Blue Care Mareeba Aged Care Facility

Performance Report

7 MacRae Street   
MAREEBA QLD 4880  
Phone number: 07 4030 3599

**Commission ID:** 5121

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

**Review Audit date:** 3 June 2022 to 6 June 2022

**Date of Performance Report:** 9 July 2022

# Performance report prepared by

Stewart Brumm, 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) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Non-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) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | 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 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 30 June 2022.
* other information and intelligence held by the Commission regarding the service.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Most sampled consumers/representatives considered consumers can exercise choice and independence and staff respect their privacy. Consumers said they are encouraged to do things for themselves and staff know what is important to them.

Consumers/representatives sampled confirmed consumers’ personal privacy is respected.

However, the Assessment Team identified consumers who require staff assistance with personal and hygiene care are not treated with dignity due to consumers being left to wait for staff assistance for extended periods of time resulting in incontinence; soiled continence aids not being changed in a timely manner; and the absence of a toileting regime for consumers who are immobile. Two consumers reported concerns regarding physical abuse from staff and/or staff treating them disrespectfully.

Care and services provided are not culturally safe. Lifestyle activities do not cater consistently to consumers from various cultural backgrounds. Staff sampled were unable to demonstrate a shared understanding of consumer’s cultural background and demonstrate they are able to communicate with consumers who do not speak English.

Appropriate risk assessments have not been conducted or updated and dignity of risk discussions have not occurred for consumers who choose to take risks. Staff sampled were unable to advise regarding consideration of risks to the consumer’s health and wellbeing in relation to their risk-taking activities of choice, and regarding risk mitigation strategies in place.

Information provided to consumers is not current, accurate and timely and communicated in a way that is clear, easy to understand and enables them to exercise choice. Consumers/representatives raised concerns regarding lack of communication from the service and insufficient information provided, including and not limited to newsletters, meeting minutes and regarding restrictions/lockdowns within the service.

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

## Assessment of Standard 1 Requirements

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

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

The Assessment Team provided information that the Approved Provider was unable to demonstrate consumers who require staff assistance with personal and hygiene care are treated with dignity. Consumers are being left to wait for staff assistance for extended periods of time resulting in incontinence; soiled continence aids are not being changed in a timely manner; and the absence of a toileting regime for consumers who are immobile. Two consumers reported concerns regarding physical abuse from staff and/or staff treating them disrespectfully.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. Education for staff in relation to dignity and respect is being provided.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

*Care and services are culturally safe.*

The Assessment Team provided information that the Approved Provider was unable to demonstrate care and services provided are culturally safe. Lifestyle activities do not cater consistently to consumers from various cultural backgrounds. Staff sampled were unable to demonstrate a shared understanding of consumers’ cultural background and that they are able to communicate with consumers from a Non-English-Speaking Background (NESB).

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. Information is being provided to consumers on the service providing care and services and additional staff education is occurring.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

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

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

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

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

The Assessment Team provided information that the Approved Provider was unable to demonstrate appropriate risk assessments have been completed or updated and dignity of risk discussions have not occurred for consumers who choose to take risks. Staff sampled were unable to advise regarding consideration of risks to the consumer’s health and wellbeing in relation to their risk-taking activities of choice, and regarding risk mitigation strategies in place.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. Information is being provided to consumers on exercising choice and making decision, care plans are being reviewed to reflect consumer choices and education is being provided to staff on meeting consumer choices.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

### 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 provided information that the Approved Provider was unable to demonstrate information provided to consumers is current, accurate and timely and communicated in a way that is clear, easy to understand and enables them to exercise choice. Consumers/representatives raised concerns regarding lack of communication from the service and insufficient information provided including but not limited to newsletters, meeting minutes and regarding restrictions/lockdowns within the service.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. Discussions are being held with the consumers about risks, registered staff are being educated in completing dignity of risk assessments and care plans are being reviewed to ensure consumers dignity of risk decisions are reflected.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Overall sampled consumers did not consider that they feel like partners in the ongoing assessment and planning of their care and services. Consumers/representatives interviewed confirmed they are not involved in care planning, including when there are changes to consumers’ care needs. Consumers/representatives interviewed confirmed they are not informed about the outcomes of assessment and planning and do not have access to the consumer’s care and service plan and have not been offered a copy of the consumers care plan.

Consumers/representatives were unable to provide examples of how other providers of care are involved in meeting consumers’ healthcare needs. Representatives said while staff may have some understanding of the consumers end of life wishes, they have not been involved in any end of life planning for the consumer. A review of documentation confirmed the consumers’ wishes are consistently documented.

While the service has processes to direct assessment and care planning, these are not consistency followed by staff to ensure they inform safe and effective care delivery.

The service has an electronic care management system in place which partly describes planned care and services for each consumer’s needs, goals and preferences and informs the delivery care. The Assessment Team reviewed assessment and care planning documentation for consumers sampled and identified assessment and planning does not always include the consideration of risk and does not consistently reflect the consumer’s current needs, goals and preferences. While advance care planning and end of life planning has been completed for some consumers a number of consumers do not have end of life wishes documented.

Consideration of risk for some consumers has been documented, however, risk have not been updated for consumers who have experienced changes in their health status. Care and services are not being reviewed for effectiveness, and/or when circumstances change or when incidents occur.

Care and service plans for consumers sampled do not consistently demonstrate integrated and coordinated assessment and planning involving other organisations, individuals and providers of other care and services, including medical officers, Allied health professionals (AHPs), and specialists in wound care, diabetes and dementia care.

The service was unable to demonstrate assessment and planning is effective and these processes did not support staff to deliver safe and effective care.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team provided information that assessment and planning do not always inform the delivery of safe and effective care and services. A review of care plans and clinical documentation reflected individual care needs, are not consistently determined, assessed and documented in care and service plans to guide staff practice.

For named consumers this was in relation to pain management, palliative care, behaviour management and wound management.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process.

In regard to named consumers the Approved Provider provided a detailed action plan that outlined the clinical and care assessments to be conducted as well as case conferences arranged with consumers/representatives to discuss care provision at the service.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-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 provided information that the Approved Provider was not able to demonstrate assessment and planning captures consumer’s needs, goals and preferences including end of life planning. Consumers’ preferences were incorrectly identified, consumers’ needs, goals and preferences for palliative care are not assessed or documented to guide staff practice.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process.

In regard to named consumers the Approved Provider provided a detailed action plan that outlined the clinical and care assessments to be conducted as well as case conferences arranged with consumers/representatives to discuss care provision at the service.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team provided information that while the service was able to demonstrate assessment and care planning includes other individuals involved in the care of the consumer, the service was not able to demonstrate care planning is through an ongoing partnership approach as consumers and their representatives’ input is not sought to determine if the ongoing care provided to consumers is meeting their needs.

For named consumers this was in relation to behaviour management, pain management and for identified changes in a consumers condition.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This includes additional training for staff and increased monitoring of staff practices.

In regard to named consumers the Approved Provider provided a detailed action plan that outlined the clinical and care assessments to be conducted as well as case conferences arranged with consumers/representatives to discuss care provision at the service.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

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

The Assessment Team provided information that while consumers have a documented care plan, consumer/representatives confirmed they were not aware of the care plan or that these were available to them. Representatives reported communication about the consumer’s plan of care is limited to, if they have any complaints, and they have not been advised of any outcomes of assessments.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This included an information session at the consumer meeting regarding what a partnership in care approach encompasses and expectations.

In regard to named consumers the Approved Provider provided a detailed action plan that outlined the clinical and care assessments to be conducted as well as case conferences arranged with consumers/representatives to discuss care provision at the service. Care plans are being reviewed to ensure they are current.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

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

The Assessment Team provided information that consumers have not received prompt and timely review in response to a change in their condition or when incidents impact their care needs.

For named consumers this included following incidents, weight loss, unmanaged behaviours and palliative care.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This included on the floor coaching of staff, increased monitoring for compliance with blue care processes and additional education for staff.

In regard to named consumers the Approved Provider provided a detailed action plan that outlined the clinical and care assessments to be conducted as well as case conferences arranged with consumers/representatives to discuss care provision at the service.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

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

Most sampled consumers did not consider that they receive personal care and clinical care that is safe and right for them. Consumers/representatives sampled said consumers do not receive the care they need, and the care is not tailored to their individual needs. Consumers said they have access to a medical officer when they need it, however some consumers said they do not always have access to other health professionals. Consumers/representatives sampled confirmed they do not always receive care and services in line with their preferences. Consumers confirmed the care they receive when they are unwell or experiencing a deterioration in their health is not responded to in a timely manner. Representatives interviewed said the consumers they represent do not always receive care that is safe and right for them.

The service has not demonstrated that it consistently and effectively manages the risks related to the personal and clinical care of each consumer in the areas of challenging behaviours, medication management, continence care, weight loss and falls risk. The Assessment Team has identified not all consumers are, or have been, provided with the personal care or clinical care which meets their individual needs.

The service has not demonstrated that consumers nearing the end of their life are provided with a comforting environment and interventions that maximised their comfort and preserved their dignity.

The service does not have effective processes in place to ensure that when a consumer’s condition changes or deteriorates that this is escalated, and consumers receive timely and appropriate medical review and intervention.

Information transferred within the service, organisation and other parties involved in consumer care, has not improved the safety, effectiveness and consistency of care and reduced risk of harm.

The service has not demonstrated that consumers are consistently being referred to other appropriate health professionals when their condition deteriorates or when behavioural management strategies have not been effective in keeping consumers safe. This includes other health professional such as a dietician, PT and external palliative care service.

The service has a documented infection control process, including an Outbreak management plan for COVID-19, however education and training for staff has not been provided in infection prevention and control. The service has a dedicated infection prevention and control Lead, who provides support to the service. The infection prevention and control Lead has completed the required education and training in infection control, however was unable to access recent outbreak/lockdown information when requested.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team provided information that the Approved Provider was not demonstrated that each consumer gets safe and effective personal care, or both personal and clinical care, which is best practice, is tailored to their needs and optimises their health and well-being.

For named consumers this included ineffective pain management, continence management, medication management, falls management, behaviour management, and skin/wound management. The Approved Provider was also not able to demonstrate appropriate use of restorative practices, included chemical restraint.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This includes the care coordinator attending daily handovers and being responsible for monitoring clinical escalations, as well as increased monitoring of staff practices to ensure blue care processes are followed.

In regard to named consumers the Approved Provider provided a detailed action plan that outlined the clinical and care assessments to be conducted as well as case conferences arranged with consumers/representatives to discuss care provision at the service.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is 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 provided information that the Approved Provider did not demonstrated that it consistently and effectively manages the risk related to the personal and clinical care of each consumer in the areas of challenging behaviours, medication management, continence care and pain management.

For named consumers this included ineffective management of consumers behaviours that impacted other consumers, as well as falls management and wound care.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process.

In regard to named consumers the Approved Provider provided a detailed action plan that outlined the clinical and care assessments to be conducted as well as case conferences arranged with consumers/representatives to discuss care provision at the service.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-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 provided information that the Approved Provider was unable to demonstrated that consumers nearing the end of their life were provided with a therapeutic environment and provided with interventions that maximised their comfort and preserved their dignity.

For two named consumers this related to ineffective pain management and lack of planning for end of life care.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

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 provided information that the Approved Provider does not have effective processes in place to ensure that when a consumer’s condition changes or deteriorates this is escalated, and consumers receive timely and appropriate medical review and intervention.

For named consumers this included ineffective management of changes in behaviour and changes in pain and mobility.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process.

In regard to named consumers the Approved Provider provided a detailed action plan that outlined the clinical and care assessments to be conducted as well as case conferences arranged with consumers/representatives to discuss care provision at the service.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

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

The Assessment Team provided information that information transferred within the service, organisation and other parties involved in consumer care, has not been effective and has not ensured the safety and consistency of care and reduced risk of harm.

For named consumers this included not having current care plans documented for pain, behaviours management, catheter management and medication management.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process.

In regard to named consumers the Approved Provider provided a detailed action plan that outlined the clinical and care assessments to be conducted as well as case conferences arranged with consumers/representatives to discuss care provision at the service.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

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

The Assessment Team provided information that the Approved Provider did not demonstrated consumers are consistently being referred to other appropriate health professionals when their condition deteriorates or when behavioural management strategies have not been effective in keeping consumers safe.

For named consumers this related to referrals for dietitians, physiotherapists, and speech therapists.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This included additional education for staff on referrals and increased monitoring by the care coordinator.

In regard to named consumers the Approved Provider has arranged the necessary referrals.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team provided information that the Approved Provider is unable to demonstrate the implementation of minimisation of infection related risks through standard and transmission-based precautions, including providing education and training to staff on infection prevention and control and practices of staff and visitors to the service. The service does not have a process for monitoring including audits and incident reporting processes to identify deficiencies in staff practice.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. Additional training for staff on infection control is being provided.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

# STANDARD 4 NON-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

Consumers/representatives sampled confirmed consumers are supported to have social and personal relationships and keep in touch with people who are important to them. Consumers sampled commented positively regarding the quality and quantity of meals provided, and that they are offered plenty of choice. Equipment provided was observed to be safe, suitable, clean and well maintained.

However, the Assessment Team identified the Approved Provider was unable to demonstrate safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimises their independence, health and wellbeing. Consumers/representatives said, and staff confirmed consumers who are immobile or in the memory support unit are not supported to engage in activities. Some consumers raised concerns regarding lack of activities available over the weekends. Lifestyle staff advised they do not have the time to provide activities specific to the needs of consumers in the memory support unit.

The Approved Provider was unable to demonstrate services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Review of care documentation and consumer/representative interviews identified consumers are not receiving services and supports from staff to maintain their spiritual, emotional and psychological wellbeing. Staff sampled confirmed they do not have the time and are not supported to provide one on one engagement to consumers that require this level of support.

The Approved Provider was unable to demonstrate information about the consumer’s condition, needs and preferences is effectively communicated within the organisation, and with others where responsibility for care is shared. Consumers/representatives advised information regarding consumer needs and preferences is not consistently discussed with them or reflected in care planning documentation. Care staff sampled were not consistently aware of consumer needs and preferences and advised they did not have the time to review care planning documentation. Information provided at handover is not consistently accurate or up to date.

The Approved Provider was unable to demonstrate referrals to individuals, other organisations and providers of other care and services. Staff and management were unable to provide examples of referrals made. Care and registered staff were unable to provide information regarding consumers who are visited by a carer under the National Disability Insurance Scheme.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team provided information that the Approved Provider was unable to demonstrate safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimises their independence, health and wellbeing. Consumers/representatives said consumers who are immobile or in the memory support unit are not supported to engage in activities.

Some consumers raised concerns regarding lack of activities available over the weekends. Lifestyle staff advised they do not have the time to provide activities specific to the needs of consumers in the memory support unit and confirmed immobile consumers and those in the memory support unit are not regularly taken to attend activities.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. A consumer lifestyle program survey has been completed and is being reviewed for improvement opportunities.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

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

The Assessment Team provided information that the Approved Provider was unable to demonstrate services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Review of care documentation and consumer/representative interviews identified consumers are not receiving services and supports from staff to maintain their wellbeing. Staff sampled confirmed they do not have the time and are not supported to provide one on one engagement to consumers that require this level of support.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This included a review and update consumers Lifestyle and Social Wellbeing Assessments to inform Care plan. An update of Lifestyle program to ensure consumers’ needs are met, this includes options to enable individual consumer preferences is planned.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

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

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

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

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

The Assessment Team provided information that the Approved Provider was unable to demonstrate information about the consumer’s condition, needs and preferences is effectively communicated within the organisation, and with others where responsibility for care is shared. Consumers/representatives advised information regarding consumer needs and preferences is not consistently discussed with them or reflecting in care planning documentation. Care staff sampled were not consistently aware of consumer needs and preferences and advised they did not have the time to review care planning documentation. Information provided at handover is not consistently accurate or up to date.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This includes a revision of the handover process and increased use of case conferences.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

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

The Assessment Team provided information that the Approved Provider was unable to demonstrate referrals to individuals, other organisations and providers of other care and services. Staff and management were unable to provide examples of referrals made. Care and registered staff were unable to provide information regarding consumers who are visited by a carer under the National Disability Insurance Scheme.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process.

For named consumers this included a review of referrals with any required referrals to be actioned.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

### 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-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

Most sampled consumers considered they feel a sense of belonging in the service and feel safe and comfortable in the service environment. Most consumers said the service environment is welcoming and comfortable. Most consumers/representatives said consumers feel independent and can move freely inside and outside the service.

Consumers have access to a call bell to alert staff if they need assistance.

However, the Assessment Team identified the Approved Provider was unable to demonstrate the service environment is safe, clean, well-maintained or enabling free movement. Most consumers/representatives expressed concerns regarding cleanliness of the service. Indoor and outdoor areas were observed to be unclean and not well maintained; smoking areas are not clean and not suitably equipped with safety measures for consumer use; storage and other areas pose a potential hazard and safety risk to consumers and are not restricted to prevent consumers from accessing these areas; and consumers in the memory support unit are unable to access the secure outdoor area within their residential wing independently.

The Approved Provider was unable to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. Some shared equipment was observed to be unclean. Some indoor furniture was observed to be stained, unhygienic and unfit for use; and outdoor furniture was dusty, unclean and covered with animal droppings. Some fittings such as automatic exit doors were observed to pose a potential safety hazard for consumers.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

The Assessment Team provided information that the Approved Provider was unable to demonstrate the service environment is safe, clean, well-maintained or enabling free movement for each consumer. Most consumers/representatives expressed concerns regarding cleanliness of the service. Indoor and outdoor areas were observed to be unclean and not well maintained; smoking areas are not clean and not suitably equipped with safety measures for consumer use; storage and other areas pose a potential hazard and safety risk to consumers and are not restricted to prevent consumers from accessing these areas; and consumers in the memory support unit are unable to access the secure outdoor area within their residential wing independently.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This included a declutter of the service environment, removal of animal faecal matter, revision of cleaning programs and increased monitoring of cleaning practices.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

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

The Assessment Team provided information that the Approved Provider was unable to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. Some shared equipment was observed to be unclean. Some indoor furniture was observed to be stained, unhygienic and unfit for use; and outdoor furniture was dusty, unclean and covered with animal droppings. Some fittings such as automatic exit doors were observed to pose a potential safety hazard for consumers.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This included cleaning of equipment and fittings, education for staff on cleaning and the correct use of equipment, revision of cleaning schedules and increased monitoring of staff practices.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-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

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

Consumer/representatives said that while they understand how to raise feedback or make a complaint, some consumers/representatives did not feel comfortable in doing so due to fear of reprisal. Consumers/representatives said they have not been made aware by the service of how to access advocates and other methods for raising and resolving complaints in other languages.

Consumers/representatives reported dissatisfaction with the service’s response to their feedback and complaints in resolving their concerns and said management do not apologise when things go wrong. Consumers/representatives said they are unaware their feedback and complaints are used to improve the quality of care and services, as they have not seen any improvements that has led to improved changes at the service.

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

## Assessment of Standard 6 Requirements

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

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

The Assessment Team provided information that consumer/representatives said that while they understand how to raise feedback or make a complaint, some consumers/representatives did not feel comfortable in doing so due to fear of reprisal. Consumers provided examples of threats of being punished, being spoken down to and feeling ignored by management after raising complaints.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This included a review of complaints processes at the service, staff education on complaints handling, provision of information to consumers and representatives and increased monitoring of complaints, use of open disclosure and resolution of complaints.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

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

The Assessment Team provided information that the Approved Provider was unable to demonstrate consumers/representatives are made aware of access to advocates and other methods for raising and resolving complaints in other languages. Some consumers/representatives sampled said, the service does not provide information of advocacy services and other methods for raising feedback and complaints in other languages.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This includes education to be provided to staff and use of translator services to provide information in the required languages.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

### 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 provided information that consumers/representatives reported dissatisfaction with the service’s response to their feedback and complaints. The Approved Provider was unable to demonstrate appropriate action is taken in response to complaints and that open disclosure is used when things go wrong. Complaints information documented in the complaints register is incomplete and does not support effective complaints management.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This included a review of complaints processes at the service, staff education on complaints handling, provision of information to consumers and representatives and increased monitoring of complaints, use of open disclosure and resolution of complaints.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

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

The Assessment Team provided information that the Approved Provider was unable to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services, as consumers/representatives could not describe how their feedback and complaints has led to improved changes at the service.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. The service was unable to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services, as consumers/representatives could not describe how their feedback and complaints has led to improved changes at the service.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

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

Most sampled consumers did not consider they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers/representatives do not consider the workforce is planned and adequate in number to enable the delivery of safe and quality care to meet their care needs. Some consumers/representatives said that staff interactions with consumers are not always kind, caring and respectful.

Some consumers/representatives raised concerns regarding the workforce competency and knowledge in providing care and services. Some consumers said, and management were unable to provide, evidence that staff were trained, equipped and supported to deliver care.

Management were unable to demonstrate regular assessment, monitoring and reviews are conducted of the workforce performance.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team provided information that the Approved Provider was not able to demonstrate the workforce is planned and adequate in number to enable the delivery of safe and quality care. Consumers/representatives sampled said there are insufficient staff to attend to consumers’ requests for assistance in a timely manner and provide cares particularly in relation to the delivery of hygiene cares, toileting needs and time specific medications.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This included a review of the baseline roster to ensure adequate numbers of staff are rostered to provider the care and services.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

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

The Assessment Team provided information that the Approved Provider was unable to demonstrate that the workforce interacts with consumers in a kind and caring manner. Consumers stated while the majority of care staff are respectful of each consumer’s identity, culture and diversity, some staff were not, and interactions included rough handling and punishment that consumers/representatives viewed as negative and disrespectful towards them.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This includes additional education to be provided to staff and increased monitoring of staff practices. For named consumers this included use of the open disclosure process.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

### 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 provided information that the Approved Provider did not demonstrate all members of the workforce are competent. The Assessment Team identified significant deficiencies in assessment, care planning, care delivery and clinical monitoring.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This includes additional education to be provided to staff and increased monitoring of staff practices.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

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

The Assessment Team provided information that Approved Provider did not demonstrate the workforce is recruited, trained, equipped and supported to deliver quality and safe care and services.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This includes a revision of recruitment processes, additional education to be provided to staff and increased monitoring of staff practices.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

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

#### The Assessment Team provided information that the Approved Provider did not demonstrate the performance of each member of the workforce is regularly assessed, monitored and reviewed. Staff interviews confirmed that not all staff have had their performance reviewed.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This included a review of the staff performance review processes.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Most sampled consumers did not consider the organisation is well run and that they can partner in improving the delivery of care and services.

Consumers/representatives sampled said they are not invited or encouraged to be involved in the development and evaluation of changes with the care and services they receive and involved in decisions that affect visiting times with their family on weekends. Some consumers/representatives sampled said their feedback is not always actioned with some consumers stating they do not receive outcome information when they raise feedback.

Consumers/representatives said they are not encouraged to make suggestions to enable the service to support them as they have experienced previously their requests remain unanswered. Some consumers/representatives confirmed they attend consumer meetings, however, their suggestions for improvements are not listened to or actioned by management.

Staff said when interviewed, they regularly work with insufficient staff and as a result, a high number of consumers are not receiving the care and services they need.

Staff also said they are not informed by management of outcomes from feedback and incidents communicated verbally to their supervisor who documents the information in the service’s feedback system or incident management system, resulting in gaps in the service’s communication and information systems.

Management said information and risk management systems that provides accountability and communication to the governing body has not been utilised effectively to provide accurate, clear data relating to the delivery of safe and quality care and services. Management spoke of how they have identified insufficiencies in staffing numbers and are actively recruiting for additional staff to fill the roster and have commenced new strategies.

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 provided information that the Approved Provider did not demonstrate the organisation engages consumers in the development, delivery and evaluation of care and services. Consumers/representatives at the service do not partner in improving the delivery of care and services.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This includes provision of information to consumers on engagement opportunities.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is 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 provided information that while the organisation’s governing body promotes a culture of safe, inclusive and quality care, the organisations has not demonstrated they have been accountable for the delivery of this culture, as organisational monitoring processes have not identified the noncompliance with the aged care quality standards and consumer dissatisfaction with the care and services provided.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is 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 provided information that the Approved Provider did not demonstrate that there are effective organisational wide governance systems. A review of the service’s systems used for documenting and analysing purposes to improve outcomes for consumers, identified gaps relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. As a result, the management at the service has not addressed the performance issues at the service and actions to address these issues have not occurred in a timely manner.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

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

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

The Assessment Team provided information that the Approved Provider did not demonstrate effective risk management systems and practices. Risk assessments are not completed for consumers identified as having high impact or high prevalence risks associated with their care. Not all incidents are reported and those that are reported are not analysed to identify the risks associated with the care of individual consumers

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. Additional training is being provided to staff on the blue care incident management systems.

For named consumers risk assessments are being completed.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

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

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

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

The Assessment Team provided information that while the service has a ‘clinical governance framework’, the service was unable to demonstrate knowledge relating to antimicrobial stewardship, minimising the use of restraint and open disclosure.

The Assessment Team identified the following management said they have identified gaps at the service regarding the implementation of the organisation’s clinical governance framework and that a new model has been discussed and approved.

While the organisation has a policy for antimicrobial stewardship, and policy for open disclosure, these policies are not being used by management and staff. Open disclosure is not being consistently practiced or entered in the service’s information system and this was confirmed following discussions with consumers and their representatives.

Some staff confirmed they are not aware of the requirements for consumers with restrictive practices.

The Approved Provider provided a response that acknowledged the deficits identified by the Assessment Team. A planned continuous improvement action plan was provided that outlined a range of improvement actions that have been taken, commenced or are planned to address the deficits raised by the Assessment Team. I acknowledge the Approved Provider has also implemented immediate strategies to minimise risks to consumers whilst improvements are made, this included allocating experienced staff to manage the service and additional support staff to assist in the management of the improvement process. This includes a review of the implementation of the clinical governance framework at the service and additional education for staff.

Based on the information provided by the Assessment Team and the acknowledgement of the deficits by Approved Provider, I find that at the time of the Review Audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

# Areas for improvement

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

* The Approved Provider is to ensure compliance with all of the Aged Care Quality Standards, not limited to the 36 non-compliant requirements identified in this report.
* The Approved Provider is to implement processes to monitor the implementation of the improvements outlined in the response received on 30 June 2022.

# Other relevant matters

The Approved Provider implements all planned actions to address identified deficiencies and establishes monitoring process to ensure ongoing compliance with the Aged Care Quality Standards.