Uralba Retirement Village

Performance Report

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

**Commission ID:** 0220

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

**Review Audit date:** 30 November 2021 to 2 December 2021

**Date of Performance Report:** 28 January 2022

# Performance report prepared by

E Woodley, delegate of the Aged Care Quality and Safety Commissioner.

# 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) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | 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) | Compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | 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** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 7 January 2022.
* phone contact with the Chairman of Uralba Retirement Village on 28 January 2022.

# 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

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 Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers interviewed by the Assessment Team 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. Consumers said staff know what is important to them and they are encouraged to do things for themselves.

Care planning documents reviewed by the Assessment Team reflected the diversity of consumers including information regarding their faith, background and what is important to the consumer including important relationships.

Although most consumer’s privacy is respected, issues were identified with the visual monitoring of a consumer in their bedroom and there are some gaps in the maintenance of personal information intended to be kept confidential.

The Quality Standard is assessed as Non-compliant as one 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) 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 consumers are supported to exercise choice and independence. Care planning completed on entry to the service identifies decision makers, relationships of importance including intimate relationships, and seeks the consumer’s input into their care and services. The Assessment Team found there have been recent assessments to identify consumer cognitive capacity. Case conferences have been held with all consumers and/or representatives. There has been management and consumer discussions regarding capacity to consent for intimate relationships and staff have been provided with training in intimacy, sexuality, and aging.

I find this requirement is Compliant.

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

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

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

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

Consumers interviewed by the Assessment Team were satisfied with the information they are provided to enable them to exercise choice, including about the menu and activities at the service. Staff interviews and observations by the Assessment Team demonstrated information communicated to consumers is generally clear and easy to understand. Staff interviewed were aware of individual consumers with sensory, cognitive and/or communication deficits and could describe how they explain and provide choices to them. While the Assessment Team identified some issues regarding information communicated in the consumer handbook, several of these issues were rectified during the Review Audit.

I find this requirement is Compliant.

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

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

Consumers interviewed by the Assessment Team did not raise any concerns regarding their privacy or personal information being kept confidential. However, the Assessment Team found that video monitoring of one consumer was not in line with the service’s privacy policy and did not ensure the consumer’s privacy was respected. While the consumer’s representative had consented to the monitoring for falls prevention, the service did not provide evidence that the consumer was consulted or consented to the monitoring. The Assessment Team identified that some staff practices did not always ensure consumer’s personal and medical information was kept confidential.

In their response, the approved provider identified clarifying information about the use of video monitoring for the consumer identified by the Assessment Team, and about some of the staff practices regarding protection of personal information. The approved provider’s response identifies that alternate falls prevention equipment has been ordered, and once received the video monitoring will be removed.

While the service and the approved provider’s response demonstrated that consumer personal information is generally kept confidential, video monitoring for one consumer did not ensure their privacy was respected. The service did not demonstrate the use of this video monitoring was in line with their policy including after consultation with the consumer and used as a last resort after other strategies have been exhausted.

I find this requirement is Non-compliant.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall, consumers interviewed by the Assessment Team expressed satisfaction and said they feel involved in the ongoing assessment and planning of their care and services. Consumers confirmed that they are informed about the outcomes of assessment and planning have access to their care and services plan if they wish.

The Assessment Team found that case conferences have recently been held for all consumers, and consumers and representatives said they are included and kept informed regarding aspects of care provision. Advance care directives and end of life planning including goals and wishes are identified and documented in consumer care plans.

However, care documents reviewed by the Assessment Team identified that assessment and planning does not always inform the delivery of safe and effective care and services. The service’s review of consumer care does not always identify current consumer needs. Assessments do not always identify change in consumer needs following incidents.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found gaps in the service’s initial care assessment and planning processes. This included the assessment schedule, which staff are able to complete assessments, and documentation that consumers and representatives are required to complete on entry to the service. Staff interviewed indicated that care plans require updating to ensure they effectively inform safe and effective care and services. The Assessment Team identified limited physiotherapy assessment for consumers that require this. For two consumers, assessments were not reviewed following a change in behaviour or nutrition requirements.

In their response, the approved provider identified further information about the initial assessment and care planning process that was in place at the time of the Review Audit. The approved provider demonstrated that an initial admission and care review checklist was in place at the time of the Review Audit, however the staff member interviewed by the Assessment Team was not aware of this checklist. The service has since reminded appropriate staff of this checklist to use for new admissions. The approved provider also demonstrated additional questionaries and processes in place to develop consumer care plans. The approved provider’s response included clarifying information about which staff complete assessments, in line with the service’s processes.

In their response, the approved provider identified that while limited physiotherapy assessment had occurred, all consumers had functional assessments completed by an occupational therapist. The approved provider identified that physiotherapy assessments occurred shortly after the Review Audit for those who required them. The approved provider demonstrated that for the two consumers identified in the Assessment Team’s report, relevant assessments were updated following the Review Audit.

The service and approved provider’s response demonstrates that an initial care assessment and planning process was in place at the time of the Review Audit. While for two consumers assessments had not been updated following a change in their condition, I have considered this in my assessment of Standard 2, Requirement 2(3)(e). Overall, the service demonstrated that assessment and planning considered risks to the consumer’s health and well-being to inform safe care.

I find this requirement is Compliant.

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

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

The Assessment Team found that assessment and planning did not consistently identify or address the current needs, goals, and preferences of consumers. For one consumer, their functional assessment did not identify current needs regarding their mobility or issues with their feet. For another consumer, assessments were not consistently undertaken following incidents of falls to address the current falls prevention and management needs, goals, and preferences. Care assessment and planning did not consistently identify and address consumer’s current needs and goals regarding nutrition and weight management. However, the Assessment Team identified that advance care directives and end of life planning goals and wishes were identified and documented.

The approved provider’s response demonstrates that while the consumer’s functional assessment did not identify current issues with their feet, the consumer’s needs, goals and preferences regarding this were being addressed through regular podiatry services. The approved provider’s response included some further information regarding the service’s falls assessment procedures, including for the consumer identified in the Assessment Teams report.

At the time of the Review Audit, the service did not demonstrate that assessment and planning was effective in consistently identifying or addressing the current needs, goals, and preferences of consumers. However, the service did demonstrate assessment and planning was effective in identifying advance care planning and end of life planning if the consumer wishes.

I find this requirement is Non-compliant.

### 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.*

The Assessment Team found that assessment and planning is completed in partnership with consumers, representatives, and others the consumer wishes to involve in their care planning. Consumers interviewed by the Assessment Team were satisfied with the care planning process and described how their representatives are involved in supporting their decision making. Case conferences have recently been held for all consumers, and consumers and representatives interviewed said they are included and kept informed regarding aspects of care provision.

I find this requirement is 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.*

Staff interviewed by the Assessment Team said that consumer care plans are reviewed by the registered nurses every three months, or as required. However, care documents reviewed by the Assessment Team identified that care and services were not always evaluated for effectiveness following incidents or when consumer needs changed. For one consumer, falls prevention interventions were not reviewed despite these strategies being ineffective at preventing falls. The service did not demonstrate comprehensive investigation of fall incidents to help identify effective interventions to manage this risk. For one consumer, care planning had not been reviewed following a change in behaviours to ensure effective care and services to manage these behaviours. The Assessment Team identified that strategies to manage one consumer’s weight loss may not have been effective, and assessments for this consumer were not reviewed following weight loss and a change to nutritional supplements.

Regarding the consumer at risk of falls, the approved provider’s response demonstrates a functional assessment was completed in August 2021 by an occupational therapist to identify the current falls prevention and management strategies in place. Since the Review Audit, the approved provider identified that alternative interventions to better manage the risk of falls have been ordered and a physiotherapist review of the consumer has occurred.

The approved provider’s response identifies some clarifying information regarding the consumer with behaviours and the consumer identified as losing weight. The relevant assessments for these two consumers were updated following the Review Audit.

At the time of the Review Audit, the service did not demonstrate that consumer care and services are consistently reviewed for effectiveness when circumstances change or incident impact on the needs of consumers.

I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall, consumers interviewed by the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. Consumers confirmed that they have access to a doctor although not always to other health professionals. However, they generally did not believe they need further services. Consumers said staff are capable and responsive to their personal and clinical needs.

The service demonstrated that information systems to communicate consumer condition, needs and preferences within the organisation are generally effective. The service demonstrated systems in place to minimise infection related risk including standard and transmission based precautions and principles of antimicrobial stewardship.

However, the Assessment Team identified some issues in relation to clinical and personal care of consumers. This included in relation to staff skills, the provision of safe and effective personal and clinical care, responding to deteriorating condition of consumers, end of life care, high incidence and high prevalence risk, and timely referrals to providers of care and services.

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

### Assessment of Standard 3 Requirements

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

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

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

Most consumers interviewed by the Assessment Team were generally satisfied with the personal and clinical care they receive at the service. However, the Assessment Team identified that personal and clinical care provided to consumers was not consistently best practice, tailored to their needs and optimised their health and well-being. For one consumer, management of their diabetes was not consistently in line with relevant medical directives and some information regarding the management of their diabetes was unclear. For another consumer, falls prevention was not best practice to optimise their health and well-being. Consumers with behaviours of concern had not been reviewed by specialist services to help manage these behaviours. The Assessment Team identified gaps in the service’s assessment, monitoring and management of consumer skin integrity and dressings, and restrictive practices.

In their response, the approved provider acknowledged gaps in the diabetes management for the consumer identified in the Assessment Team’s report. Since the Review Audit staff education has occurred, and documentation reviewed and updated to avoid confusion. The approved provider identified that for one of the consumers with behaviours of concern, review and discussion with their medical officer had occurred regarding management of their behaviours, and potential referral to specialist services.

The approved provider identified some additional information about the monitoring of consumer skin integrity and dressings, including podiatry services delivered to consumers. The approved provider’s response clarified information regarding environmental restrictive practices at the service. However, gaps remain in the identification of chemical restrictive practices.

At the time of the Review Audit, the service did not demonstrate that personal and clinical care was consistently best practice, tailored to the consumer’s needs, and optimised their health and well-being.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that improvements have been made to the identification and monitoring of the high impact and high prevalence risks associated with the care of consumers. A high impact and high prevalence risk register has been developed to guide staff practice and understanding. The Assessment Team identified that some risks and activities of consumers had been assessed to identify and mitigate the associated risks. However, the Assessment Team identified some gaps in the effective prevention and management of consumer falls. The Assessment Team identified high incidence of consumer bruising in the service, without comprehensive review of the causes of the bruises.

The approved provider’s response included some clarifying information about the assessment, prevention, and management of consumer falls. Since the Review Audit, the approved provider identified that alternative interventions to better manage the risk of falls have been ordered and a physiotherapist review of some consumers has occurred.

Regarding the incidences of bruising at the service, the approved provider’s response included additional information regarding the consumers identified by the Assessment Team who had bruising. The approved provider identified that assessments and some incident investigation of the bruising had occurred prior to the Review Audit.

While for some consumers, falls assessment and prevention was not best practice to minimise associated risk and optimise their health and well-being, I have considered this in my assessment of Standard 2, Requirement 2(3)(e) and Standard 3, Requirement 3(3)(a). Overall, the service demonstrated that the identification and management of the high impact or high prevalence risks associated with the care of each consumer is generally effective.

I find this requirement is Compliant.

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

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

The Assessment Team found that end of life care is compassionate, and the needs, goals and preferences of consumers nearing the end of their life are generally recognised. However, for two consumers who had passed away at the service, the service was unable to demonstrate their care needs were consistently addressed, and their comfort maximised. The service did not demonstrate that either consumer had review by specialist palliative care services. For one consumer, monitoring of their end of life care needs such as pain, pressure area care, and fluid intake was inconsistent or not effective. The service did not utilise specialised equipment to support end of life care provision such as low beds, bed or chair sensors, and syringe drivers.

The approved provider’s response identifies that the service has access to palliative care equipment and support if required such as local palliative care services, low beds, and syringe drivers. Since the Review Audit, the service has purchased bed and chair sensors.

Prior to the Review Audit, the service had commenced several improvements to the palliative and end of life care of consumers. This included an improved referral process, and staff education and training.

While I accept the service has processes and improvements in place to recognise and address the needs, goals and preferences of consumers nearing the end of their life, these were not demonstrated to be effective for one consumer who passed away at the service. For this consumer, monitoring of their end of life care needs such as pain, pressure area care, and fluid intake was inconsistent or not effective.

I find this requirement is Non-compliant.

### 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 the service has strengthened processes to monitor consumer condition and escalate issues when identified, and increased clinical oversight with additional registered nurse support. However, the Assessment Team identified that these processes were not consistently effective for several consumers who had deterioration or change in condition without appropriate action taken in a timely manner. This included in relation to diabetes management, behaviour management, nutrition status, and falls prevention.

The approved provider’s response included some additional and clarifying information about the action taken for the consumers identified in the Assessment Team’s report. Some of these actions had been taken prior to the Review Audit including medical officer review for behaviour management for one consumer, and some assessment of falls prevention and functional ability for consumers. The approved provider’s response outlines further action that has been taken since the Review Audit to respond to the deterioration for the consumers identified.

At the time of the Review Audit, the service did not demonstrate that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition was consistently recognised and responded to in a timely manner.

I find this requirement is 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) Compliant

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

The Assessment Team found that consumers have access to their medical officer and some allied health services such as podiatry on a regular basis. All consumers were reviewed by an occupational therapist in August 2021 for a functional assessment. However, the Assessment Team identified limited physiotherapy referral and review, and consumers with behaviours had not been referred to specialist services to help manage behaviours. The Assessment Team found inconsistent information had been communicated to consumers and families regarding access to physiotherapy services.

The approved provider’s response includes clarifying information regarding referrals and providers of care and services available to consumers. The approved provider identified some referrals had been made to behaviour management services, and geriatrician services for consumers that required them prior to the Review Audit.

In their response, the approved provider demonstrated that physiotherapy services are available to consumers, and three consumers were reviewed the day after the Review Audit. The approved provider demonstrated the consumer handbook was updated prior to the Review Audit to include accurate information regarding physiotherapy services and referral. It was not clear whether this updated information had been communicated to consumers and representatives.

The service and approved provider’s response demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services occurs for consumers.

I find this requirement is 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 COMPLIANT Services and supports 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 Assessment Team also examined relevant documents.

Overall, consumers interviewed by the Assessment Team 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 said they are supported to keep in touch with people who are important to them.

The Assessment Team found consumers generally get safe and effective support for daily living that meets their needs and preferences and supports their independence and well-being.

The service provides supports and some services to support consumer emotional, spiritual, and psychological well-being. Supports are largely informal although consumers say they feel valued and their well-being is supported and promoted.

Consumers said they enjoy the meals provided at the service, and consumer input into the menu generally occurs at the resident meetings.

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 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

All consumers interviewed by the Assessment Team confirmed they felt safe, comfortable and at home within the service. Consumers said since COVID-19 restrictions had eased they have been able to host family and visitors in their rooms and in outdoor spaces. Consumers said the service was clean and well maintained.

The service environment was observed by the Assessment Team to be welcoming, comfortable, clean, and well-maintained. Consumers can move freely between all areas of the service including indoors and outdoors. The Assessment Team found that maintenance tasks were mostly managed internally and efficiently.

However, the service’s call bell system was identified to be ineffective and difficult to maintain. Management acknowledged the challenges presented by this system and were in the process of installing a new system during the Review Audit. The Assessment Team found the service did not have falls prevention equipment such as bed or chair sensors and there are some consumers identified as at high falls risk.

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

## Assessment of Standard 5 Requirements

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

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

### 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) Compliant

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

The Assessment Team found that most equipment provided by the service is safe, clean, and well maintained. The service has some mobility and transfer equipment available including wheelchairs, slide board, walkers, and personal pendant alarms. Consumers interviewed said they had all the furniture, fittings, and equipment they needed. Consumers said they were familiar with the maintenance process and would inform the staff if anything needed to be attended to. However, one consumer who is at a high risk of falls does not have falls prevention equipment such as sensor matts. The Assessment Team found some gaps in the documentation of maintenance requests, however maintenance of furniture, fittings and equipment seemed to be completed effectively. The service continues to experience issues with the call bell system, however a new system was being installed during the Review Audit.

In their response, the approved provider identifies that new fall prevention equipment including sensor matts that are compatible with the new call bell system were ordered following the Review Audit.

While for one consumer best practice falls prevention equipment was not available, during the Review Audit a new call bell system was installed that had the capacity to use equipment such as sensor matts and this equipment has been ordered. Overall, at the time of the Review Audit, the service demonstrated most furniture, fittings and equipment was safe, clean, well maintained, and suitable for the consumer. The service was actively rectifying identified gaps in equipment maintenance and provision.

I find this requirement is Compliant.

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall, consumers interviewed by the Assessment Team considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers could not describe any changes made at the service as a result of their feedback, but were aware that changes were in progress and staff training was occurring.

The Assessment Team observed the service has information available to consumers relating to advocacy services, translation services and has the Aged Care Quality and Safety Commission complaints posters displayed.

The complaints process takes feedback from a broad range of sources however is entirely paper-based and requires the collation of data to analyse and identify trends. The Assessment Team identified that not all complaints and feedback were being included in the summary feedback register for analysis and action.

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

## Assessment of Standard 6 Requirements

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

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

All consumers interviewed by the Assessment Team felt comfortable raising concerns with members of the workforce or management. Staff interviewed were able to describe how they would support consumers and representatives to provide feedback and complaints. The service demonstrated it has various avenues for consumers and representatives to provide feedback including regular meetings, posters and pamphlets, surveys, and continuous improvement forms.

I find this requirement is 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) Compliant

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

Consumers interviewed by the Assessment Team expressed satisfaction with the complaints process, including the service’s responsiveness to feedback and complaints. One consumer said a staff member was very quick to address and resolve an issue when they had raised it. The Assessment Team found the service has taken steps to educate staff and consumers in the complaints process and on open disclosure. While the Assessment Team identified some gaps in the service’s documentation, analysis and actioning of complaints and feedback, this has been considered in the assessment of Standard 6, Requirement 6(3)(d).

I find this requirement is Compliant.

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

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

The Assessment Team found that complaints and feedback were not consistently collated, reviewed, or analysed to improve the quality of care and services or in line with the service’s complaints procedures. Feedback obtained through consumer meetings, consumer and family satisfaction surveys, continuous improvement forms, and food surveys was not consistently recorded in the service’s feedback register and did not always lead to relevant improvements to the care or services.

In their response, the approved provider stated that the complaints and feedback raised through the avenues mentioned in the Assessment Team’s report had been actioned. The approved provider identified that a new complaints register had been developed, and this complaint and feedback information had not been recorded in the new register.

While the service had acted on most complaints and feedback received, overall documentation and collation of complaint and feedback information was not consistently completed. The service did not demonstrate effective processes to ensure an accurate complaints register to assist with review and trending of feedback and complaints.

I find this requirement is Non-compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Most consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable and capable. All consumers interviewed said staff are kind, caring and are readily available when needed.

The Assessment Team observed staff interacting with consumers in a kind, warm and respectful manner, including closing the door when performing care and engaging in conversations whilst assisting with care.

The service has established processes to recruit and train staff. The service has undertaken a significant amount of training since July 2021 and has provided considerable support to staff in their roles. The service has a process for assessing, monitoring, and reviewing staff performance.

While the service has taken steps to provide training for staff to address previously identified issues relating to care assessment and planning and personal and clinical care delivery, some gaps remain in staff competency. The service did not demonstrate all members of the workforce are competent and/or possess the knowledge and/or qualifications to effectively perform their roles.

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

## Assessment of Standard 7 Requirements

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

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

All consumers interviewed by the Assessment Team said there was enough staff at the service, and they did not have to wait long after using the call bell for assistance. Staff interviewed identified that call bell response times were generally between two to three minutes. The Assessment Team found that improvements have been made to workforce planning including increased clinical oversight with additional registered nurse hours rostered and reviewed on-call arrangements.

I find this requirement is 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 identified gaps in the care assessment and planning and clinical and personal care delivery for consumers that indicated the workforce is not consistently competent and has the knowledge to effectively perform their roles. The Assessment Team identified gaps in the service’s monitoring and recording of staff qualifications and contractor police checks. The Assessment Team identified that some staff were not consistently following the service’s medication management processes including two medication competent staff administering certain medications. The Assessment Team found that procedures for staff cover were inconsistent resulting in insufficient medication competent staff being on shift for administration of medication in line with the service’s policy. The Assessment Team found the service did not have a competency for the administration of as required (PRN) mediation.

The approved provider’s response demonstrates that the service’s medication management policy has been updated to state that medication administration only requires one medication competent staff, and a second care staff member to witness.

At the time of the Review Audit, the service did not demonstrate that effective processes were in place to ensure the workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles.

I find this requirement is Non-compliant.

### Requirement 7(3)(d) Compliant

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

The Assessment Team found the service has established processes to recruit and train staff. The service has undertaken a significant amount of training since July 2021 and has provided considerable support to staff in their roles. Consumers interviewed by the Assessment Team said staff were knowledgeable and skilled, and did not identify any areas where staff required further training.

I find this requirement is Compliant.

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall, consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The Assessment Team found that since June 2021 there has been a review of the organisational culture with improvements made to systems relating to safe, inclusive, and quality care and the governing boarding being accountable for their delivery. The service demonstrated effective organisational governance systems and an effective clinical governance framework.

Improvements have been made to risk management systems and to staff practices in relation to reporting and management of consumer risk. A high impact/high prevalence risk register has been developed, there is a system to identify and respond to abuse and neglect of consumers, training has been provided regarding the Serious Incident Response Scheme, and there is an incident management system in place.

However, the Assessment Team found that consumers are not currently involved in the development, delivery, or evaluation of services at the service. While consumers expressed satisfaction with the management of the service, the service did not demonstrate how consumers are engaged in decision making other than the day-to-day choices they are presented with.

Contact with the Chairman of Uralba Retirement Village on 28 January 2022 demonstrated the service has processes in place to ensure consistent and stable management of the service.

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

The Assessment Team found that consumers were not engaged in the development, delivery or evaluation of care and services at the service. The service did not demonstrate consumers are engaged in decision making other than the day-to-day choices they are presented with. However, the Assessment Team identified that the Board were aware of the requirement for consumers to be engaged in the development, delivery and evaluation of care and services and were considering how to support this engagement. The Board advised that a Board member would be attending consumer meetings from December 2021. The service has a resident representative that is involved in some audits of the service, however it was unclear whether this representative and their role was developed in consultation with consumers.

In their response, the approved provider identified some additional information about the Board’s engagement with consumers and steps taken to engage consumers in the development, delivery and evaluation of care and services. The approved provider identified additional information about the resident representative and their role.

I am satisfied that at the time of the Review Audit, the service and governing body had commenced engaging consumers in the development, delivery and evaluation of care and services. While there were some opportunities for improvement and further implementation of this requirement identified, overall the service is working towards improving consumer engagement.

I find this requirement is Compliant.

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

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

The Assessment Team found that the Board has worked to improve their member’s understanding of the Quality Standards and other aged care legislative requirements. Since June 2021, there has been a review of the organisational culture with improvements made to systems relating to safe, inclusive, and quality care and the governing boarding being accountable for their delivery. There is increased reporting to the Board to ensure they are aware of risk in the service.

I find this requirement is Compliant.

### Requirement 8(3)(c) 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 while some gaps were identified in the competency of the workforce and analysis of feedback and complaints, overall governance systems were effective in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Improved information management and reporting systems are in place to provide clinical and managerial oversight, and improved reporting and escalation procedures. Continuous improvements such as a new call bell system and upgrades to the Wi-Fi were underway at the time of the Review Audit.

I find this requirement is Compliant.

### Requirement 8(3)(d) 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 Assessment Team found that improvements have been made to the risk management systems and practices at the service. A high impact and high prevalence risk register has been developed, there is a system to identify and respond to abuse and neglect of consumers, there is an incident management system in place, and there is increased reporting to the Board to ensure they are aware of risk in the service. Training has been provided regarding the Serious Incident Response Scheme and staff demonstrated knowledge of their obligations under this scheme. Consumers interviewed expressed satisfaction with the risk management processes and believed they are living the best life they can.

I find this requirement is Compliant.

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

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

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

The Assessment Team found the service has developed an effective clinical governance framework. Although some issues remain regarding Standard 3 of the Quality Standards, there are now policies and processes in place to support staff practices. Clinical oversight has been strengthened including reporting processes to the Board. The Board’s clinical governance has been strengthened with the inclusion of two new members with specific clinical experience. Staff had been educated about the antimicrobial stewardship, restraint, and open disclosure frameworks.

I find this requirement is Compliant.

# Areas for improvement

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

### Requirement 1(3)(f)

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

The approved provider must demonstrate:

* Each consumer’s privacy is respected, and personal information is consistently kept confidential.
* The service’s policies and procedures regarding consumer privacy are followed.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 2(3)(b)

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

The approved provider must demonstrate:

* Assessment and planning consistently addresses the needs, goals, and preferences of consumers.
* Assessment and planning is reviewed and updated to ensure it addresses consumer’s current needs and preferences.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 2(3)(e)

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

The approved provider must demonstrate:

* Care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals, or preferences of the consumer.
* Incidents are investigated to assist in identifying effective interventions to minimise risk of reoccurrence and to support safe care.
* Strategies to manage consumer behaviours of concern and consumer falls are reviewed for effectiveness following incidents.
* The service has implemented all continuous improvement actions identified in their response.

### 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 demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Consumer skin integrity and wounds are appropriately assessed, managed, and monitored to optimise their health and well-being.
* Processes to identify, assess, monitor, and manage chemical restrictive practice are best practice and implemented at the service.
* The service has implemented all continuous improvement actions identified in their response.

### 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 demonstrate:

* The needs, goals and preferences of consumers nearing end of life are recognised and addressed in a timely manner.
* Monitoring and management of end of life care needs are consistently effective in addressing the needs, goals and preferences of consumers, and ensuring consumer’s comfort is maximised and their dignity preserved.
* The service has implemented all continuous improvement actions identified in their response.

### 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 demonstrate:

* Deterioration or change of a consumer’s condition is recognised and responded to in a timely manner by the service.
* Clinical processes are effective in recognising and addressing deterioration or change of a consumer’s condition, and escalating to the relevant person.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 6(3)(d)

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

The approved provider must demonstrate:

* Feedback and complaints are effectively reviewed, trended or analysed, and used to improve the quality of care and services.
* The services has processes to ensure an accurate complaints register to assist with review of complaint trends.

### Requirement 7(3)(c)

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

The approved provider must demonstrate:

* The workforce is competent and has the qualifications and knowledge required to effectively perform their roles. This includes but is not limited to safe and effective care assessment and planning, personal and clinical care delivery, and medication management.
* Monitoring processes are effective to ensure staff have the required checks and qualifications to perform their roles.
* Staff competencies are effective in ensuring staff have the required knowledge to perform their roles on an ongoing basis, and ensuring all staff have completed required competencies.