Caroline Chisholm Nursing Home

Performance Report

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**Commission ID:** 2498

**Provider name:** Fresh Fields Aged Care (NSW) - NO 1 Pty Ltd

**Site Audit date:** 28 June 2022 to 30 June 2022

**Date of Performance Report:** 29 August 2022

# Performance report prepared by

Therese Solomon, 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) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-Compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the 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 28 July 2022

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Overall consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

While most consumers interviewed provided feedback that their dignity and identity is respected, one consumer provided mixed feedback and stated a few staff are not respectful. Some representatives provided feedback of ways staff are not respectful or did not properly acknowledge a consumer’s cultural beliefs.

While most staff described how they respect consumer’s personal information and privacy the Assessment Team observed staff practices which did not align with the feedback, the organisation’s policy or respectful practice in relation to consumer privacy.

All consumers stated they felt safe, happy or respected in response to questions about cultural safety. Staff could not identify any consumers of religious background other than Christianity currently at the service however examples of consumers with other religious or cultural backgrounds were found in consumer documentation.

Lifestyle staff reported they recognise different cultural days and celebrate through food and activities such as armchair travel. The management team reported a consumer’s culture is recognised at admission and the service supports consumers to practice their cultural and religious beliefs.

Some consumers sampled were not aware of the choices available to them, other consumers reported they are informed of daily choices. Staff described a variety of forms of communicating providing information to consumer to support choices such as written activity schedules, monthly newsletters and other resources such as brochures, and through verbal communication of daily menu options.

The service has a Privacy and Confidentiality policy which states ‘a key aspect of dignity and respect is making sure privacy is respected’ and relates to information and personal privacy during care activities. However, The Assessment Team observed staff practices which did not align with the organisation’s policy or respectful practice in relation to consumer privacy.

The Quality Standard is assessed as Non-compliant as two 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.*

While most consumers interviewed provided feedback that their dignity and identity is respected, one consumer provided mixed feedback and stated a few staff are not respectful.

The Assessment Team observed staff to be generally kind and friendly towards consumers, however observed some examples of staff not attending to consumer’s dignity, ignoring their question or disputing their version of identity.

While most staff described how they respect consumer’s personal information and privacy the Assessment Team observed staff practices which did not align with the feedback, the organisation’s policy or respectful practice in relation to consumer privacy.

Representatives provided some feedback of ways staff are not respectful or did not properly acknowledge a consumer’s cultural beliefs

Some information related to consumer’s identity was not reflected in the care file or was outdated. It was also noted that some photographs were not current and did not resemble the individual consumer.

### The Approved Provider responded and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps within their systems and processes.

### The Approved Provider outlined their action plan to address deficiencies raised, including but not limited to; education for all staff on consumer cultural safety, education for all staff on customer service, an audit of all consumer files to identify consumers who need their assessments and care plans updated to reflect their individual identify and how/if they would like to disclose their identity.

The evidence complied at the site audit shows the service was unable to demonstrate that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

In making my decision, I have considered the information provided by the Assessment Team and the Approved Provider. The actions planned by the Approved Provider to address the concerns raised by the Assessment Team require time to be implemented effectively and demonstrate effectiveness.

Therefore, I find this Requirement is Non-compliant.

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

*Care and services are culturally safe.*

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. Following the March 2021 Site Audit, it was found the service was unable to demonstrate that care and services are culturally safe. Staff demonstrated limited understanding of delivering culturally safe care, and printed communication with consumers was limited to English.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level. All consumers/representatives stated they felt safe, happy or respected in response to questions about cultural safety.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated that care and services are culturally safe.

Therefore, I find this requirement 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) Compliant

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

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

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

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

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

The service has a ‘privacy and confidentiality’ policy which states ‘a key aspect of dignity and respect is making sure privacy is respected’ and relates to information and personal privacy during care activities. However, The Assessment Team observed staff practices which did not align with the organisation’s policy or respectful practice in relation to consumer privacy.

The Assessment team observed a consumer being left in an undignified manner by staff, they observed a nurse’s station was unlocked and unattended on a few occasions. A medication trolley was also found unlocked, and consumer files, handover notes and medication charts were accessible.

The Assessment Team also observed an allied health staff member discussing personal information for a consumer with care staff in a communal area. Other consumers were seated in the area and the information was audible to the Assessment Team who was seated on the other side of the room.

The Assessment team observed care staff who were writing in consumer files while seated with consumers in an activity area.

### The Approved Provider responded and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps within their systems and processes.

### The Approved Provider outlined their action plan to address deficiencies raised, including but not limited to; staff education on the organisation’s privacy and confidentiality policy and how to incorporate this while providing care to consumers, reinforce with staff at staff the importance of maintaining and respecting consumer privacy and confidentiality.

The evidence complied at the site audit shows the service was unable to demonstrate that each consumer’s privacy is respected, and personal information is kept confidential.

In making my decision, I have considered the information provided by the Assessment Team and the Approved Provider. The actions planned by the Approved Provider to address the concerns raised by the Assessment Team require time to be implemented effectively and demonstrate effectiveness.

Therefore, I find this Requirement is Non-compliant.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Assessment Team reviewed assessments and care plans of sampled consumers and identified the care plans consider individualised risk to consumer’s health and well-being which informs the delivery of safe care and services.

Records of the risk discussions with the consumer and/or their representative are included within the consumers files and are periodically reviewed as part of the monitoring of the delivery of safe and effective care and services.

A review of sampled consumer files demonstrated consumers have their goals and preferences documented. Most consumers care plans included advance care plans and end of life wishes and preferences.

Most consumers and representatives were satisfied with the care planning process, including the regular communication on their consumer’s health and well-being. Care provision comprises input from other organisations and individuals involved in the care of the consumer.

Care files reviewed, noted entries in progress notes and case conference documents confirming discussions are held with consumers and/or their representatives as part of the special care day or when changes occurred in the consumer’s condition.

The service demonstrates it has processes in place to communicate information to consumers and their representatives in relation to the care plan. The care and services plan are readily available to consumers and their representatives.

The clinical nurse manager advised they have discussions with representatives either via telephone calls or face to face when the representatives are visiting the service. Discussions with those consumers who are cognitively able to discuss their care are attended in person. Consultation occurs through the resident of the day or at case conference discussions. Offers of the care plan are made as part of these discussions.

Generally, the service was able to demonstrate consumer’s care, and services are monitored and reviewed for effectiveness when incidents or changes occur. Representatives for consumers confirmed they are contacted when there is a change in a consumer’s condition or at monthly care plan reviews.

However, the service was not able to demonstrate that all incidents were reviewed and documented in line with the organisations policies and procedures, specifically incidents involving challenging behaviours.

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

## Assessment of Standard 2 Requirements

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

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. It was found the service was unable to demonstrate that 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.

It was identified that multiple consumers did not have their individual risks identified and where risks were identified, risk mitigation strategies were not documented.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated that 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 care and services.

Therefore, I find this requirement Compliant.

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. It was found the service was unable to demonstrate 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*.*

It was identified that most consumers/representatives stated they had not been consulted regarding end of life planning and a review of documentation revealed that just under half of the consumers did not have any end of life wishes recorded. Documentation demonstrated that goals were not individualised to the consumer and were generic in nature. Preferences of consumers were not always captured.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated that 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.

Therefore, I find this requirement Compliant.

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

*The organisation demonstrates that assessment and planning:*

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. It was found that the service was unable to demonstrate that assessment and planning 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 other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated that assessment and planning 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 it includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

Therefore, I find this requirement Compliant.

### Requirement 2(3)(d) Compliant

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. It was found the service was unable to demonstrate that 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.

It was identified most consumers/representatives stated they had not had the outcomes of assessment effectively communicated to them and that they had not seen their care plans. While summary care plans were located inside consumer wardrobe doors, consumers were unaware they were there or what their purpose was.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated that 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.

Therefore, I find this requirement 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.*

Consumers files reviewed generally show when incidents occur there is a review of the consumer status, and an incident form is completed. Care notes show clinical monitoring such as neurological observations, review of bowel management and pain occurs.

However, the service was not able to demonstrate that when incidents occur relating to the consumer’s behavioural changes, behavioural support plans or care plans are reviewed and updated in line with the organisations policy and procedure.

### The Approved Provider responded and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps within their systems and processes.

### The Approved Provider outlined their action plan to address deficiencies raised, including but not limited to; education to all staff around incident management and escalation, documentation requirements to be discussed at next registered nurse and staff meeting, an audit of clinical files of consumers who have had an incident in the past 3 months to ensure clinical assessments and care planning is updated as required.

The evidence complied at the site audit shows the service was unable to demonstrate that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

In making my decision, I have considered the information provided by the Assessment Team and the Approved Provider. The actions planned by the Approved Provider to address the concerns raised by the Assessment Team require time to be implemented effectively and demonstrate effectiveness.

Therefore, I find this Requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them. However, The Assessment Team found care plans did not always reflect individualised care to meet consumers’ clinical needs and some consumers had not been identified as being subject to restrictive practices.

The Assessment Team identified consumers’ personal and clinical care provision around behaviour management, pressure area management and wound care does not align with best practice and does not ensure the risk of harm to consumers is minimised.

All sampled consumers’ care documents reviewed confirmed consumers are given opportunities to express their end of life wishes. These are documented, and planning occurs to ensure consumer’s comfort is maximised and their dignity is preserved. Advance care plans are completed, and this information is recorded under the Vital Information section of the consumers care plan.

The Assessment Team reviewed care plans for consumers who had demonstrated a change in their mental or physical health and found the service had failed to identify and respond to the changes.

Reviewed care plans did not contain documentation of actions taken to address clinical deterioration and escalation of the changed conditions to a medical practitioner. The service has not developed plans to manage consumers who experience a sudden mental health deterioration and have required the assistance of external services and agencies including the Aged Care Rapid Response team to manage the behaviours being demonstrated.

While the Assessment Team identified gaps with documentation in clinical care plans for some sampled consumers, the service demonstrated they are capturing most consumer’s needs and preferences accurately and these are communicated within the organisation.

A full assessment of each consumer’s needs and preferences is commenced on entry to the service and is completed over a four-week period to ensure care plans are individualised and specific to the consumer. Care staff reported they are informed at clinical handover of each consumer’s needs and if their condition has changed. Care plans advised them on individual consumer’s care requirements and preferences.

Representatives for sampled consumers stated the service understands each consumer’s needs and preferences and ensures these are respected.

The Quality Standard is assessed as Non-compliant as two 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.*

Care plans of sampled consumers did not always reflect individualised care specific to meet consumer’s personal and clinical care needs. Progress notes did not document sufficient information to ensure consumers clinical care provision in relation to behaviour management and restrictive practices would align to best practice.

Risk minimisation strategies implemented have failed to identify consumers being subjected to mechanical restraint. Strategies implemented to reduce the risk of harm to consumers assessed at high risk of pressure areas have failed to prevent the development of unstageable pressure injuries.

The clinical nurse manager described the organisation’s clinical governance framework, including how best practice is monitored and implemented at the service. However, a review by the Assessment Team of some of the sampled consumers files did not always demonstrate effective assessment, specifically in relation to restrictive practices management and the maintenance of the consumer’s skin integrity.

Management and staff were able to discuss the organisation’s restrictive practice policy and expressed an understanding of it, however evidence in consumers health care records indicates these principles are not always applied.

### The Approved Provider responded and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps within their systems and processes.

### The Approved Provider outlined their action plan to address deficiencies raised, including but not limited to; education to all clinical staff on restrictive practices, education to registered nursed on wound care documentation, wound photography and escalation of deteriorating wounds, education to registered nursed on Wound Management, Pain Management and Medication Management.

The evidence complied at the site audit shows the service was unable to demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being.

In making my decision, I have considered the information provided by the Assessment Team and the Approved Provider. The actions planned by the Approved Provider to address the concerns raised by the Assessment Team require time to be implemented effectively and demonstrate effectiveness.

Therefore, I find this Requirement is Non-compliant.

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

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. It was found the service was unable to demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer.

It was identified several consumers prescribed a chemical restraint and that it was being used without an individualised behavioural management plan being implemented and documented. Where behavioural strategies have been trialled by staff the effectiveness of these strategies have not been evaluated or documented.

Following the March 2021 Site Audit, it was found that not all consumers who receive anticoagulants had this included in their care plan. Additionally, the anticoagulant is not identified as a risk and interventions are not documented to mitigate the risk of this medication. Some consumers with a diagnosis of diabetes did not have a diabetic care plan and those that are documented did not have specific blood sugar parameters for the consumer included.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated the effective management of high impact or high prevalence risks associated with the care of each consumer.

Therefore, I find this requirement Compliant.

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

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. It was found the service was unable to demonstrate that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.

It was identified that the end of life need, goals and preferences of consumers were not always documented in a palliative care plan and instances where opioid and other medication efficacy was not always assessed and spiritual support had not been offered.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved

Therefore, I find this requirement 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 failed to employ the procedures as documented in their Deterioration and Health Changes Policy following a deterioration in a consumer’s mental or physical condition. Representatives of consumers who experienced a sudden deterioration could not confirm the service had updated them when the consumer’s condition changed.

Care plans did not contain documentation of actions taken to address clinical deterioration and escalation of the changed conditions to a medical practitioner. The service has not developed plans to manage consumers who experience a sudden mental health deterioration and have required the assistance of external agencies and services including the Aged Care Rapid Response Team to manage the behaviour the consumer may be exhibiting.

The Assessment Team reviewed care plans for consumers who had demonstrated a change in their mental or physical health and found the service had failed to identify and respond to the changes.

### The Approved Provider responded and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps within their systems and processes.

### The Approved Provider outlined their action plan to address deficiencies raised, including but not limited to; education to all staff in relation to detecting deterioration, escalating deterioration in a timely manner and keeping key stakeholders informed of any changes or updates, clinical nurse manager to ensure that weekly clinical documentation and documentation by exception is completed.

The evidence complied at the site audit shows the service was unable to demonstrate that 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.

In making my decision, I have considered the information provided by the Assessment Team and the Approved Provider. The actions planned by the Approved Provider to address the concerns raised by the Assessment Team require time to be implemented effectively and demonstrate effectiveness.

Therefore, I find this Requirement is Non-compliant.

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

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. It was found the service was unable to demonstrate that 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.

At the Site Audit conducted in March 2021, handover sheets were observed, and it was noted they did not include all recent changes to consumers conditions, and some consumers reported that information related to their needs and preferences was not effectively communicated to all staff. Care plans were observed to be generic in nature and lacked consultation with the consumer/representative to include individual goals and preferences

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated that 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.

Therefore, I find this requirement Compliant.

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

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. It was found the service was unable to demonstrate the timely and appropriate referrals to individuals, other organisations and providers of other care and services.

It was identified that timely and appropriate referrals were not observed for consumers who presented with behavioural symptoms. Despite a high proportion of consumers being chemically and environmentally restrained, referrals had not been made to either behavioural services or a Geriatrician.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated the timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Therefore, I find this requirement 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-COMPLIANTServices 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

Care files reviewed by the Assessment Team provided individualised information to support consumers to engage in activities of daily living. Staff could describe what was important to most consumers.

However, some consumers/representatives provided negative feedback about the supports they receive to engage in daily activities of living and enjoyment. Consumers/representatives stated that their preferences are not met and identified activities that are important to their wellbeing, which they can’t participate in.

The Assessment Team made observations of support and care delivery that did not meet the needs and preferences described by consumers during interview and did not demonstrate a benefit to consumer wellbeing.

Consumers sampled were generally satisfied with the emotional, spiritual and psychological support they receive. Care plans included information about consumer’s emotional, psychological and spiritual needs and provides some information to support wellbeing. Staff were able to describe how they support consumers when they are feeling low.

Some consumers sampled were dissatisfied with the level of participation in the service environment (outdoors) and in the community, however most provided positive feedback about the way they are able to maintain relationships with the people important to them.

Care planning documents provided information about who the consumer has social relationships with and how they remain in contact with them, and the consumer’s interests but limited information on how the service supports community access.

The Assessment Team observed limited use of communal and outdoor areas during the site audit, and consumers were not observed to be supported by staff to access and participate in the service environment.

Consumers were generally satisfied with the way information about their care needs and preferences is communicated. Care documentation of consumers sampled provide adequate information to support effective and safe care in the delivery of services for daily living.

Care and clinical staff reported recommendations made by other providers of care such as allied health and dementia or mental health specialists are implemented into the care plan and effectively communicated.

Care planning documentation provides evidence of timely and appropriate referrals to support engagement in lifestyle activities, Lifestyle staff were able to describe how they work with volunteers and external organisations to support consumer’s care.

All consumers were satisfied with the quantity of food offered but provided mixed feedback about the quality and choice of meals. Care planning documents provided details of consumer’s dietary needs, recommendations by allied health and food preferences.

Information captured in care planning documents aligned with consumer feedback and staff interviews. Staff could describe the dietary needs and preferences of individual consumers. The Assessment Team observed the kitchen to be clean and well organised. There was a range of fresh and dry foods all stored neatly and labelled.

The Assessment Team observed equipment that is clean and suitable being used to support consumers in lifestyle activities such as recreation and social activities, meals and mobility. Staff interviewed reported they have the equipment they need to support consumers. Consumer care files provided details of equipment and small aids to support participation in daily activities.

The Quality Standard is assessed as Non-compliant as two 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.*

Some consumers/representatives provided negative feedback about the supports they receive to engage in daily activities of living and enjoyment. Some consumers/representatives stated their preferences are not met or identified activities that are important to their wellbeing, that they can’t participate in.

Care files reviewed by the Assessment Team provided individualised information to support consumers to perform activities of daily living. Staff could describe what was important to most consumers. However, The Assessment Team made observations of support and care delivery that did not meet the needs and preferences described by consumers during interview and did not demonstrate a benefit to consumer wellbeing.

The Assessment Team reviewed participation schedules and found documentation to provide evidence of low participation in group activities and generic or infrequent entries related to individual social care. Consumer’s participation was documented as ‘passive’, ‘without encouragement’ or ‘with encouragement’. Some entries did not demonstrate social care which aligned with consumer’s documented needs, goals and preferences.

Consumers in the upstairs memory support unit were observed by the Assessment Team to be seated at the tables in the activity area throughout most days of the site audit. Consumers were also observed in their rooms and walking in the corridors but not engaging in activities elsewhere. Some activity items and magazines were observed to be placed on the tables in front of consumers, but limited interaction was observed, and staff were not observed engaging consumers in activities of interest outside the time of group activities.

The Approved Provider responded and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps within their systems and processes.

The Approved Provider outlined their action plan to address deficiencies raised, including but not limited to; a review of current activities in consultation with consumers/representative, recommence bus trips to ensure consumers are taken out to community for their social wellbeing, review of resources, roster and staffing levels to ensure adequate resources and appropriate staff skill mix to provide safe, effective services and supports for daily living.

The evidence complied at the site audit shows the service was unable to demonstrate that 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.

In making my decision, I have considered the information provided by the Assessment Team and the Approved Provider. The actions planned by the Approved Provider to address the concerns raised by the Assessment Team require time to be implemented effectively and demonstrate effectiveness.

Therefore, I find this Requirement is Non-compliant.

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

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

### Requirement 4(3)(c) 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.*

Some consumers were dissatisfied with the level of participation in the service environment (outdoors) and in the community, however most provided positive feedback about the way they are able to maintain relationships with the people important to them.

Care planning documents provided information about who the consumer has social relationships with and how they remain in contact with them, and the consumer’s interests but limited information on how the service supports community access.

The Assessment Team observed limited use of communal and outdoor areas during the site audit, and consumers were not observed to be supported by staff to access and participate in the service environment.

The Assessment Team did not observe consumers from the upstairs area to be assisted to access downstairs or outside. Some consumers were observed to be exit seeking or wandering into other consumer’s rooms but were not observed to be engaged by staff or redirected to meaningful or enjoyable activity.

The Approved Provider responded and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps within their systems and processes.

The Approved Provider outlined their action plan to address deficiencies raised, including but not limited to; recommence bus trips to ensure consumers are taken out to community, lifestyle activities to incorporate activities outdoors to facilitate consumer time outdoors, educate staff on how to facilitate consumers outdoors, educate staff on how to engage consumers in meaningful conversation and individualised activities to meet their individualised needs, goals and preferences.

The evidence complied at the site audit shows the service was unable to demonstrate that services and supports for daily living assist each consumer to participate in their community within and outside the organisation’s service environment and do the things of interest to them.

In making my decision, I have considered the information provided by the Assessment Team and the Approved Provider. The actions planned by the Approved Provider to address the concerns raised by the Assessment Team require time to be implemented effectively and demonstrate effectiveness.

Therefore, I find this Requirement is Non-compliant.

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

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. It was found the service was unable to demonstrate that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

There were deficiencies in relation to communication of information for consumers regarding their needs and preferences. Some staff reported that they were not aware of information in care plans that outlined consumers individual preferences.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Therefore, I find this requirement Compliant.

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

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

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

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021.It was found the service was unable to demonstrate that where meals are provided, they are varied and of suitable quality and quantity.

There was mixed feedback about the food. Some consumers stated that the food is cold when they receive it, several consumers reported they did not receive their food preference and one consumer commented that the kitchen does not serve food in line with their dietary requirements. Representatives stated some consumers do not receive food according to their cultural background frequently enough and families are required to bring in their own food due to this.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at the time of the Site Audit the Approved Provider demonstrated that where meals are provided, they are varied and of suitable quality and quantity.

Therefore, I find this requirement Compliant.

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The service environment is welcoming, and overall, easy to understand for consumers. It incorporates elements of dementia friendly design to optimise consumers sense of belonging, independence, interaction and function.

The Assessment Team observed in the service environment that the ground floor entrance is welcoming, accessible by entering through a well-maintained and secure garden area. Most ground floor areas attracted enough sunlight and all consumers rooms and most shared spaces receive large amounts of sunlight.

Most consumers’ rooms are personalised and items of importance to consumers are displayed in their rooms. Handrails are placed along communal corridors and shared walkways. Outdoor areas are well-maintained and aesthetically pleasing, with walkways, benches, various plants and other accent features.

The Assessment Team spoke with six consumers/representatives about the service environment. All consumers/representatives described the service environment as clean, well maintained, and welcoming.

Staff were observed welcoming visitors to the service and engaging in conversation with consumers in a welcoming and friendly manner.

The Assessment Team observed the service environment does not enable all consumers to move freely indoors and outdoors. Not all consumers can access the downstairs areas and/or the outside garden area without assistance from staff.

The service’s furniture, fittings, and equipment were observed to be clean and safe for consumers. Consumers gave evidence of equipment working as it should, and they expressed confidence that the service would repair or replace equipment if the need ever arose.

The Assessment Team reviewed the preventative maintenance schedule. The schedule contains maintenance tasks to be performed weekly, fortnightly, monthly, three-monthly, six-monthly, and annually. No items on the preventative maintenance schedule were outstanding.

The service provided evidence of an effective system of cleaning and reactive maintenance to ensure fittings, furniture and equipment are suitable for consumers’ use.

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

## Assessment of Standard 5 Requirements

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

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. It was found the service was unable to demonstrate that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

It was identified that the memory support unit did not reflect dementia enabling principles. The memory support unit was observed to be stark with limited communal areas, there was no names or identifying information on consumer doors to assist consumers with orientation and finding their room. The memory support unit contained one communal area which was used as a dining/lounge room and lifestyle area with a very small glassed veranda off to the side of the room. The unit did not offer any other space for consumers to sit quietly away from other consumers.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

Therefore, I find this requirement Compliant.

### 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.*

Most consumers in the downstairs section reported being able to move freely around the service. However, consumers located in the upstairs section in the memory support unit do not have free access to an outdoor area.

The Assessment Team found minimal evidence of the consumers located in the upstairs section of the service being supported to access the outdoors, and some consumers explained how their inability to access the outdoors had negatively impacted their general sense of wellbeing.

Consumers living with dementia were observed to display exit-seeking behaviour during the site audit, indicating a need to access other areas. One consumer was observed trying to leave the memory support unit on multiple occasions.

The Approved Provider responded and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps within their systems and processes.

The Approved Provider outlined their action plan to address deficiencies raised, including but not limited to; environmental upgrades in relation to outdoor access for consumers to be discussed with the general manager and operation’s manager, lifestyle activities to incorporate activities outdoors to facilitate consumer time outdoors and education for staff on how to facilitate consumer time outdoors and how to ensure consumers are supported to access the outdoor area.

The evidence complied at the site audit shows the service was unable to demonstrate that the service environment enables consumers to move freely, both indoors and outdoors.

In making my decision, I have considered the information provided by the Assessment Team and the Approved Provider. The actions planned by the Approved Provider to address the concerns raised by the Assessment Team require time to be implemented effectively and demonstrate effectiveness.

Therefore, I find this requirement Non-compliant.

### Requirement 5(3)(c) Compliant

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

# STANDARD 6 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

Consumers and representatives felt encouraged and supported to give feedback and make complaints, and they are confident that appropriate action is taken. The service has embedded systems to document feedback which can then be used to drive continuous improvements.

The service receives feedback and complaints via feedback forms and by maintaining open lines of communication with consumers. The service holds resident and relative feedback meetings and seeks additional feedback through consumer experience surveys.

Staff could describe the circumstances in which they may need to refer a consumer to an external advocacy or language service. Information about advocacy and language services is on display and communicated to consumers at the resident and relative meeting.

The Assessment team observed advocacy and language translation services brochures/posters on display at reception and in key locations around the service.

Consumers and representatives who had made complaints were satisfied with the action taken to resolve their respective issues. They described how staff apologise when something goes wrong. Staff and management personnel described using open disclosure principles in their handling of feedback and complaints.

The service demonstrated in various ways how it uses feedback and complaints to improve the quality of care and services. The service compiles monthly complaints information and incorporates this information into its governance reporting and continuous improvement plan. The Board is made aware of complaints and provides input into continuous improvement strategies.

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

## Assessment of Standard 6 Requirements

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

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. It was found the service was unable to demonstrate that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

It was identified that some consumers/representatives were unsure of the process to raise a complaint and that there was limited access and opportunity for consumers/representatives to lodge an anonymous complaint.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Therefore, I find this requirement Compliant.

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

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

### Requirement 6(3)(c) Compliant

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. It was found the service was unable to demonstrate that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

It was identified that although the service received complaints related to call be wait times and food temperature, these concerns were not documented or addressed. Staff meeting minutes referenced complaints in relation to call bell wait times, however it was not recorded in the feedback register and there was no evidence to demonstrate the complaints were evaluated, monitored or reviewed. The service has an open disclosure policy however it is not always followed. A consumer representative provided negative feedback regarding the way a complaint was handled.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Therefore, I find this requirement Compliant.

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

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. It was found the service was unable to demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services.

It was identified that consumers/representatives interviewed were unable to report how changes were made as a result of feedback and complaints. The continuous improvement plan only had one entry and was closed within a month with no record of how the concern was monitored or reviewed for efficacy. Feedback from consumers/representatives in relation to long call bell wait times indicated this was having negative impact on consumer wellbeing. Despite complaints made in this area there was no evidence to demonstrate an improvement in the quality of care and services.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services.

Therefore, I find this requirement Compliant.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Most consumers and representatives provided positive feedback about the way staff approach care and reported that staff are respectful, gentle or kind. Most consumers and representatives sampled reported they are satisfied staff have the skills to meet the consumer’s care needs.

Consumers and representatives provided mixed feedback on the sufficiency of staffing levels. Consumers and representatives who were dissatisfied stated lack of staffing impacted on them by unacceptable waiting time for care. Some consumers and representatives reported they receive the care they need in a reasonable amount of time and all stated the care delivered is safe.

Staff generally reported they have sufficient resources to complete their work and provide good care. Some staff stated insufficient staffing impacts on their time to complete documentation and forces reprioritisation of tasks.

The Assessment Team observed some examples during the audit where the correct number and mix of staff were not present to attend to a consumer’s need promptly but overall observed there is sufficient workforce to deliver safe and effective care.

Management stated that in planning staff numbers and skill mix they consider consumer needs, staff knowledge and experience. They reported staff planning is reviewed monthly with the financial and clinical teams, and staffing is ‘flexible’ in response to increased staffing needs.

Management stated staff competency and capability for a role is checked prior to employment and the service has clear policies and lists of qualifications and requirements for each role in the organisation.

Management monitor the ongoing competency of staff through audits, consumer feedback and surveys, clinical incidents, monitoring staff practice and education Most staff stated they felt competent in their role and received the information and training they need to provide safe and effective care.

Job descriptions with lists of duties and required competencies for each role are available and a sample were sighted by the Assessment Team.

Consumers and representatives did not identify areas of staff training needed. Staff reported they have access to training that is relevant to the delivery of care which meets the needs of individual consumers. Management was able to describe how consumer needs, clinical incidents and feedback, performance reviews and surveys inform the training schedule.

Management described a regular schedule of formal performance review every two years between management and individual staff members. The service has written guidance and frameworks related to assessing and monitoring staff performance.

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

## Assessment of Standard 7 Requirements

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

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. It was found the service was unable to demonstrate that 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.

It was identified that most consumers/representatives stated they are not satisfied with staffing levels and reported staff were rushed, overworked and unable to always meet their care needs and preferences. Consumers provided examples of the way consumer care has been adversely impacted by staffing. work short. Staff confirmed that they rush and are unable to always meet consumer care.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated that 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.

Therefore, I find this requirement Compliant.

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

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

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

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. It was found the service was unable to demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

It was identified that although staff are appropriately qualified upon commencement, they are not always competent in performing their roles in practice and deficiencies in staff knowledge were found resulting in negative outcomes for consumers.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Therefore, I find this requirement Compliant.

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Assessment Team found that, overall, the service has policies and procedures in place to ensure the service is well run and the governing body remains accountable in the delivery of care for consumers. At various meetings, clinical indicators and incidents are discussed amongst staff and at the managerial level. Board members are kept informed of clinical indicators and clinical incidents.

The Assessment Team received positive feedback from consumers and representatives about being engaged and supported in the development, delivery, and evaluation of care and services.

Management provided examples of how consumers are involved in the development, delivery and evaluation of care and services. Consumers can attend monthly resident and relative meetings and/or complete feedback and complaint forms.

When the service identified the need for environmental refurbishments, consumers were consulted about new furniture, outdoor landscaping and artworks.

The Assessment Team reviewed documents which evidenced how the governing body is accountable in the promotion of safe and inclusive quality care and services.

The Assessment Team found the service has effective systems for managing information and tracking continuous improvement activities. The service uses financial delegations to ensure capital expenditure can be made in the best interests of consumers.

The service has clear workforce accountabilities and processes for ensuring adherence to regulatory compliance obligations, including ensuring that mandatory reporting under the Serious Incident Response Scheme are incorporated into staff practice. The Assessment Team found the service uses an effective system for obtaining and acting upon feedback and complaints.

The service provided a documented risk management framework. Management advised the CEO reports on clinical indicators to the Board at monthly clinical governance meetings.

Management identified its most significant risk as being how staff levels may impact on consumer outcomes. Management advised of strategies employed to ensure staff can be recruited and retained

The Assessment Team found evidence indicating not all consumers are supported to live their best lives. Not all consumers are supported to participate in activities of their choosing, including activities which occur in the community. Consumers in the memory support unit do not have regular access to outdoor areas.

The service’s clinical governance framework supports the delivery of antimicrobial stewardship, the minimisation of restraint, and the use of open disclosure.

The Assessment Team sighted copies of:

* + a documented clinical governance framework
	+ a policy relating to antimicrobial stewardship
	+ a policy relating to minimising the use of restraint
	+ an open disclosure policy.

The Quality Standard is assessed as Non-compliant as one 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.*

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. Following the March 2021 Site Audit, it was found the service was unable to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Following the March 2021 Site Audit, it was identified that consumers interviewed were unable to give examples of how they were involved in the delivery and evaluation of care and services and that there was lack of ongoing partnership with consumers/representatives in relation to assessment, planning and review of services.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Therefore, 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.*

This Requirement was found Non-compliant following a Site Audit conducted in March 2021.It was found the service was unable to demonstrate that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Despite having systems and processes in place, it was identified that they do not effectively deliver safe and inclusive quality care to consumers in relation and not limited to ongoing assessment and planning, personal and clinical care, adequate levels of staffing and feedback and complaints resolution.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at this Site Audit the Approved Provider demonstrated that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Therefore, I find this requirement Compliant.

### Requirement 8(3)(c) Compliant

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

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021. It was found the service was unable to demonstrate effective organisation wide governance systems relating to information management, workforce governance, regulatory compliance and feedback and complaints.

The organisation’s information management systems were not always working to capture the required information for consumers’ personal and clinical care and workforce governance revealed that insufficient staffing numbers impacted on the health and well-being of consumers. The service was unable to demonstrate adherence to it business processes in relation to feedback and complaints. While the service demonstrated some adherence to regulatory compliance, deficits were identified in the management of reportable assault and the safeguard mechanisms implemented following this.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at the time of the Site Audit the Approver Provided demonstrated effective organisation wide governance systems relating to the following; information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities, regulatory compliance, feedback and complaints.

Therefore, I find this requirement Compliant.

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

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

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

Although the service provided a documented risk management framework, the Assessment Team received negative feedback from consumers about their inability to engage in lifestyle activities which promote their sense of enjoyment and wellbeing.

The Assessment Team received reports from consumers that they are often left in bed for long periods of time, and some consumers reported to the Assessment Team also received that they are not supported to go outside or attend activities in the community.

The Assessment Team found instances where the service did not identify the use of restrictive practices for some consumers. For example, by not identifying the use of a low-lying bed as a restrictive practice for one consumer, use of the device had not been subject to review to determine if it was the least restrictive option.

The Approved Provider responded and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps within their systems and processes.

The Approved Provider outlined their action plan to address deficiencies raised, including but not limited to; a review of lifestyle activities offered in the home in consultation with consumers and an adjustment of the lifestyle activities program to incorporate the meaningful activities suggested by consumers and to facilitate time outdoors.

The evidence complied at the site audit shows the service was unable to demonstrate effective risk management systems and practices related to enabling consumers to live the best life they can.

In making my decision, I have considered the information provided by the Assessment Team and the Approved Provider. The actions planned by the Approved Provider to address the concerns raised by the Assessment Team require time to be implemented effectively and demonstrate effectiveness.

Therefore, I find this Requirement is Non-compliant.

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

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

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

This Requirement was found Non-compliant following a Site Audit conducted in March 2021.It was found the service was unable to demonstrate that where clinic care is provided – a clinical governance framework, including but not limited to antimicrobial stewardship, minimising the use of restraint and open disclosure.

It was identified that while there was a clinical governance framework in place, it had not been effective in the delivery of optimal clinical care. Staff were able to describe the policies and the relevance to their work in relation to open disclosure and antimicrobial stewardship, however the process of open disclosure was not always implemented. Additionally, while there was a policy for minimising the use of restraint, multiple deficits were identified in relation to this policy not being adhered to and consequentially impacting consumer health and wellbeing.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the March 2021 Site Audit. These processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at the time of the Site Audit the Approver Provided demonstrated that where clinical care is provided—a clinical governance framework, including but not limited to the following; antimicrobial stewardship, minimising the use of restraint, open disclosure.

Therefore, I find this requirement Compliant.

# Areas for improvement

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

### Requirement 1(3)(a)

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

The approved provider should:

* Implement action items in the continuous improvement plan and review and modify if required to ensure all staff understand how to optimise consumer dignity.
* Implement action items in the continuous improvement plan and review and modify if required to ensure all staff understand how to treat consumers with respect, including respectful communication.

### Requirement 1(3)(f)

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

The approved provider should:

* Ensure staff are familiar with the organisation’s privacy and confidentiality policy and how to enforce the policy while completing activities of daily living for consumers.
* Implement actions items listed in the continuous improvement plan to ensure each consumer’s privacy is respected and personal information is kept confidential.

### Requirement 2(3)(e)

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

The approved provider should:

* Implement action items in the continuous improvement plan to ensure staff review all incidents and document them in line with the organisation’s policies and procedures, specifically related to consumers displaying changing behaviours.

**Requirement 3(3)(a)**

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

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

The approved provider should:

* Complete all action items in the continuous improvement plan and conduct a review of actions to identify effectiveness.
* Ensure that clinical staff are aware of best practice restraint guidelines and protocols and that this is implemented within the service to optimise consumer health and well-being.
* Ensure staff are familiar with the organisation’s wound care policy and the process for referral of consumers with complex wounds to the clinical nurse specialist for review.

### Requirement 3(3)(d)

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The approved provider should:

* Complete all action items in the continuous improvement plan and conduct a review of actions to identify effectiveness.
* Ensure staff are familiar with the organisation’s deterioration and health changes policy and follow these procedures to identify and manage deterioration of change in a consumer’s health, function or condition.

### Requirement 4(3)(a)

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

The approved provider should:

* Review current lifestyle supports to determine if these are appropriate and meet consumers’ needs while optimising consumer independence.
* Consult with consumers to determine how the leisure and lifestyle program can be tailored to support individual preferences.

### Requirement 4(3)(c)

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

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

The approved provider must demonstrate:

* Implement all action items in the continuous improvement plan and ensure that outcomes of the review are incorporated into services and supports
* Conduct regular consultation with consumers to determine if they are satisfied that the service supports allows them to do things of interest.

### Requirement 5(3)(b)

*The service environment:*

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

The approved provider should:

* Consider what options are available to support consumers in the memory support unit to have access to outdoor areas.
* Implement all action items in the continuous improvement plan and ensure that consumers are provided access to the outdoor areas of the service.

**Requirement 8(3)(d)**

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

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

The approved provider should:

* The service has implemented effective risk management systems and practices to manage the high impact or high prevalence risks associated with the care of consumers, specifically related to restrictive practices, and to support consumers to live the best life they can.