Brian King Gardens

Performance Report

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**Commission ID:** 0041

**Provider name:** Anglican Community Services

**Site Audit date:** 8 March 2022 to 11 March 2022

**Date of Performance Report:** 13 April 2022

# Performance report prepared by

P Lai, 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) | 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) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Non-compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 7 April 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.

Some sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care, services and live the life they choose. However, some consumers (or their representatives) spoke about their consumer’s privacy and respect being infringed. Generally, consumers and/or representatives said they feel it has been difficult to make choices with the strict COVID-19 restrictions that have been in place for so long.

For example:

* Consumers and/or representatives confirmed they are generally treated with dignity and respect, providing examples of what respect means to them.
* Consumers interviewed confirmed that they feel supported to form new relationships and maintain existing ones inside and outside the service.
* Some consumers provided feedback that their choices and preferences in what they do every day are generally encouraged by staff, although this has been significantly affected by the COVID-19 pandemic the past two years. Consumers said staff encourage them to maintain their independence where possible.
* Some consumers and/or representatives said they have noticed a decline in service communication over the last few months which has been raised with management and requires improvement.

Staff interviewed confirmed how they respect individual consumers, their needs, preferences and choices. However, this was not observed to be practiced by staff. For example, observations identified consumers to be left alone with minimal staff interaction and on one occasion a consumer was left alone with no clothes and their room door open.

Risk assessments for consumers who are taking risks were not available to be reviewed and most staff were unable to discuss risk at any level with the Assessment Team.

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

## Assessment of Standard 1 Requirements

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

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

The service did not demonstrate that each consumer is treated with dignity and respect.

A sample of consumers interviewed provided mixed feedback. Some consumers mentioned that staff respect them and provide them the care they need. However, two consumer representatives noted that their consumer did not have privacy, dignity or respect; one consumer representative noted that their consumer had their room and private facilities used by other consumers frequently without their consent. The other consumer representative stated that other consumers are using their consumers entrance to their room and adjoining furniture as a public bathroom.

Staff interviewed were not always able to provide information that demonstrated an understanding of the consumer’s life story in a way that indicated dignity and respect. For example, when asked about a diverse consumer’s background and interventions using their life journey that might be employed to minimise the impact of their behaviours, the staff noted the consumer was new and they didn’t know them. Staff however were able to describe some practices to respect individual care and privacy, for example curtains are drawn in bedrooms, doors are closed during toileting, bathing, and staff knock on doors and call out the consumers name before entering their room.

A sample of documentation was reviewed, and it was identified that care plans were not consistently completed to reflect individual preferences and diversity of individual consumers, which would have otherwise guided staff to meet a consumer’s cultural and diversity needs. The Assessment Team did note there were policies and training in place to guide staff in treating consumers with respect and dignity.

The assessment team made observations at the service and some staff were seen to be actively interacting with consumers respectfully and courteously throughout the site audit. However, The Assessment Team observed one consumer who resides in the memory support unit to be calling out for a substantial period of time without staff interaction. They also observed a consumer who had been left wearing no clothes and was wearing a continence aid, while their room door was left open.  
  
The provider has responded in acknowledgement of the findings of the assessment team and have demonstrated their commitment to improve the service.

Based on the available evidence, I find this requirement non-compliant.

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

*Care and services are culturally safe.*

The service did not demonstrate that care and services are culturally safe for diverse consumers.

A sample of consumers interviewed provided mixed feedback. One consumer said that ‘staff are very good’ and they are well looked after. However, some consumer representatives have raised issues that Greek language and cultural preferences including music, food and inclusion had not been recognised and this impacts on individual’s ability to participate and enjoy what they prefer. They also noted there appeared to be insufficient methods of communication for a variety of cultures residing at the service.

Staff interviewed could not describe how the sampled consumer’s culture influenced how they deliver care and services day-to-day. When staff were asked if they provide a culturally diverse setting for these consumers with reference to their preferences for music, food, and culturally related activities, staff were unable to provide examples of the strategies that may be employed. Staff were unable to explain and demonstrate how they communicate to culturally diverse consumers; when asked about cue cards to communicate to a Greek consumer, staff were unable to locate or were not aware of cue cards for the consumer.

A sample of documentation was reviewed and consumer care planning identifies consumer heritage and background. However, this did not always translate to practical strategies for the consumers to make care and services culturally safe. For example, staff were unaware of a consumer’s Greek heritage and their membership of the Greek Orthodox church, and whether there was any associated support to be provided.

The provider has responded in acknowledgement of the findings of the assessment team and have demonstrated their commitment to improve the service.

I find this requirement 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 service did not demonstrate they complete risk assessments or have knowledge of supporting each consumer to take risks to enable them to live the best life they can.

A sample of consumers interviewed provided mixed feedback. Some consumers and/or representatives said staff encourage them to be independent by respecting and encouraging them to attend to as much of their personal care as possible. However, some consumers spoke about isolation and wanting to have time outside the service.

Most staff interviewed were unable to clearly identify consumers who are taking risk and most said they had not received training in risk at the service. However, one care staff member was able to describe areas in which consumers want to take risks and how the consumer is supported to take risk like driving a car and possible harm when they make decisions about taking these risks.

The assessment team were unable to review risk assessments for sampled consumers as the service was unable to locate or provide this evidence. This included risk assessments that were expected for consumers, including a consumer who was observed to eat their own meals outside their dietary plan, and a consumer that independently drove themselves and their partner.

The provider has responded in acknowledgement of the findings of the assessment team and have demonstrated their commitment to improve the service.

I find this requirement Non-Compliant.

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

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

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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.

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

For example:

* Some consumers interviewed said they were involved in care planning to some extent. However, others said they were not involved or felt passive in the process.
* Most consumers/ representatives interviewed confirmed they are informed about the outcomes of assessment and planning; however, review of documentation did not support that this occurred for two consumers or that this was documented in the care and services plan.
* Most consumers/ representatives confirmed they did not have ready access to care and services plans.
* Assessment and planning and the consideration of risks did not inform the delivery of safe and effective care and services. The risks of consumers were not consistently identified, and interventions were not always implemented to manage various risks which led to poor outcomes for some consumers, for example, multiple falls and fractures, skin integrity issues and ongoing behaviours of concern.

Assessment and planning do not consistently identify and address consumer’s current needs in relation to falls, skin integrity, pain, behaviours and continence. The needs, goals and preferences of consumer’s nearing end of life were not identified or addressed within a timely manner.

The service was unable to demonstrate consumers are formally involved in assessment and planning as case conferences do not occur frequently. However, assessment and planning generally includes other organisations and individuals and providers of care and services.

Care and services are not reviewed regularly for effectiveness, and new interventions are not implemented when consumer circumstances change or when incidents occur.

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 service did not demonstrate assessment and planning for most consumer’s sampled.

A sample of consumer documentation was reviewed and did not demonstrate assessment and planning informed the deliver of safe and effective care and services. For example, risks to sampled consumers related to falls, skin integrity issues, nutrition, and ongoing behaviour of concerns were not identified. This meant that care was not always informed by risks, and strategies or interventions were subsequently not always applied which led to subpar outcomes for consumers.

As an example, one consumer had their pressure injury risks incorrectly classified as low risk in their skin integrity assessment, and subsequently did not receive appropriate interventions as a result. Two days later from this assessment, the consumer received a stage 2 pressure injury, which subsequently began interventions. The assessment team also noted that the cause of the consumer’s pressure injury was documented as poor nutrition, but the consumer’s nutrition risk had not been identified and there were not implementations to manage this risk.

I have noted further examples in Standard 3.

Staff interviewed were able to describe how they use assessment and planning to inform how they deliver safe and effective care. However, the Assessment team emphasised the documentation did not reflect the use of assessment and planning.

The provider has responded in acknowledgement of the findings of the assessment team. They have demonstrated their commitment to improve the service and have described actions since taken to re-assess all consumers, and further actions that will be taken in the future to ensure all consumers needs are met.

I find this requirement 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 service did not demonstrate that assessment and planning identified the current needs of their consumers, although they demonstrated advance care planning occurred.

A sample of consumer documentation was reviewed and most consumers did not have their current needs identified. For example, one consumer was reported by their representative and care staff to be in pain, however, the registered nurses were not aware of the consumer’s pain and did not demonstrate its consideration when planning care for the consumer. Some other consumers did not have their current needs identified in relation to falls, skin integrity, or continence, and the Assessment Team noted these unmet needs have led consumers to experience falls, ongoing behaviours, and other concerns.

The Assessment Team noted that consumers sampled did have documentation related to advance care planning, or the service was otherwise able to demonstrate that advanced care planning was discussed however the consumer/ representative.

Staff interviewed did not consistently describe the needs, goals and preferences of consumers which reflected their care. For example, the team noted that staff were not aligned in their awareness that a consumer was experiencing pain, unsure of why another consumer had ongoing behaviours and appropriate interventions to manage the behaviours, and unaware that one of the consumers had a new pressure injury. However, staff were able to describe how they approach conversations with consumers about end of life and advanced care planning. The organisation also was noted to have guidance to support staff on advance care planning and end of life planning.

The provider has responded in acknowledgement of the findings of the assessment team. They have demonstrated their commitment to improve the service and have described actions since taken to re-assess all consumers, and further actions that will be taken in the future to ensure all consumers needs are met.

I find this requirement non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

The service did not demonstrate that consumers/ representatives are consistently involved in assessment planning, although the service was able to demonstrate that assessment and planning includes other organisations.

A sample of documentation reviewed indicated that only some of the consumers sampled had involved the consumers and others in their assessment and planning. For these consumers, the Assessment Team identified that involvement of a consumer or representative only occurred after a significant period of time had passed since the consumer had entered the service. The team also notes that one consumer did not have their representative’s input into the consumer’s assessment and planning, despite the representative’s complaints about the consumers care.

The Assessment Team noted that the assessment and planning did include other organisations and providers of other care in services, however, the service was not able to demonstrate that community social support had been accessed in the preceding six months.

A sample of consumer representatives were interviewed and only half of the representatives stated they were involved in assessment and planning.

Staff interviewed said consumers and/ or their representatives are involved in care planning through case conferences on admission, when changes occur and on an annual basis. The assessment team noted that review of consumer documentation did not reflect this for half the consumers sampled.

The provider has responded in acknowledgement of the findings of the assessment team. They have demonstrated their commitment to improve the service and have described actions since taken, and further actions that will be taken in the future to ensure all consumers needs are met.

I find this requirement 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 service did not demonstrate that outcomes of assessment and planning were readily available to consumers or representatives in a documented form.

A sample of consumers and/or representatives were interviewed, and two thirds of the sample noted they don’t have access to their care plan, while only half said they have been explained relevant information about their care. One consumer representative noted that they don’t receive frequent phone calls from staff about their consumer’s condition and they have to ‘chase everything up’ despite some recent changes in the consumer’s condition. Another consumer representative noted they were not informed of recent reviews about their consumer’s health conditions and ongoing treatment and would like more in-depth updates since they believe their consumer is ‘at a critical point’. One other consumer representative noted that they were unsure of the nature of a recent wound on their consumer’s hip and were not made aware of any recent weight loss the consumer had experienced.

Staff said the outcomes of care planning are communicated via regular phone calls and case conferences (on admission, annually, and on an as needed basis). They noted that consumers and/or representatives are informed they can have a copy of their care plan if they wish and are readily available.

The Assessment Team reviewed care documentation and noted they generally include information relevant to the consumer, however, did not always contain complete or accurate information to inform consumers and or their representatives.

The provider has responded in acknowledgement of the findings of the assessment team. They have demonstrated their commitment to improve the service and have described actions since taken to re-assess all consumers, and further actions that will be taken in the future to ensure all consumers needs are met.

I find this requirement 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 service was unable to demonstrate care and services are reviewed regularly for effectiveness, and this has impacted on the outcomes on consumers.

A sample of care documentation was reviewed and whilst they demonstrated that care planning is attempted following incidents, it was not demonstrated that current care plan interventions are consistently evaluated for effectiveness, or that new interventions are implemented to prevent further incidents from occurring. The team identified consumers that did not have the effectiveness of their care reviewed with appropriate interventions implemented. As a result, these consumers continued to experience further falls, unresolved pain, skin integrity incidents, weight loss, or behaviours of concerns.

As an example, one consumer had continuous falls over a four-month period, which resulted in multiple fractures that has had significant impact on their functional ability. The consumer was unable to mobilise at the time of assessment. This consumer also had an increase in pain from another recently develop condition, but their documentation did not indicate the pain was appropriately monitored, and interventions were not reviewed for effectiveness.

A sample of consumers and/or representatives were interviewed and most said that staff talk to them when a consumer’s circumstances changed.

Staff interviewed said care plans are reviewed when changes and incidents occur, every three months and annually. However, some staff stated that they often do not have time to complete and review care plans properly.

The provider has responded in acknowledgement of the findings of the assessment team. They have demonstrated their commitment to improve the service and have described actions since taken to re-assess all consumers, and further actions that will be taken in the future to ensure all consumers needs are met.

I find this requirement 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 team also examined relevant documents.

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

For example:

* Some consumers interviewed said they did not get the care they need. For example, one representative said their consumer was not checked on frequently enough which caused them to have multiple falls and multiple fractures. Another representative said their consumer’s poor management of incontinence has impacted their skin integrity.
* Consumers/ representatives interviewed confirmed that they have access to a doctor or other health professional when they need it. However, review of documentation did not support that these referrals occurred within a timely manner.

The service was unable to demonstrate effective management of falls, skin integrity, behaviours of concern and pain that reflects best practice. Poor management of these areas of care have not optimised the health and wellbeing of consumers. For example, one consumer’s falls were caused due to staff actions such as leaving them on the toilet despite requiring full assistance and being classified as a high falls risk.

Documentation did not demonstrate that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed within a timely manner.

The service was unable to demonstrate that deterioration or changes in relation to consumers’ condition were consistently recognised and responded to in a timely manner, which impacted consumers. For example, there are several consumers with pressure injuries however the vast majority have been reported and addressed at a later stage of development. There were also some consumers that were displaying signs and symptoms of pain however this was not recognised or responded to appropriately.

Gaps were identified in relation to information about consumers’ condition, needs and preferences being documented and communicated with the organisation. For example, care staff said one consumer was displaying signs of pain and recently sustained skin tears on their forehead however registered nurses and management were unaware of this. Also, one consumer recently developed a stage 2 pressure injury however care staff interviewed were unaware of this change.

The service was able to demonstrate the minimisation of infection related risks through documentation, observations and interviews.

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

### Assessment of Standard 3 Requirements

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

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

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

The service was unable to demonstrate the care that is provided to consumers reflects best practice in falls, pain, skin integrity, continence, nutrition and behavioural management.

A sample of care documentation was reviewed and did not reflect individualised care that is safe, effective and tailored to the specific needs and preferences of consumers.

As an example, the Assessment Team identified one consumer that did not receive best practice care in relation to behaviours, pain, skin integrity and falls. The consumer had increasing behaviours of concerns; however, staff were not observed to successfully implement strategies to manage the behaviour, and the assessment team identified generic interventions recorded in the consumer’s behaviour plan. The team also observed the consumer to be grimacing and screaming multiple times during the assessment, but the consumer’s pain documentation had outdated information, and pain did not appear to be identified or addressed. Furthermore, the consumer had multiple falls that were not managed according to best practice (for example, inconsistent neurological observations completed) and loss of balance was cited as a frequent cause, however, this was not addressed with appropriate interventions. Lastly, this consumer had developed incontinence related dermatitis, however, an investigation of the incident did not occur and no interventions were implemented to prevent the condition from worsening; the dermatitis was reported a month later to be bleeding without any further investigation.

One other consumer was also identified to receive subpar care for their continence management and skin integrity. The consumer was identified to have incontinence related dermatitis, however, new interventions to manage and prevent worsening was not documented in the care plan. A review of the consumer’s continence assessments do not reflect that assistance for continence has been evaluated for effectiveness since the dermatitis was identified nor during its periods of deterioration, and progress notes indicate the consumer’s continence needs are not consistently met. A review of wound charts indicates the dermatitis is in a cycle of breaking down and then improving, however, the service was unable to demonstrate that referrals have been made to a continence nurse specialist or dermatologist. Furthermore, despite the consumer’s skin integrity concerns and diabetes diagnosis, care planning has not considered nutritional interventions to optimise healing. Lastly, recent repositioning charts did not indicate the consumer is repositioned every four hours as required.

Aside from the consumers mentioned above, the team identified further consumers that did not receive optimal or best practice care in relation to nutrition and hydration in response to skin integrity issues or weight loss, pain monitoring or investigation has not always occurred for consumers, and falls prevention was not consistently managed appropriately to prevent injury to consumers.

A sample of consumers and/or representatives were interviewed, and half the sample raised concerns about their consumer receiving appropriate care. One representative raised concerns that their consumer was not ‘checked on enough’ and this had resulted in multiple falls and injuries for the consumer. Another representative stated that their consumer doesn’t get the care required for their continence or monitoring of their dermatitis. One consumer mentioned that they experience a lot of pain everyday and night, despite staff providing massages to help manage their pain. The other consumers and/or their representatives generally noted satisfaction with the care, although two suggested some improvements that can occur for the consumer.

Clinical staff were interviewed and were able to describe the review of care plans to ensure the safety and effectiveness of a consumer’s care. However, they note due to time constraints and staffing issues, they are unable to complete proper and thorough care planning, unable to monitor consumers in the memory support unit, or complete neurological observations as per the organisation’s policy. The Assessment Team also noted gaps or inconsistencies among staff in their description of the personal and clinical care of consumers; for example, some staff had discrepancies on whether a few consumers had pain, on whether some consumers had been referred to address concerns, and whether some consumers had skin integrity issues.

The provider has responded in acknowledgement of the findings of the assessment team. They have demonstrated their commitment to improve the service and have described actions since taken to re-assess all consumers, and further actions that will be taken in the future to ensure all consumers needs are met.

I find this requirement non-compliant.

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

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

The service was unable to demonstrate effective management of high-impact or high-prevalence (HIHP) risks such as falls, skin integrity, and pain.

A sample of care documentation for consumers with HIHP risks were reviewed and the Assessment Team identified risks in relation to falls, skin integrity, continence, and pain that were not appropriately managed.

As an example, the assessment team identified one consumer that entered the service with a recent history of falls. Despite the completion of an assessment, no interventions were documented to address this risk for the consumer. The consumer then had nine falls within four months, and the service was unable to consistently demonstrate appropriate management of his falls; the consumer did not consistently have neurological observations where required to address the risks of head injuries, was left alone despite being a high falls risk (which subsequently resulted in a fall), did not always have review and implementation of new interventions to minimise the risk of harm and frequency of falls, and did not have associated pain, continence, and skin integrity issues reviewed with interventions. The consumers continued falls eventually led to multiple fractures, and at the time of the performance assessment, the consumer was no longer able to mobilise.

Another consumer was identified as a low falls risk with a history of falls and did not have interventions implemented to prevent falls from occurring. The consumer then had subsequent falls and a physiotherapist exercise plan was recommended after the first fall; however, the consumer documentation did not demonstrate an exercise program has been implemented and physiotherapists interviewed confirmed the consumer was not on their list for exercise. There have also been no new interventions considered since the consumer’s second fall. On the other hand, the Assessment Team did note the consumer had behaviours of concern that has been appropriately managed by the service.

Furthermore, one consumer had sustained three tears over three months with no new interventions being implemented following any of the incidents. The consumer’s skin assessment did not provide any interventions to manage skin tears besides applying moisturiser and monitoring and reporting changes to skin condition.

Staff interviewed were able to describe most of the HIHP risks for consumers at the service. However, staff also did not demonstrate adequate knowledge in relation to the management of consumer’s falls risk. Some staff were also not aware of all the risks related to pain for consumers; they were unaware of the pain present in the first consumer mentioned, or that one consumer who displayed ongoing behaviours of concern may be experiencing unmet needs related to pain. Furthermore, management staff were unable to provide a summary for HIHP risks based on trending and analysis of clinical data for the past 3 months, and they confirmed an analysis was not completed or available.

The provider has responded in acknowledgement of the findings of the assessment team. They have demonstrated their commitment to improve the service and have described actions since taken to re-assess all consumers, and further actions that will be taken in the future to ensure all consumers needs are met.

I find this requirement 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 service was unable to demonstrate that it meets the needs, goals, and preferences of consumers deteriorating and transitioning into a palliative phase.

A sample of care documentation was reviewed, and care plans and assessments completed did not reflect what is considered to be best practice within this domain.

As an example, the Assessment Team reviewed the progress notes pertaining to care of one deceased consumer near their end of life. The team identified that the needs of this consumer did not seem to be appropriately addressed, with care related to food and fluids, medication, potential pain, wound and skin care, being either inconsistently documented, assessed, or delivered. The team also identified that the consumer’s comfort may not have been maximised, as some of the consumer’s representative’s request for care for the consumer had not been implemented, and none of the consumer’s preferred activities were documented to have occurred within the consumer’s activity participant record.

Care staff interviewed were able to discuss the increased care needs of consumers nearing end of life. The Assessment Team also identified organisation has policies and procedures in place to support end of life care focusing on comfort and preserving dignity, although the team notes these were not consistently followed for the consumer mentioned above.

The provider has responded in acknowledgement of the findings of the assessment team and have demonstrated their commitment to improve the service.

I find this requirement 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 service did not demonstrate consistent recognition and response to deterioration of a consumer’s condition, particularly in relation to pain and pressure injuries.

A sample of care documentation was reviewed and most of the consumers sampled did not reflect the identification of, and response to, deterioration or changes in function, capacity or condition. For example, one consumer had increased in their frequency of an ongoing behaviour of concern; however, staff did not consider the increase in consumer’s behaviour and changes in facial expressions to be related to pain and did not demonstrate an appropriate response to investigate pain. This same consumer also had a loss of balance leading to several falls, however, the team notes there has not been a response to address this concern. One other consumer had bursitis during the performance assessment, but staff and documentation were unable to demonstrate that they have recognised or responded to the consumer’s pain. Furthermore, the Assessment Team identified some consumers where changes in skin condition was not recognised and associated pain was not always addressed. The team also notes that pressure injuries were identified late in the service, with 15 of 18 current pressure injuries were identified past a stage 1 injury.

The above sampled consumers were interviewed (or their representatives) and half the consumers (or their representatives) did not support that their consumer’s deterioration or changes were recognised and responded to in a timely manner.

Staff interviewed did not identify changes in pain in relation to the sampled consumers. They were also not aware of recent skin tears on the forehead of one of the consumers. However, staff were able to provide a good understanding of the stages of pressure injuries and when to escalate them, despite the documentation indicating that most pressure injuries were identified past a stage 1 injury.

The Assessment Team identified the organisation has procedures for supporting staff to recognise and respond to deterioration or changes in a consumer’s condition. There are multiple flipcharts that provide guidance in relation to different types of deterioration such as breathing difficulties, confusion, falls, stroke and other clinical deterioration.

The provider has responded in acknowledgement of the findings of the assessment team. They have demonstrated their commitment to improve the service and have described actions since taken to ensure all consumers needs are met.

I find this requirement 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 service was unable to demonstrate that information about consumer’s condition, needs and preferences is consistently documented and communicated within the organisation.

A sample of consumer documentation was reviewed and gaps in clinical documentation was identified for most sampled consumers. For example, the Assessment Team reported one consumer identified as having high falls risk and requiring assistance did not have their information communicated appropriately within the organisation; as a result, the consumer was left unsupervised which resulted in another fall. Some other consumers were also identified to not have their needs, risks, and monitoring of clinical care appropriately documented.

A sample of consumer and or representatives interviewed generally provided positive feedback. However, two consumers representatives noted they have to repeat their consumers needs to staff, with one stating her opinion that there are gaps in their consumers documentation which is missed by staff.

Staff said changes in consumers care and services are documented and then communicated within the organisation through hand overs and other communication forms such as emails. However, staff interviews did not support that information about consumers is consistently communicated within the organisation. As examples, care staff, management staff, and clinical staff were not aligned in their awareness of one consumer who had sustained facial scratches and was reported to be exhibiting pain, and another consumer who had a pressure injury and weight loss. The Assessment Team also noted there were two consumers who were documented to be on exercise programs, however, the physiotherapists interviewed stated they had not received any referrals for these consumers and were unaware of their needs.

The provider has responded in acknowledgement of the findings of the assessment team. They have demonstrated their commitment to improve the service and have described actions since taken to re-assess all consumers, and further actions that will be taken in the future to ensure all consumers needs are met.

I find this requirement non-compliant.

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

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

The service was unable to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services occurred for most of the consumers sampled.

A sample of care planning documentation was reviewed and timely and appropriate referrals to individuals, other organisations and providers of other care and services did not consistently occur for most of the consumers sampled. For example, a few consumers were identified to have evidence of some prompt referrals, but they did have their falls managed appropriately without referrals to (or interventions from) a physiotherapist or falls specialist, despite advice from other professionals, staff, or information recorded in care plans. The Assessment Team also identified further consumers without timely referrals, such as a consumer with chronic incontinence associated dermatitis and another consumer with lower leg oedema.

On the other hand, consumers and/or representatives interviewed said they believed consumers had access to doctors and other relevant health professionals when they need it.

Staff interviewed were able to describe the process for referring consumers to other health professionals. However, management staff did not show awareness of some referrals that had been recommended to be made by other health professionals or by the organisation’s best practice guidelines, and they acknowledged the consumer with lower leg oedema should have had an earlier referral to medical professional. Furthermore, physiotherapists were interviewed regarding two consumers documented to have been referred to them for interventions, but they confirmed they had not received the referrals and were unaware of these consumers needs.

The provider has responded in acknowledgement of the findings of the assessment team. They have demonstrated their commitment to improve the service and have described actions since taken to re-assess all consumers, and further actions that will be taken in the future to ensure all consumers needs are met.

I find this requirement non-compliant.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 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

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

The service does not have systems in place to ensure each consumer gets safe and effective services and supports for daily living or that meets consumer’s needs, goals, preferences and optimises their independence, health, well-being and quality of life. This includes in relation to emotional and spiritual supports and having things to do that are of interest to them.

For example:

* The sampled consumers said that lifestyle programs were of no interest to them and that they were bored.
* Some consumers reported that they felt lonely and isolated within the service with very little to do.
* Most consumers said they are were able to keep in touch with family and friends however this had been impacted by the lengthy periods of COVID lockdowns.

The service was able to demonstrate that they do collate comprehensive life stories however they were not able to demonstrate that this information is translated to effective care planning that includes relevant goals and interventions that would be utilised to achieve them.

The service reported that it had been in lockdown on six occasions relating to COVID 19 and therefore due to ‘Public Health’ orders have not significantly engaged with the outside community and therefore was unable to provide evidence of engagement and referrals to other organisations.

Consumers provided feedback that meals are not varied, of suitable quality or what they would choose for themselves.

The Quality Standard is assessed as Non-Compliant as seven 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 service does not have systems in place to ensure each consumer gets safe and effective services and supports for daily living that meets consumers’ needs, goals, preferences and optimises their independence, health, well-being and quality of life.

Consumers and representatives interviewed generally provided feedback that services and supports for daily living were inadequate. For example, a significant number of consumers noted there are no activities to do in the service and described that ‘there wasn’t much to do, just sit around’ or ‘sit in silence’. Some noted there were no activities that interested them and they would like to be outdoors but this has not occurred since the COVID-19 lockdown.

Staff interviewed described the rotation of leisure and lifestyle staff to provide services to meet consumer needs. Management also described a monthly recreational program provided to the consumers and representatives; the assessment team notes that two consumers were not aware of this program or how to obtain one. Some staff interviewed noted that lifestyle activities for consumers were ‘very poor’, but it used to be better in the past.

The Assessment Team reviewed documentation and noted the service utilises a series of policies and procedures that assess the individual needs of a consumer and translates this into a ‘rhythm of life’ document that focuses on individualised care. However, the team notes that this document did not translate to a practical care plan or ongoing evaluation of their goals and interventions to meet a consumers’ needs. For example, a few consumers reviewed indicated that none of the activities provided to them reflected their identified needs and did not seem targeted to the consumer.

The Assessment Team made observations in the memory support unit and noted the environment and activities did not provide a calming environment for consumers. For a majority of the day, consumers sat in a lounge room with no stimulation or activities available.

The provider has responded in acknowledgement of the findings of the assessment team.

I find this requirement 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 service did not demonstrate that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

A sample of consumers were interviewed and a majority described a negative experience with the service. Consumers’ described having nothing to do but sit at the service, feeling alone, having no say in their life, or not being asked about their likes, dislikes or preferences.

Staff interviewed noted that there are chaplain and pastoral care workers who visit regularly but were unable to give specific examples of occurrences.

The team reviewed care documentation and noted that the service collated information about their consumer’s emotional, spiritual and psychological well-being, but this was not used to promote services that would improve a consumer’s emotional or psychological wellbeing. For example, one consumer expressed loneliness, isolation, and depression and that they found support by attending catholic mass, but the service did not have any available evidence to indicate this had occurred for the consumer. The consumer’s documentation also indicated the consumer had not been assessed for depression in the past year. Another consumer also stated that they had depression, however, their most recent depression assessment scale noted that the consumer did not have depression.

The provider has responded in acknowledgement of the findings of the assessment team.

I find this requirement non-complaint.

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

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

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

The service was unable to demonstrate each consumer were able to participate in their community or do things of interest to them.

Consumer interviewed generally provided negative feedback regarding this requirement. They described not being able to participate in the life outside the service environment. They noted that the lifestyle program is not interesting and they have not had input into development of the lifestyle program and there has not been support to pursue their individual interests. Furthermore, the activity program does not meet the needs of consumers living in the memory support unit.

A sample of care documentation was reviewed and identified that the service is not always able to maintain the social supports for consumers and increase opportunities for social interaction both within and outside of the service. Most of the sampled consumers documentation did not evidence access to activities that they themselves had identified as meaningful in their care planning.

Staff interviewed said that the number of COVID lockdowns had significantly impacted upon the service’s leisure and lifestyle program (there have been six lockdowns since July 2021). Staff generally acknowledged the lack of activity and engagement between the consumers and participation in activities outside of the service. Management said that they had 70 volunteers attached to the service however these had not entered the service for some time and their re-visitation was now being reviewed. They noted that external performers, bus trips and ‘pet’ therapy, had all been suspended predominantly over the preceding six-month period.

The provider has responded in acknowledgement of the findings of the assessment team.

I find this requirement non-complaint.

### 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 service has collected information about consumers’ condition, needs and preferences in relation to their supports for daily living; however, there is limited information about how these needs and preferences will be met.

Consumers and representatives interviewed generally said staff are not familiar with their needs. They indicated that staff shortages resulted in the staff not knowing them or their preferences.

Staff interviewed were able to describe how the service informs them about a consumer’s condition, needs, goals and preferences concerning services and supports for daily living, as it relates to their own roles, duties and responsibilities, and how this is shared. However, some said that they were unfamiliar with the consumers or that there were too many consumers to ‘know detail’.

A sample of care documentation reviewed indicated that the care documentation did not always have completed information about consumers needs and preferences or did not share information that reflected appropriate information to meet a consumer’s needs, condition and preferences.

The provider has responded in acknowledgement of the findings of the assessment team.

I find this requirement non-complaint.

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

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

The service does not demonstrate a system to ensure timely and appropriate referrals to individuals or other organisations in relation to care and service for daily living are made.

A sample of care documentation was reviewed, and it was not evident that services and supports for daily living have been sourced both within and outside of the service ensuring. Consumers who would benefit from referrals were not identified. For example, the assessment team identified consumers who did not have timely referrals to services or support to address their psycho-social needs or physical needs.

Staff interviewed were unable to provide examples of consumers being referred to outside services such and community visitors, community groups or any other services that they had been made aware of, due to the restrictions of having experienced several COVID lockdowns.

The assessment team was not provided with any further documentation to demonstrate that the services refers consumers to other individuals or organisations when appropriate.

The provider has responded in acknowledgement of the findings of the assessment team.

I find this requirement non-complaint

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

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

The service did not provide meals that were of varied and suitable quality and quantity, and suitable assistance for mealtime was not always provided.

Consumers interviewed provided mixed feedback with many noting that meals were not varied, of suitable quality and quantity. For example, some consumers stated their dislike for their menu, and some others mentioned that they sourced their own food externally as a result. One consumer expressed concern that their meals are not always provided as ‘staff are too busy’ to serve it.

Staff interviewed said that all meals are prepared off site in the organisational commercial kitchen and re-heated on site. Additional food is available on site for supper and snacks to ensure consumers can access additional nutrition throughout the day. Each level of the service has kitchenettes and a servery staff member serves the meals for staff to deliver them. Staff were able to describe their processes in place to ensure the right meal is provided to the right consumer.

A review of care documentation and intolerance sheets displayed in the kitchen show that consumers are receiving food that meets their assessed needs. However, one consumer was noted to have lost weight. The assessment team identified that the consumer’s partner used to visit them daily to provide cultural food and assist the consumer, however, this had not continued during lockdown as the service did not allow the partner to provide an ‘essential care’ role.

The assessment team also reviewed information pertaining to a consumer food focus group occurring at the service monthly. The team notes that this was only attended by six consumers. Furthermore, during the last meeting all consumers had said that they enjoyed a specific meal, but during the site audit, this was noted to be the most disliked meal for all consumers interviewed.

The assessment team also made observations at the service and noted that assistance for mealtime was not always suitable. Consumers were observed to be moved to the dining area but lunch service did not commence until at least half an hour later. Staff were also attempting to assist consumers who needed assistance with eating while handing out meals, and would give a spoonful to a consumer before going on to another consumer or task.

The provider has responded in acknowledgement of the findings of the assessment team, although they wish to respond to one of the consumer’s feedback and note there has been no evidence that the consumer is ‘going without meals at dinner’.

I find this requirement non-complaint.

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

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

The service does not have sufficient equipment to support the lifestyle program and to meet the needs of consumers in relation to their daily living.

The assessment team made observations at the service and generally, equipment used by staff were observed to be in good working condition, clean and no visible safety defects.

However, the assessment team observed that lifestyle equipment in the memory support unit to support the daily living of consumers was not clean, well maintained, and poorly provided. They observed a lack of resources or equipment available, and they were only able to observe a crate of Lego, a jigsaw, inflated balloons, and a bookcase with visibly soiled and torn books and magazines. There was also a piano situated in the lounge area, but it was not clear that the piano was functional and had significant debris, staining and food matter on it.

Most consumers and representatives interviewed did not directly comment on resources available to support daily living activities, although many noted there is ‘nothing to do’ in the service.

The provider has responded in acknowledgement of the findings of the assessment team.

I find this requirement non-complaint.

# 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

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

Overall, sampled consumers in the service were satisfied with the cleanliness and found it comfortable. However, this was not the same for the memory support unit which illustrated a service environment that was not safe, clean or comfortable.

For example:

* One consumer said that they feared for their safety after witnessing aggressive episodes directed towards other consumers.
* One consumers representative whose parent resides in the memory support unit said that they clean their parents room every night and that black mould had only recently been removed from their parent’s bathroom.
* Most sampled consumers said maintenance requests were dealt with quickly by maintenance staff.

The service has four levels for the general care areas the environment is welcoming, and furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. However, the Memory Support Unit was observed to be unclean with noted damage to furniture and furnishings and does not incorporate wayfinding and dementia enabling design principles. The memory support unit was significantly in need of cleaning and maintenance. A review of the cleaning and maintenance logs did not identify or record the observed needs of the area.

Generally, the services were able to demonstrate that equipment was enough and well maintained however the Assessment Team observed significant deficits in the Memory Support Unit environment both in terms of maintenance and cleanliness.

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

## Assessment of Standard 5 Requirements

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

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

The service’s general environment was welcoming and easy to understand, however, this was not demonstrated in the environment of the service’s memory support unit.

Most consumers interviewed said they were comfortable and felt like the service was a nice place to live. However, one consumer representative said the memory support unit is very noisy, the music is too loud, and staff are too loud.

The Assessment Team observed the environment and noticed that consumers outside the memory support unit were generally observed to be moving around the service with ease. However, navigational aids throughout the service are limited. For example, there are no signs indicating where dining rooms, communal bathrooms, nurses’ stations and rooms can be found on each of the levels.

The Assessment Team made observations at the memory support unit, and noted the unit is poorly maintained in stark contrast with the rest of the service. There were significant deficits in cleaning and maintenance of the area and it did not incorporate dementia enabling principles of design to enable its consumers to move freely. As examples, there are limited features to enable consumers to easily locate their bedroom, the environment was noisy for most of the day which may cause confusion for consumers, and a wheelchair was stored in front of the toilet making it difficult for consumers to independently use the toilet.

Staff interviewed were able to describe how they ensure consumers feel at home in the service. This includes encouraging consumers to bring their own belongings, and the feedback and complaint mechanisms in place. Staff were only able to describe limited dementia enabling design principles, such as modified lighting. Management interviewed agreed that the environment in the memory support unit did not reflect what might be considered best practice and that this had been identified and was an ongoing project.

The provider has responded in acknowledgement of the findings of the assessment team.

I find this requirement non-complaint.

### 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 general service environment is safe, clean and well maintained. However, observation and review of the available documentation did not demonstrate the environment of the service’s memory support unit is safe, clean or well maintained.

The assessment team made observations that the service environment was generally cleaned and well maintained, with the exception of the memory support unit. For example, a consumer’s room in the memory support unit was observed to have damages, with their wardrobe broken, and multiple scratch and marks on the walls and floors. In the general area of the unit, there were visible stains on chairs, curtains, walls, couch and other furniture. The outdoor area also did not have communal sitting to enable consumers to freely gather outdoors. The team also observed a cluttered cleaner’s room that did not have safe storage of chemicals.

A sample of consumers interviewed provided mixed feedback. Some consumers felt the environment was clean, well maintained and comfortable. However, many consumers and their representatives in the memory support unit commented that it was not clean. The consumer representative of the consumer with the damaged room stated dissatisfied with the condition of the consumers room, and noted that they have not heard back from the service regarding requested repairs.

Care staff interviewed were able to provide examples of what constitutes a safety issue and where to lodge maintenance requests. However, the assessment team notes in practice this was not always evident, as mentioned in their observations related to the safety of chemicals handled at the service.

Maintenance and cleaning staff interviewed described a maintenance and cleaning schedule with monthly audits. However, the cleaning staff said that the schedule did not provide sufficient time to ‘clean up’ in the memory support unit and confirmed the cleaning records did not accurately reflect the status of the environment.

The Assessment Team reviewed maintenance logs and service records for the memory support unit and identified there had been general ‘fix it’ measures undertaken for example unblocking a toilet. The Assessment Team requested any records pertaining to painting and repairing damaged walling but was unable to receive any during the performance assessment. The Assessment Team also identified that the internal audits identified some flooring issues around toilet areas, however, the service did not note any issues to remediate.

The provider has responded in acknowledgement of the findings of the assessment team.

I find this requirement non-complaint.

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

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

The service did not demonstrate well maintained and suitable furniture, fittings, and equipment in the memory support unit.

The assessment team made observations at the service and generally, equipment used by staff were observed to be in good working condition, clean and no visible safety defects. The furniture in common areas were observed to be modern and visibly clean.

However, the furniture in the memory support unit presented in contrast with visibly broken, damaged, and stained furniture and fittings. For example, the assessment team identified a couch with visible tears and dead debris within the couch; management staff interviewed noted this couch was awaiting removal, however, other staff noted the couch had been in the state for a long time and previous requests for it to be removed had not been actioned. The assessment team also observed a consumer sitting in a broken and stained reclining chair and they raised the issue to staff; however, the next day the consumer was observed to be sitting in the same chair unrepaired and visibly soiled.

A sample of consumers interviewed raised concerns regarding the safety, cleanliness and maintenance of furniture, fittings and equipment. One consumer representative was concerned about the mould growing in their consumer’s room.

Staff interviewed could describe whether equipment was clean and safe to use. Staff did not raise any issues about the cleanliness or safety of equipment they use. Staff gave an example of checking to ensure equipment was not visibly damaged before using to assist consumers. A care staff member gave an example of slings that may cause skin tears if the sling is not maintained and not safe to use.

A review of maintenance documentation shows that equipment is maintained in accordance with preventative maintenance schedules. However, the documentation reviewed did not identify or reflect the current needs of the memory support unit.

The provider has responded in acknowledgement of the findings of the assessment team.

I find this requirement non-complaint.

# 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.

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

* Some consumers interviewed said even though I am engaged in processes to address my feedback and complaints; I still don’t think appropriate action is taken. Some consumers said they are still waiting for a suitable resolution and others said they are still waiting for acknowledgment of their complaint.
* Some consumers interviewed said that if they had a complaint, they would raise it through the two consumer representatives who are currently participants of the consumer meeting board. Others said they would prefer to not say anything.
* One consumer said they do not receive feedback and/or responses to your complaints.
* Two representatives expressed dissatisfaction with complaint management processes and is still waiting for a resolution. They said management have still not addressed the issues of her ongoing complaint.

While the service has a complaints/compliments folder and complaints recording system, the Assessment Team only saw some evidence of how the service uses this feedback to improve the quality of care and services.

Some staff interviewed said they could not recall attending any formal training on open disclosure processes. Some registered nurses have attended this training. The service was not able to provide evidence that open disclosure has been used on all occasions.

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

## Assessment of Standard 6 Requirements

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

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

The service did not demonstrate each consumer and/or representatives felt supported to provide feedback and make complaints.

Most consumers and/or representatives interviewed said they have spoken to staff or management directly. However, two consumers (or their representatives) noted they have not received a response, with one of the representatives stating they do not want to raise complaints anymore since ‘nothing gets done’ as a result. Two other consumers (or their representatives) noted they don’t feel comfortable making complaints, with one representative stating they did not ‘know’ if things would get worse if they made a compliant.

Some staff interviewed were able to explain how they would support consumers to provide feedback or complaints and encourage them to do so. Two lifestyle staff members said they have advised and assisted consumers to provide feedback with care and services if they are not happy. They told the assessment team they tell consumers if you don’t give feedback how will the service know they need to fix it.

The assessment team observed feedback forms to be located at reception with a suggestion boxes located through the service on all levels.

The assessment team reviewed documentation and noticed that the complaints folder identified complaints are responded to within appropriate timeframes within the last fourteen months. However, the assessment team notes that the consumer and/or representative feedback indicated there was no consistent response provided after they made a complaint. The assessment team also notes that they were made aware of a complaint made by a consumer’s representative, however, this information was not located in the service’s complaint register.

The provider has responded in acknowledgement of the findings of the assessment team, and demonstrated a commitment to improve the service.

I find this requirement non-complaint.

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

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

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

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

The service was unable to demonstrate that appropriate action is taken, and open disclosure is used when things go wrong.

A sample of consumers and/or their representatives interviewed raised issues with the management of complaints at the service. One representative raised concern that they have never received resolution or open disclosure during their ongoing complaint process. Another consumer mentioned they have made a few complaints to management regarding communication breakdown, but nothing has changed and open disclosure was not applied. Furthermore, one consumer noted they have not received feedback or open disclosure after reporting they experienced a very painful ear procedure administered by a trainee.

Care staff interviewed were not aware of open disclosure processes. Most staff used their own interpretation to demonstrate some understanding. One staff said it means being honest and admitting to mistakes, while two staff could not explain anything about open disclosure. All care staff said they had not received training in complaints management. Management did confirm that open disclosure training have been provided to registered nurses, and one registered nurse interviewed was able to provide information and demonstrate understanding of open disclosure process.

The assessment team reviewed the complaints management policy which identified when open disclosure processes should be used. However, the team identified this was not followed on all occasions and provided examples of the process not being followed for two consumers with recent incidents.

The provider has responded in acknowledgement of the findings of the assessment team.

I find this requirement non-complaint.

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

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

The service has a compliments, complaints and feedback register. However, the service did not demonstrate it was consistently used to identify issues and improve the quality of services for consumers, as some representatives noted they are dissatisfied with the response and action by the service.

A sample of consumers and representatives interviewed generally described negative experiences, with the exception of a few consumers. One representative mentioned their complaint about staffing levels, but the response they received was unsatisfactory from their perspective and there was no change to care. Many other consumers also mentioned raising issues without receiving an appropriate response in return. A few consumers and/or their representatives were able to provide a few examples where they have made a complaint and a response had been provided.

Staff interviewed could provide examples of when feedback or complaints had been used to improve the quality of care at a service level. The examples provided were general improvements made to fixtures and fittings and purchases of additional assets including a large BBQ, acquisition of a cafe and furniture.

The Assessment team observed Feedback, complaints and suggestion boxes are available on and around each floor and at the front entry for families, consumers and staff to provide feedback that could help improve the service. They also reviewed consumer committee meeting minutes, and noted suggestions were put forward on the agenda for discussion each month. Furthermore, they identified Welders meeting are held monthly providing opportunity for consumers to be actively involved, having their say and being innovative and creative when making choices about their environment.

The provider has responded in acknowledgement of the findings of the assessment team.

I find this requirement non-complaint.

# 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.

Some sampled consumers did not consider that they get quality care and services when they need them.

For example:

* Most consumers and/or representatives said staff are kind and caring when providing care and feel they are skilled enough to meet their care needs.
* Some consumers and/or representatives do not feel staffing levels are adequate with some providing examples of how this has impacted on their care and service.

The service’s call bell data for 1 February 2022 to 28 February 2022 and identified numerous extended call bell response times.

Discussions with staff indicated a level of concern on their ability to deliver appropriate care and services to consumers. Staff said there is unplanned leave and a reduction in staff due to occupancy levels both making it difficult to provide care and services to consumers, particularly those who are multiple assist or high falls risk.

Review of education and training records and discussion with staff identified that training has not been consistently completed in relation to the new Quality Standards, open disclosure, risk management and antimicrobial stewardship. For some staff they could not recall serious incident report scheme and incident management training saying they need a refresher.

Staff performance appraisals have not been all completed for 2021. Because of this, management have not completed an analysis or identified training needs of staff to improve performance of staff.

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

## Assessment of Standard 7 Requirements

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

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

The service did not demonstrate the workforce is enabled to deliver care and this has had an impact on the care and services received by consumers.

A sample of consumers interviewed generally described negative experiences with the staffing levels at the service. Eight consumers and/or representatives said there is not enough staff and that staff are all too busy. Three consumers said they don’t use the call bell as waiting can be a long time and they can and/or would rather do things themselves.

Staff interviewed told the assessment team that the service is understaffed. In particular, the registered nurses described an insufficient number of staff on shift and described how this impacted the care delivered; for example, they rarely visit the memory support unit unless they have to do dressings or there is an incident, and are unable to have time to consistently complete neurological observations after falls as per the organisations policy. They also note the impact on consumers with complex needs and that they need to arrive early at work to deliver adequate services. One staff said that staff levels are low due to COVID-19 and there is a lot of unplanned leave, and it can be very difficult for workers at the service.

Management staff advised the Assessment Team that they have reduced staff numbers due to consumer occupancy levels, and staffing levels are appropriate to the number of consumers at the service. They also noted they do not have any unfilled shifts at the service and they have access to agency staff and an internal surge support team and are undertaking further recruitment processes to supplement the workforce. They note there is no formal policy of an acceptable timeframe to answer call bells for the service, although ten minutes would be an acceptable timeframe.

The assessment team made observations at the service and identified a large number of TAFE students were required to assist consumers with meal and activities, and they reported to finish their placement the week after the performance assessment.

The assessment team reviewed call bell data for February and identified there were a significantly high number of calls that exceeded a ten minute wait time for assistance, with a number of call exceeding a twenty minute wait.

The provider has responded in acknowledgement of the findings of the assessment team.

I find this requirement non-complaint.

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

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

The consumer feedback and assessment team observations generally indicated that workforce interactions with consumers are kind, caring and respectful when they occur. There are outstanding issues with respecting a consumer’s identity, culture and diversity, however, I have addressed this in Standard 1.

On balance, I find this requirement compliant.

### Requirement 7(3)(c) Compliant

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

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

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

The service was unable to demonstrate that their workforce is trained to deliver the outcomes required by the Quality Standards and recent mandatory changes in the sector.

Most consumers and/or representatives interviewed said staff know what they are doing and do not require any further training.

However, care staff interviewed could not recall training in complaints management, and risk. Staff mentioned they have received training in the quality standards and SIRS training but said they need refresher training because they couldn’t remember it. Care staff also said they were not familiar with the concept of high impact and prevalence risk, or what types of incidents require reporting to the registered nurse (however when prompted said skin tears and pressure injuries, but not bruising). This training gap has had impact on consumers as seen from Standard 2,3 and 6.

Management staff interviewed advised they have not undertaken a training needs analysis, and this is part of the planning process for this year. Management could not provide information on how they determine training and education is relevant and assists in the improvement to consumer care and service delivery to meet the standards. However, management noted all staff have received training in SIRS and information is relevant to staff roles with registered nurses undertaking a more extensive training session. They noted all required training is covered at induction and that training has been difficult over the past 12 months due to COVID-19 and face to face training has not yet resumed. Management could not provide examples of how the performance appraisal process has fed into the education and training at the service as the 2021 performance appraisals have not been completed.

The Assessment Team observed an education calendar available at staff rooms, and reviewed various training and education records which evidenced some training provided to staff.

The provider has responded in acknowledgement of the findings of the assessment team.

I find this requirement non-complaint.

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

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

The service was unable to demonstrate that performance appraisals are up to date with appraisals from 2021 still outstanding. Staff feedback also did not demonstrate training is considered in a timely manner.

A sample of staff interviewed confirmed they have received a performance appraisal in 2021. However, they could not provide the Assessment Team with examples of changes made to support them resulting from the performance appraisal process.

Management staff interviewed advised the Assessment Team that staff performance appraisals are conducted annually. However, on commencement of new staff another appraisal is done at approximately three months and then six months prior to final probation. This allows time for both management and the staff member to decide if they are the right fit for the service. They described the performance appraisal process as a two-way dialogue and includes the staff member comments and areas they would like extra improvement or training in.

Management staff advised the performance appraisals for 2021 have not been finalised, and approximately 20 performance appraisals are outstanding. They could not provide examples of how the performance appraisal process feeds into the education and training at the service to improve performance at the service, since they noted the performance appraisal process has not been completed. Once this is complete a training needs analysis will be undertaken to address the training and performance gaps with staff, however no timeframe was provided.

The provider has responded in acknowledgement of the findings of the assessment team.

I find this requirement non-complaint.

# 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

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 sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* All consumers said they think the service is well run.
* Some consumers were aware the service has a consumer representative and confirmed they have spoken with the consumer representative about issues in the past.

The service has established governance systems that are developed and overseen by the board. The organisation demonstrated how consumers are involved in design, delivery and implementation of improvements at the service.

A clinical governance framework, incident management, high impact, high prevalence risk and SIRS policy are in place at the service. However, most staff are not aware of these policies and what it means to them in practice, particularly around incident reporting, management and SIRS.

Education and training relating to policies and procedures for open disclosure, antimicrobial stewardship and high impact high prevalence risks have not been completed for all staff.

During the Performance Assessment numerous SIRS incidents were identified by the Assessment Team. Following investigation by management, there has been varying degrees of understanding on what or when an incident should be reported under SIRS.

Information management and continuous improvement systems do not consistently contain accurate and reliable information.

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

## Assessment of Standard 8 Requirements

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

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

The service demonstrated opportunities for consumer engagement in the development, delivery and evaluation of care and services on the service-wide level.

Some consumers and/or representatives said their feedback for their individual circumstances is not always listened to or actioned, however, I have addressed these in Standard 1, 2, and 6.

On balance, I find this requirement 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.*

### 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 service was unable to demonstrate they have organisational wide governance systems in place. Information systems are not reliable and contain inaccurate or incomplete information. Incident identification, management and reporting is not well understood by staff and impacts on the services ability to identify and manage incidents of high impact and high prevalence and/or SIRS. The continuous improvement plan has not been kept up to date and does not identify improvements discussed with management. Furthermore, there are concerns with workforce governance and feedback and complaints.

As examples, the Assessment Team was made aware of a complaint of neglect of a consumer from a representative. However, this information was not located in the complaints folder and there was not a SIRS report in the consolidated register. Management were not able to provide further details and evidence of this complaint until the end of the assessment. The Assessment Team also noted a few incidents involving consumers during the performance assessment that either did not have timely notification, was unaware by management, or incorrectly assessed as a non-SIRS report.

Furthermore, when asked about continuous improvement plans at the service level, the Assessment Team was told there have been improvements within the memory support unit and a new footpath is being created to enhance consumer movement at the service. However, the written continuous improvement plan provided to the Assessment Team does not identify any of these discussed continuous improvements. Also, the continuous improvement plans identified information that may not be considered a continuous improvement for example; improvements to consumer care plan documents and/or requests to have consumer pain monitored by the general practitioner to identify consumers at risk of pain.

The Assessment Team also noted concerns regarding inadequate workforce governance with inadequate staff numbers to deliver care (as described in Standard 7) and concerns with the record and management of feedback and complaints (as described in Standard 6).

The provider has acknowledged the assessment team findings and provided further details about management of incidents that occurred and have also demonstrated further commitment to improve the service.

I find this requirement non-complaint.

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

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

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

The service was unable to demonstrate they have an adequate risk management system in place to identify, manage and escalate risks at the service.

The assessment team reviewed documentation and identified ineffective risk management stems and practices. There were incomplete or absent incident forms and risk assessments, and strategies and/or interventions to minimise risk have not been appropriately identified, monitored and evaluated.

The assessment team also reviewed education records which identified that only a third of staff had complete training related to high prevalence risks, and there was no training on incident management.

Staff interviewed were unable to provide information about risk at the service, or the services policies relating to how consumers live their best life or identification of abuse and neglect. They said they had had not received training on the Incident Management Procedure but had received training in SIRS. All staff said SIRS training was a while ago and they need refresher training.

The assessment team did not identify the service had policies to guide staff in managing the risk related to abuse or neglect or supporting consumers to live their best life they can.

The provider has acknowledged the findings of the assessment team.

I find this requirement non-complaint.

### 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 service was unable to demonstrate a clinical governance framework that was implemented and familiar to staff.

The Assessment Team identified there were documents related to a clinical governance framework, and there were policies related to restrictive practice, antimicrobial stewardship, and an open disclosure policy.

However, when staff were interviewed, they stated they have not been educated in most of these policies and were unable to provide examples relevant to their work, with the exception of training received on restrictive policies. All staff interviewed said they had not received training in open disclosure or complaints management. All staff interviewed stated they were not familiar with the term antimicrobial stewardship, except for one registered nurse whom stated they learnt the concept elsewhere and did not receive training from the service on this. All staff interviewed said they were not familiar with the clinical governance framework document at the service.

Management were asked what changes had been made to the way that care and service were planned, delivered or evaluated as a result of the implementation of these policies. Management were able to provide examples such as holding monthly clinical meetings. However, the assessment team noted that management staff were unfamiliar with their internal clinical governance framework, as management staff interviewed said this was only for the role of the clinical care manager, despite the staff interviewed having defined responsibilities and accountabilities under their internal documented clinical governance framework.

The provider has acknowledged the findings of the assessment team.

I find this requirement non-complaint.

# Areas for improvement

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

### Requirement 1(3)(a)

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

* Ensure consumer receives dignity and respect in the delivery of their care.

### Requirement 1(3)(b)

*Care and services are culturally safe.*

* Ensure there are sufficient methods to communicate with consumers from a variety of cultures at the service.
* Ensure the food and activities of diverse consumers at the service are inclusive and culturally safe.

### Requirement 1(3)(d)

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

* Ensure there are risk assessments completed to enable consumers to take risks.

### Requirement 2(3)(a)

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

* Ensure assessment and planning identifies and considers risk to consumers, particularly related to falls, skin integrity issues, nutrition, and ongoing behaviour of concerns.

### 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.*

* Ensure a consumer’s current needs are identified and are used to plan for care for a consumer.

### Requirement 2(3)(c)

*The organisation demonstrates that assessment and planning:*

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

* Ensure care delivered to a consumer is delivered based on ongoing partnership with the consumer and their representatives.

### Requirement 2(3)(d)

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

* Ensure consumers and/or their representatives receive communication about outcomes of assessment and planning.
* Ensure outcomes of assessment and planning are accurately documented in a care and services plan so consumers and their representatives receive accurate and timely information.

### 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.*

* Ensure care is reviewed regularly for effectiveness after incidents, particularly related to falls and skin integrity.

### 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.*

* Ensure consumer receive care that reflects best practice in falls, pain, skin integrity, continence, nutrition and behavioural management.

### Requirement 3(3)(b)

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

* Ensure effective management of high impact and high prevalent risks at the service such as falls, skin integrity, and pain.

### 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.*

* Ensure consumers nearing the end of life meet their care needs and have their comfort maximised.

### 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.*

* Ensure consistent recognition and response to deterioration of consumers’ condition, particularly in relation to pain and pressure injuries.

### Requirement 3(3)(e)

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

* Ensure information is consistently documented about a consumers condition, needs and preferences.
* Ensure staff are consistent in their awareness regarding the condition of consumers’ current conditions.

### Requirement 3(3)(f)

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

* Ensure timely and appropriate referrals for individuals to manage their current needs.

### Requirement 4(3)(a)

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

* Ensure consumers have meaningful activities at the service that meets their needs, goals, and preferences.

### Requirement 4(3)(b)

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

* Ensure consumers emotional and psychological well-being are recognised, addressed and supported.

### Requirement 4(3)(c)

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

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

* Ensure consumers are provided activities of interest to them at the service, provided opportunities to participate in the community within and outside the service and to develop social and personal relationships.

### Requirement 4(3)(d)

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

* Ensure information about consumers needs and preferences are communicated within the organisation, including information on strategies to meet these needs and preferences.

### Requirement 4(3)(e)

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

* Ensure timely and appropriate referrals for individuals to manage their current needs.

### Requirement 4(3)(f)

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

* Ensure consumers are provided adequate and respectful support during the delivery of meals.
* Ensure the food menu reflects the preferences of the consumers at the service.

### Requirement 4(3)(g)

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

* Ensure consumers are provided suitable equipment or resources to participate in lifestyle activities at the service.

### Requirement 5(3)(a)

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

* Ensure the environment of the memory support unit is made welcoming and easy to understand for the consumers within the unit.

### Requirement 5(3)(b)

*The service environment:*

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

* Ensure the environment of the memory support unit is made safe and cleanon a routine basis, including making repairs to the unit where appropriate.

### Requirement 5(3)(c)

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

* Ensure the furniture, fittings, and equipment in the memory support unit is well maintained, clean, and suitable for the consumers.

### Requirement 6(3)(a)

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

* Ensure consumer’s feel encouraged and safe to make complaints, including appropriate responses provided to consumers and their representatives to complaints.

### Requirement 6(3)(c)

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

* Ensure consumers or their representatives receive a resolution to their complaints, including an open disclosure where appropriate.

### Requirement 6(3)(d)

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

* Ensure complaints and feedback are actioned and use to inform improvements at the service.

### Requirement 7(3)(a)

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

* Ensure adequate staffing at the service to deliver care in a timely manner and for clinical staff to complete their duties.

### Requirement 7(3)(d)

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

* Ensure staff are trained in the outcomes required by the Quality Standards.

### Requirement 7(3)(e)

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

* Ensure assessments of the workforce are conducted regularly and in a timely manner to monitor and support the performance of workers.

### Requirement 8(3)(c)

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

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

* Ensure the continuous improvement plan is regularly updated and reflects continuous improvement initiatives at the service.
* Ensure the system enables sufficient workforce to deliver care to consumers.
* Ensure the system of feedback and complaints ensure a timely documentation and response to consumers and or representatives.
* Ensure information is easily accessible and the information recorded is accurate.
* Ensure timely and accurate documenting and reporting of incidents, particularly those related to SIRS.

### Requirement 8(3)(d)

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

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

* Ensure there is an effective system to effectively manage risk and incidents at the service to consumers.
* Ensure staff have guidance and/or policies to identify and respond to abuse and neglect of consumers, and supporting consumers to live the best life they can.

### Requirement 8(3)(e)

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

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

Ensure staff are familiar with and implement the clinical governance framework at the service.