.

The organisation has not implemented an effective incident management system (IMS). Incidents are not investigated to identify causes of incidents nor are they measured to prevent future incidents from re-occurring. Significant incidents and events which may constitute abuse are not investigated to identify contributing factors, preventative measures are not developed and the board in not informed and does not have oversight such issues

The approved provider response did not provide any additional evidence to refute the assessment team’s findings that the service does not have effective risk management systems and practices.

I find this requirement Non-compliant.

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

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

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

The assessment team found that the service does not have an effective clinical governance framework in place. There is a lack of clinical oversight and a lack of specific procedures to ensure care staff have clear procedures for escalation of clinical issues and care staff are working outside their scope of practice. The assessment team found that the service has a policy in relation to antimicrobial stewardship and that staff demonstrated an understanding of the relevance of this to their work practices. However, the assessment team found management and staff were not familiar with the requirements in relation to minimising the use of restraint and legislative requirements are not followed in relation to chemical restraint. Additionally, management and staff did not demonstrate an understanding of open disclosure.

The approved provider did not response did not address or provide any additional information to address the gaps identified by the assessment team.

I find this requirement Non-compliant.

# Areas for improvement

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

### Requirement 1(3)(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:

* Support consumers to exercise choices about their care, services and lifestyle which promotes and enhances their safety, health and well-being
* Include legally appointed decision makers in discussions about choices consumers make which have the potential to impact on their safety and health
* Provide opportunities for consumers to maintain relationships with others that optimise their well-being and minimises risk to the consumers

### 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:

* Consider additional mechanisms other than informal processed to ensure that information provided to consumers and representatives is accurate and easy to understand
* Review written documents to ensure that information is current and accurate and update accordingly

### Requirement 1(3)(f)

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

The approved provider must:

* Review current privacy laws and legislation to ensure that the service is operating within legislative requirements that ensures consumer privacy is protected
* Consult with consumers and their representatives and seek their input in relation to practices that have the potential to impact on privacy
* Ensure that all staff understand and implement the services updated privacy policy

### 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:

* Complete a review of consumer care plans to ensure that information is current and documents consumer goals and preferences
* Implement a process for regular review of assessment and planning to ensure that information is current and relevant to the consumers needs

### Requirement 2(3)(c)

*The organisation demonstrates that assessment and planning:*

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

The approved provider must:

* Include consumers and their representatives in case conferences to ensure that assessment and planning reflects input from consumers and their representatives
* Conduct a review of care planning documentation to ensure that it is reflective of the consumer’s voice and preferences
* Consider implementing processes such as and not limited to resident of the day to promote partnerships with consumers in relation to assessment and planning

### 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:

* Develop a process to ensure that care and processes are reviewed for effectiveness which meets the needs and goals of consumers
* Ensure that incidents are investigated to determine causative factors and develop interventions to reduce the chance of re-occurrence
* Implement a system to record and document incidents and ensure that this is communicated to all staff
* Seek input from medical and allied health professionals when there is a change in consumer circumstances and input from others is indicated to ensure that consumer care is reviewed for effectiveness

### 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 all staff have access to and understand best practice guidelines in relation to falls, medication management, pain monitoring and the use of chemical restraint
* Implement best practice recommendations in relation to falls, medication, pain and restraint to optimise consumer health and well-being
* Review current legislative requirements in relation to restraint and ensure that the service is meeting these requirements
* Ensure that staff are supported and aware of their scope of practice and work within the parameters of this

### 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 staff have an understanding of what constitutes high impact and high prevalence risks to consumers and that they are able to identify these risks for consumers at the service
* Ensure that all consumers receive post management falls monitoring consistent with the service’s policy and guidelines
* Ensure that medication incidents are documented and investigated to reduce the risk of re-occurrence
* Ensure that consultation and input is sought to effectively manage consumers who present with behavioural symptoms
* Consider implementing a system which includes capturing trends, monitor and review of high impact and high prevalence risks

### 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:

* In addition to guidelines provided by NSW Medicare local, provide staff with resources to assist them in being able to recognise deterioration in consumers mental health, cognitive and physical functioning
* Ensure that staff are equipped with the skills and knowledge to recognise deterioration and provide additional training if indicated
* Develop and implement processes to ensure that any changes or deterioration in the consumers condition is recognised and escalated to appropriate health professionals for review

### Requirement 3(3)(f)

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

The approved provider must:

* Review current referral processes to ensure that all consumers have timely and appropriate referrals in place if their care warrants input from other services and health professionals
* Continue to utilise and refer to optometry, dietician and speech pathology services and expand this to include occupational therapy, physiotherapy and behaviour support services
* Liaise with general practitioners to determine if referrals to specialist medical professionals are required to ensure consumer health needs are optimised

### Requirement 5(3)(c)

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

The approved provider must:

* Review all equipment to determine if it is suitable to meet the differing needs of all consumers
* Consult with occupational therapy and physiotherapy to determine options for equipment to monitor consumer’s at risk of falls
* Consider moving consumer rooms to other areas of the service where the call bell system is operational if access to this system would enhance the delivery of care

### 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:

* Review the resident handbook and other information provided to consumers to ensure it includes information about how consumers and representatives can provide feedback and complaint
* Include information about providing feedback and making complaints at resident meetings
* Ensure that consumers are aware of the process to make feedback and make complaints and that this can be done anonymously if the consumer wishes

### 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 the service has an updated open disclosure policy and that staff have read and understand the concept of open disclosure
* Ensure that an open disclosure process is used when things go wrong and that this is documented
* Review current processes for complaint handling to ensure that this includes a mechanism where complaints are incorporated into a plan for continuous improvement for action if indicated

### 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:

* Review current on call registered nurse arrangements to ensure that this coverage is always available when a registered nurse is not available onsite
* Develop an effective on call registered nurse system and make this available to all staff so they are aware of who to contact and when for timely advice and consultation

### 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:

* Review all staff files to ensure that they have completed required competencies required for their respective roles
* Seek input from staff to determine if there is additional training required to assist them in being able to perform their roles
* Ensure that all staff are aware of their scope of practice and that they have the required qualifications and knowledge to 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:

* Develop and implement a training schedule to identify the training needs of staff
* Ensure that all staff have completed updated training in relation to the Quality Standards, inclusive of the SIRS and how this relates to their work
* Review current SIRS policy to ensure it contains the necessary information in accordance with the SIRS legislation which came into effect on the 1 April 2021

### Requirement 8(3)(a)

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

The approved provider must:

* Develop and implement policies and procedures which include consumer partnership in service planning
* Consult with consumers to seek their input regarding how they would like to be included and engaged in the development, evaluation and care of services
* Consider seeking input from other organisations and services on how to support consumer engagement in care delivery

### Requirement 8(3)(b)

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

The approved provider must:

* Ensure that there is regular communication between the service and the governing body to ensure that the board are kept informed and can be accountable for promoting a culture of safe, inclusive and quality care
* Ensure that the board are kept informed of all incidents that occur at the service and that communication is transparent
* Consider undertaking a review of the members of the governing body of their skills for effective governance and undertake development and/or recruitment if required
* Review the activities of the board to determine if they have been proactive in initiating improvements at the service and if indicated develop a process for active board involvement in the service

### 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:

* Develop and implement key documents specific to the sub-sections required by this requirement which reflect and understanding of the Quality Standards
* Ensure that the organisations policies and procedures are comprehensive and aligned with legislative requirements
* Review and adapt the SIRS policy to include information about what types of incidents should be reported and use the resources available on the Commission website as a guide

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The approved provider must:

* Ensure there is a system for the effective management of high impact or high prevalence risks associated with the care of consumers at the service
* Develop and implement an incident management system which includes investigation of the incident to identify causes and develop preventative measures to reduce the risk of re-occurrence
* Ensure that staff are provided with training in relation to key documents and they understand the relevance of policies and procedures and how they related to their work practices

### 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 there is a system for the identification and minimisation of restraint of all types across the service and that this reflects changes in legislation which came into effect 1 July 2021
* Ensure there is a system for management and staff about open disclosure in relation to complaints and consumer incidents and that this is understood and implemented by all staff