Cooee Lodge

Performance Report

Townsend Drive   
GILGANDRA NSW 2827  
Phone number: 02 6817 8744

**Commission ID:** 0216

**Provider name:** Gilgandra Council

**Site Audit date:** 5 April 2022 to 8 April 2022

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

# Performance report prepared by

Melissa Buhagiar, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

**Overall assessment of this Service**

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | 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) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

**Detailed assessment**

This performance report details the 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 conducted 5 April to 8 April 2022, 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 23 May 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 team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

The Assessment Team found most consumers interviewed were treated with dignity and respect. Most consumers said they are encouraged to make choices and expressed feeling comfortable to raise issues with staff or management directly, with the service generally providing a culturally safe care environment for consumers. Some consumers sampled provided examples of where care was not culturally safe, with their choice about personal care needs expressed but not reflected in care planning documentation and subsequently not demonstrated in practice.

Consumers interviewed by the Assessment Team discussed how they are supported to take risks, providing examples of when the support received from staff respected their wishes and how solutions are tailored to assist consumers to live the life they choose. Formal feedback mechanisms were not in place to foster an environment of inclusion and respect for customer choice, with the Assessment Team reporting some instances where the information provided to a consumer to support choice and independence was not current, accurate and timely which impacted on the consumer receiving the most out of the care and services they received.

In relation to consumer privacy and confidentiality, consumers confirmed their personal privacy is respected and this was observed by the Assessment Team during staff interactions with consumers. Organisational procedures were demonstrated in relation to privacy, with secure protections in place for consumer records.

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

**Assessment of Standard 1 Requirements**

**Requirement 1(3)(a) Compliant**

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

The Assessment Team found in certain instances, consumers felt that their identity, culture and diversity were not valued. Some consumers sampled described how care, services and supports were affected during the recent service lockdowns for COVID-19. In particular, consumers were unable to practice their religious faith as pastoral care services were ceased and no alternatives were offered. The Assessment Team found there was no evidence consumers had been consulted about their individual experiences. The service was unable to demonstrate they had used a consumer-focused approach to support the organisation’s commitment to identity, culture and diversity.

Whilst the Assessment Team noted staff interviewed showed respect and deep connection with the consumers and made genuine efforts to get to know them, more detailed information about individual consumers’ interests associated to their identity, culture and diversity was not demonstrated. Information about a consumer’s social history, collected during the initial assessment, was incomplete.

The approved provider responded to the Assessment Team report and advised that alternate pastoral care options were made available during Covid. The service also advised that they have commenced reassessments of existing consumers and would also commence a food focus group and collate this into the consumer’s care plan.

I acknowledge the providers response and their commitment to addressing the identified issues, and find that the approved provider is compliant with this requirement.

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

*Care and services are culturally safe.*

The Assessment Team found the care and services provided to consumers, although focussed on providing a positive experience for the consumer, were not culturally safe. Care planning documentation was not reflective of how the service had worked with consumers, and others they choose to be involved in their care, to understand their cultural needs and preferences, and how this was contributing to providing better care and service outcomes for consumers.

The Assessment Team observed minimal reference was made in service procedures about how to provide care in a culturally safe way and how staff are trained in the delivery of culturally safe care. The organisation’s procedures were observed to state that cultural considerations will be made for meals, with reference also made to the Charter of Aged Care Rights.

The approved provider responded to the Assessment Team report and advised that they will be delivering an extensive training program, to address culturally safe practices and communication skills to assist the consumers to feel safe in the service. The provider has also advised that the service will prioritise assessments for new consumers and staff will work with existing consumers to document their individualised needs for care planning.

I acknowledge the providers response and their commitment to addressing the identified issues, however find that the at the time of assessment the approved provider was not compliant with this requirement.

**Requirement 1(3)(c) Non-compliant**

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

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

The Assessment Team had varied feedback from consumers about their ability to exercise choice and independence and make decisions about their own care. Overall, consumers interviewed stated they were able to make choices, with examples provided in relation to meal selection and personal care needs. There was, however, one consumer who stated they had communicated their preference about their personal care needs for showering and this choice had not yet been implemented.

Varied feedback was also received by the Assessment Team from consumers about recognition of their social networks and the ability of consumers to maintain relationships that are important to them, with some impacts expressed by consumers on visitation during COVID-19 restrictions. The Assessment Team observed social networks and close or intimate relationships of consumer’s were not mentioned in care planning documents.

Management and staff acknowledged that input from consumers or consumer representatives, particularly in relation to meal planning, feedback and information for the creation of activities schedules, was not obtained and improvements are being made in this area. Difficulties with visitation restrictions during COVID-19 were also acknowledged, with visitor restrictions easing and staff assisting consumers make connection with others through alternative contact methods.

The approved provider responded to the Assessment Team report and advised that they will implement a process for consumer and representative feedback to be obtained and that key relationships will be identified for consumers.

I acknowledge the providers response and the Continuous Improvement Plan submitted, however I find at the time of Assessment the approved provider is not compliant with this requirement.

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

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

The Assessment Team found some consumers were supported to take risks and live the best life they can, with one consumer explaining how they are supported to complete their own activities of daily living for showing and dressing. Another consumer, who experiences difficulty walking, described receiving support from staff to walk unaided with close supervision.

At the time of the Assessment, however, the Assessment Team observed some consumers in the Special Care Unit were not actively engaged in meaningful activities and did not appear to have the support systems in place to take risks that enabled them to live the best life they can.

The Assessment Team found that care planning documentation did not demonstrate how consumers were supported to take risks. Although the organisational policies referenced the requirements of this Standard and stated consumers would be supported to take risks to enable them to live their best life, the procedures manual did not specify how this would occur in practice.

The approved provider responded to the Assessment Team report and advised that the Special Care Unit activities will be reviewed with support from an external specialist and that the policies and procedures will be reviewed to include how consumers are supported to take risks.

I acknowledge the initiatives that the provider has detailed, however find at the time of assessment the approved provider was not compliant with this requirement.

**Requirement 1(3)(e) Non-compliant**

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

The Assessment Team found communication with consumers was primarily conducted through verbal means, which consumers indicated was clear and easy to understand. Communication with consumers with hearing difficulties were generally supported, however one consumer experienced difficulty with earphones and speaker supports provided to communicate on the telephone.

The Assessment Team observed that consumers were not being provided with information and resources to assist in exercising choice regarding their care and services, with consumers unable to recall their involvement in case conferences and if they had received a copy of their individual care plan.

The Assessment Team interviewed consumer representatives who stated there was no communication about visitation restrictions during COVID-19, and staff were also unaware of the restrictions when asked. Another consumer representative discussed how they received information about an incident a consumer had been involved in, from the consumer themselves.

At the time of Assessment, management agreed the service experienced some communication delays in relation to advising consumers about the activities calendar and acknowledged this impacted on the ability of the service to operate as efficiently as possible.

The approved provider responded to the Assessment Team report and advised that they have initiated care plan reviews and case conference schedule for the years 2022- 2023. The provider also furnished a copy of their Continuous Improvement Plan.

I acknowledge the providers response, however find there are deficiencies in the provision of information to consumers and their representatives.

I find that the approved provider is not compliant with this requirement at the time of assessment.

**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:**

1. 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.

The Assessment Team found that overall sampled consumers were not involved in the assessment, planning and review of their care and services and consumers were not made aware of the outcomes of assessment and planning processes when completed.

Most of the consumers and consumer representatives were not familiar with consumer care plans and had not communicated with the service about their needs, goals and preferences. Most consumers and/or their representatives were not involved with care assessment and planning. Information about changes in consumer conditions were also not communicated to consumers and/or their representatives. In addition, consumer plans lacked detail about consumer needs, goals and preferences and were not subject to regular update or review. Some care plans were inaccurate, and some had not been updated to include monitoring of consumers with high-impact and high-prevalence risks around falls management, skin integrity, wound and behaviour management and palliation.

The organisational documentation did not provide adequate information and direction for staff engaging in care planning and assessment including for falls management, skin integrity, wound and behavioural support management, dignity of risk and palliation.

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

**Assessment of Standard 2 Requirements**

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

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

The Assessment Team found none of the consumers sampled were involved in their care assessment and planning and were not provided with a copy of their care plan. Care planning documentation was observed by the Assessment Team to be incomplete to varying degrees, with some assessments not completed for consumers with changes in their clinical condition. Information about the frequency and quality of case conferences was not available, with staff confirming changes to care and services were provided verbally to consumers and their representatives.

The Assessment Team reviewed sampled consumer files and found limited assessment and planning was completed for consumers on entering the service. Clinical staff reported monitoring incidents and accidents, however none of the sampled files detailed the investigations conducted and how monitoring was implemented considering ongoing risks to consumers. The Assessment Team found that lack of risk monitoring had contributed to poor outcomes for some consumers who had experienced multiple falls, skin integrity issues, problems with wound management and airway management.

The Assessment Team found the organisational policy on clinical governance to be general and brief, and the service’s procedure manual also lacked adequate information and direction. In addition, policies and procedures were not observed for dignity of risk.

The procedures manual lacked adequate information and direction on behavioural support management and behaviour assessment, with interviewed staff stating they were unfamiliar with the use of behavioural support plans. The restrictive practices procedure did not adequately identify the different types of restraint (i.e. environmental and isolation).

The approved provider responded to the Assessment Team report and furnished a copy of their Continuous Improvement Plan to address the deficiencies identified by the Assessment Team.

I have considered the initiatives that the provider has discussed, however find that this will take some time to reflect changes. I therefore find the approved provider is not compliant with this requirement.

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

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

The Assessment Team reviewed the care files of sampled consumers and found them generic in nature with goals and preferences of the consumer minimally identified. Specific needs, goals and preferences in relation to emotional and lifestyle care, wound and pain management were not identified for some consumers. Consumer representatives provided feedback to the Assessment Team about the lack of activities provided to consumers.

The Assessment Team determined staff were not consistently aware of the needs of consumers in relation to current day-to-day assessment and planning and were unable to describe consumer related to high-risk and high-prevalence issues like fluid restriction and choking hazards. Staff were, however, able to describe engagement with consumers about advance care and end of life planning. Most sampled consumer files contained either advanced care planning documentation, or evidence that advance care planning discussions with consumers had occurred. However, no palliative care plans were evidenced for consumers.

Guidance on advance care planning and end of life planning is available for staff, consumers and representatives. The Assessment Team found, however, that adherence to this guidance and palliative care plans was not demonstrated for all consumers.

The approved provider responded to the Assessment Team report and advised that they have reviewed and actioned the care plans that did not identify current needs and training would be conducted for all staff on wound management and understanding consumer’s needs.

I have considered the approved providers response and Continuous Improvement Plan; however, the initiatives will take time to reflect ongoing compliance in this requirement.

I have found that the approved provider is not compliant with this requirement.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found that most of the sampled consumers and/or their representatives said they were not involved in the assessment, planning and review of the consumer’s care and services. Care planning documents reflected this feedback, with sampled consumer records detailing several instances where changes in consumer circumstances and deterioration in consumer health and well-being had not been communicated to consumer representatives. For example, the next of kin for a consumer who experienced unresponsive episodes was not advised and no referral to a general practitioner was made.

The Assessment Team were advised of time constraints on staff which impact their ability to complete all assessments and update consumer care plans. Medical officers and other allied health professionals were noted to be periodically involved in the care planning process, although discharge information from hospital or incidents reports was not always reflected in care plans. The Assessment Team found connection with community social support services had not occurred in the preceding six-month period and access to a local palliative care team was no longer available.

The approved provider responded to the Assessment Team report and advised that they have commenced revising and amending the process for undertaking care plans, ensuring engagement with key representatives. The Continuous Improvement Plan also details a number of initiatives that the service will initiate.

I find that the approved provider is not compliant with this requirement at the time of assessment.

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

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

The Assessment Team found none of the consumers and/or their representatives sampled had been offered access to their care and services plan, with some saying they did not know what a care plan was. Care planning documents were observed by the Assessment Team to be missing information for some consumers, for example about deterioration in condition, the use of restrictive practices and behaviour management.

Management described the ‘resident of the day’ program which reviews the care and ongoing needs of consumers, stating the outcomes were subsequently communicated with the consumer and/or their representative. The Assessment Team did not observe any documentation supporting the communication of program outcomes to consumers and/or their representatives. No documentation was sighted to support care plans were regularly updated and reviewed.

The approved provider responded to the Assessment Team report and further advised that a copy of the consumer’s care plans will be provided to the consumer and representative following review, however it is not evident from the information provided that this was in place at the time of assessment.

I find the approved provider is not compliant with this requirement.

**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.*

Sampled consumers and/or their representatives informed the Assessment Team they were not aware of the review of consumer care and service plans. The Assessment Team found investigations, and subsequent review of care plans, were not conducted for some consumers in relation to falls management, changes and deterioration in physical health, behavioural management and palliation.

The Assessment Team did not observe measures in place for the routine review and audit of care and services, with reviewed documentation not demonstrating evaluation of current care plans for effectiveness, and no evidence new interventions for risk prevention have been considered and implemented.

The approved provider responded to the Assessment Team report and advised care plan reviews are undertaken every six months or when the consumer’s care needs change, however this was not evident to the Assessment Team. The service will be conducting education on care plan review for staff.

I have found that the approved provider is not compliant with this requirement at the time of Assessment.

**STANDARD 3 NON-COMPLIANT  
Personal care and clinical care**

**Consumer outcomes:**

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.

The Assessment Team interviewed consumers and their representatives and found most consumers felt they received personal and clinical care from staff who cared about the service they provided, when they were adequately staffed to do so. Some consumers and their representatives felt the care provided was more tailored to the needs of the service, rather than the needs of the consumer.

The Assessment Team reviewed clinical care documentation for interviewed consumers and noted best practice in clinical management was not demonstrated in areas including skin integrity, wound care and management, pain assessment and management, falls monitoring and risk-assessment and emotional support and safety. For example, some care plans lacked detailed about consumers requiring modified diets and mobility assistance.

The Assessment Team found the organisational policies and procedures for personal and clinical care to be generalised. The service did not have effective systems in place to identify and respond to high prevalence risks associated with the care of each consumer, specifically pressure injury and wound management, falls management, behaviour management, chemical restraint and the clinical physical and cognitive deterioration of the consumer.

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 Assessment Team interviewed consumers and representatives and received mixed feedback about whether the care they receive is reflective of the consumer’s care preferences and best practice. The Assessment Team found the care provided to consumers was impacted by staff shortages, with consumers describing the staff as kind and respectful however do not receive appropriate support and training to provide the care they need.

One consumer shared with the Assessment Team how they told staff they feel low at times and had not received any care or support. Another consumer discussed how the care was good unless there are staff shortages and then care may not be provided. One consumer’s representative described how the care provided responded more to the needs of the service rather than the needs of consumers, for example when a consumer is required to have their personal care delivery at a time more suited to the needs of staff.

The Assessment Team reviewed the clinical files of consumers who had experienced multiple falls and found pain assessments were not conducted for those consumers.

The Assessment Team interview staff who discussed how, due to time constraints, the clinical care and planning for consumers was compromised as staff concentrate on providing basic care needs.

The Assessment Team found none of the consumers subjected to restrictive practices had a behavioural support plan in place. A further review of two sampled consumers found they were subjected to physical restraints with no corresponding analysis or assessment conducted. Additional gaps in clinical governance were observed by the Assessment Team in relation to skin integrity and wound care, with consumer files demonstrating incomplete wound charting, minimal wound monitoring and lack of appropriate referrals to wound specialists.

The approved provider responded to the Assessment Team report and advised they have commenced comprehensive assessments on new and existing consumers which will be collated in care plans. The service has also organised training for a number of clinical areas that were highlighted in the Assessment Team report.

I find that the approved provider is not compliant with this requirement.

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

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

The Assessment Team found the service was unable to demonstrate effective management of high-impact or high-prevalence risks such as falls, skin integrity, pain and hydration. Staff interviewed did not demonstrate adequate knowledge in relation to the high impact or high prevalence risks to consumers and management were unable to demonstrate appropriate trending and analysis of consumers’ risks. Some staff interviewed by the Assessment Team stated there was inadequate guidance to effectively support consumer’s with complex needs. Clinical staff described an inability to effectively monitor and supervise consumers with high-risk of falling, or consumers acutely unwell, due to having to complete other tasks like laundry or cleaning.

The Assessment Team interviewed staff who advised there was no competency in relation to neurological observations post fall. The Assessment Team identified that the sampled consumers reviewed who had experienced falls did not have consistent observations in accordance with policy and procedure.

The Assessment Team observed the service does not collate information through incident reporting for consumers developing pressure injuries, skin tears or chronic wounds. Whilst information was available through wound charts, continuous improvement mechanisms through investigation and review processes linked to causation and trend analysis had not been implemented.

The approved provider responded to the Assessment Team report and furnished an updated care plan for a sampled consumer and the training plan to address the deficiencies of knowledge identified in the Assessment Team report.

I find that the approved provider is not compliant with this requirement.

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

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

The Assessment Team found that the service was unable to demonstrate that it has processes and practices in place to identify those consumers deteriorating and transitioning into a palliative phase. Care plans and assessments completed did not reflect what would be considered best practice.

The Assessment Team reviewed care plans and found that comfort had not been maximised for consumers with pressure injuries by providing an air mattress earlier in the consumer deterioration, which would have assisted with skin integrity issues.

The Assessment Team observed organisational policies and procedures in relation to palliative care were in place however the service was unable to demonstrate that these had been followed.

The approved provider responded to the Assessment Team report and noted their planned education to improve the knowledge of staff to respond appropriately to consumers nearing the end of life.

I find that the approved provider is not compliant with this requirement.

**Requirement 3(3)(d) Non-compliant**

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

The Assessment Team reviewed the clinical documentation for sampled consumers and found several examples of consumer deterioration with no follow-up monitoring for decline in function, capacity or condition, no pain management monitoring, minimal information on skin integrity and wound charting and minimal monitoring of weight loss and nutrition.

The Assessment Team noted the use of anti-psychotic medication for a consumer with cognitive and behavioural deterioration. Behavioural changes were undocumented in the clinical care documentation and prescribed medication was not being used in conjunction with a behaviour support plan and/or an emotional/lifestyle plan. The use of anti-psychotic medication for management of behavioural changes was not identified as a chemical restraint.

In sampled consumer clinical files, the Assessment Team found examples where wound care is not provided in a way that aligns with best practice. For example, one consumer sustained multiple skin tear injuries during transfer to a wheelchair. There was no evidence of investigation into causation of the tears and no review of transfer procedures to ensure consumer safety.

Staff interviewed by the Assessment Team described feeling overwhelmed with performing their clinical care duties and being rostered to provided other duties like cleaning and laundry. Staff interviewed were not always able to describe key elements of clinical deterioration and were unable to advise of the location of key equipment like the suction machine or how it was used.

The Assessment Team found the procedures manual had minimal information and direction for staff responding to a deterioration or change in consumer needs.

The approved provider responded to the Assessment Team report and noted their planned education to improve the knowledge of staff to respond appropriately to consumers deterioration.

I find that the approved provider is not compliant with this requirement.

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

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

The Assessment Team received positive feedback from most interviewed consumers and representatives about the clinical care they receive and its alignment to their needs and preferences. However, one consumer and their representative explained the consumer’s preference regarding the timing of personal care delivery was not being met and respected, with staff preparing the consumer for bed earlier than they would like.

On review of the care plans for interviewed consumers, the Assessment Team found several examples of where relevant clinical information was absent from consumer files relating to high-risk falls, pain assessment and management and wound care assessment and charting. The Assessment Team observed one consumer, identified as having a high falls risk who required assistance on mobilising, to be walking without a walking frame and unaided.

The Assessment Team observed staff handover processes were brief and lacked detail about specific consumer conditions, needs and preferences. Records relating to the clinical conditions of consumers were also noted to be paper-based and electronic.

The approved provider responded to the Assessment Team report and advised that they will be providing education in documentation, communication, consumer rights and person-centred care.

I find that the approved provider is not compliant with this requirement.

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

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

The Assessment Team received positive feedback from consumers and representatives interviewed about referrals to medical officers and other allied health practitioners, however advised that specialist appointments and referrals are initiated by the consumer representatives as required, for example for wound care and diabetes management.

Care planning documentation reviewed by the Assessment Team for sampled consumers confirmed medical officers and other allied health practitioners were generally involved in the care of consumers. Some care plans observed by the Assessment Team did not demonstrate referrals had been made, for example for some consumers that required specialist wound care services. The Assessment Team found consumer care plans were not regularly updated with results from specialist consultations, particularly when appointments for consumers are initiated by consumer representatives.

The staff interviewed were able to describe the referral process. The Assessment Team observed the organisation’s policies and procedure manual to have minimal information and direction about the referral process, for example did not provide information about referral points for chronic wound assessment and medication management. The procedure manual had not been updated to reflect changes to referral processes for palliative care.

The approved provider responded to the Assessment Team report and advised the organisation’s policies will be reviewed and additional training on documentation will be provided to staff.

I find the approved provider is not compliant with this requirement.

**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 Assessment Team found most consumers interviewed are supported to maintain contact with people important to them through various means including telephone and face-to-face visitation, which has resumed after an extended period of COVID-19 restrictions. Feedback about services and supports that support health and well-being was mixed, with consumers interviewed detailing the impacts of having no pastoral care services and lack of variety in activities that support goals, needs and preferences and quality of life.

Most consumers interviewed were pleased with the quality of the food, with some feedback received about lack of variety, quality and quantity. No formal mechanisms are in place for consumers to contribute to meal choice or planning, as consumer feedback about meal planning is generally provided verbally to staff.

Staff interviewed were aware of general information in relation to consumer needs and preferences and what was important to the consumer. The Assessment Team observed consumer care documents lacked details about the social history of consumers, which impacted staff awareness of needs, goals and preferences.

The organisation generally provided most consumers with appropriate daily living equipment to support daily living that is safe, clean and well maintained. Inconsistency of choice in meal selection and activities was noted, with consumers in the Special Care Unit (SCU) more inhibited in their choice of meals and activities compared to those in the mainstream unit.

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

**Assessment of Standard 4 Requirements**

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

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

The Assessment Team interviewed consumers and representatives and found that not all consumers felt supported to optimise their independence, well-being and quality of life, with consumers describing there are minimal services available for exercise or outdoor activities and bus outings have been unavailable for an extended period. One consumer and one consumer representative believed there were not enough activities for male consumers. Pastoral care services were not available for a prolonged period due to COVID-19.

Care planning documents for sampled consumers did not accurately capture the services and supports needed by consumers to help them do the things they want to. For many consumers, the initial assessment questionnaires completed on entry to the service were missing the social history of the consumer. Key information about consumer needs, goals and preferences were not captured and any information which was collected, was not captured in care plans and not readily available to staff.

The Assessment Team observed no activities calendar was displayed in the facility for consumers. The Assessment Team observed some consumer’s to be seated in front of a television watching a movie, four of the six consumers were sleeping.

The approved provider responded to the Assessment Team report and advised that they have commenced comprehensive assessments on consumers which will include a social history component to identify the consumer’s needs, goals and preferences, this will be collated into the care plan.

I find that the approved provider is not compliant with this requirement at the time of assessment.

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

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

Most consumers interviewed by the Assessment Team stated they are comfortable approaching staff when, for instance, they are feeling low. One consumer noted that during a period of bereavement the staff were kind and supportive. One consumer, however, said they often feel low and despite providing this feedback to staff they have not received any additional support. Consumers noted religious services conducted fortnightly prior to COVID-19 have not resumed.

The Assessment Team viewed care planning documents for several consumers and found consumer goals for emotional, spiritual and psychological well-being were not recorded and leisure forms not completed. There are no feedback systems in place for consumers for input into the activities schedule.

Staff interviewed described how they monitor consumers for emotional changes during regular conversations, assist and support consumers where possible, and escalate matters to clinical staff and other health professionals like the Diversional Therapist when necessary.

The approved provider responded to the Assessment Team report and advised that they are currently working to ensure that key information on psychological and social history is captured in consumer’s assessment and care plan.

I find that the approved provider is not compliant with this requirement at the time of assessment.

**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.*

Consumers interviewed indicated they could maintain contact with people important to them by telephone, written letters and by face-to-face visits which recommenced recently. Most consumers interviewed provided examples of activities they participated in prior to COVID-19 restrictions including, for example, weekly visits from community-based musicians. It was noted that there are limited activities for males at the service and as a result male consumer were not able to do things of interest to them.

The Assessment Team reviewed consumer care plans and found no information was available about consumer participation in the community and how they maintain their relationships. The Diversional Therapist discussed how volunteers visit the service weekly to assist consumers purchase goods from the community and participate in craft activities.

The approved provider responded to the Assessment Team report and advised that they are currently working to ensure that key information on psychological and social history is captured in consumer’s assessment and care plan.

I find that the approved provider is not compliant with this requirement at the time of assessment.

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

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

The Assessment Team interviewed consumers who said the staff try to get to know them and they were well looked after. All consumers were not aware if they had received a copy of their care plan and explained most communication with staff is conducted verbally. Some consumers noted their needs and preferences were not always communicated, with two consumers remarking their preferences to watch sport together had not been allowed.

Care documents for sampled consumers did not capture information about the consumer’s condition, needs and preferences especially as it relates to lifestyle, supports of daily living and where responsibility for care is shared. Staff interviewed described how shift handovers inform them of updates or changes in a consumer’s condition, needs, goals and preferences, although it was not evident to the Assessment Team how staff would locate this information as it was not documented clearly.

The approved provider responded to the Assessment Team report and advised they are currently identifying gaps by having a comprehensive assessment and care planning process with particular attention to the needs and preferences of consumers.

I find that the approved provider is not compliant with this requirement at the time of assessment.

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

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

Most consumers interviewed discussed volunteers visiting the services, however no feedback was received from consumers about referrals made to external organisations or providers for support services and supports for daily living. Consumers interviewed reiterated their fondness for activities that had ceased due to COVID-19 restrictions, including pastoral care visits, special morning teas and regular visits to the service from community-based entertainers/singers.

The Assessment Team observed care planning documents did not reflect involvement of others in lifestyle supports and utilisation of referrals to individuals, other organisations and care providers and services. The Diversional Therapist discussed how consumers are referred to general practitioners and mental health professionals if low mood is noted and the use of volunteers to assist consumers shop in the community, participate in weekly craft activities and haircutting services.

The organisation’s policies were closely aligned with the quality standards; however, the procedures did not clearly indicate how or when referrals for consumers to other individuals, organisations and providers were made. The Assessment Team also noted the service did not provide tailored services or supports for male consumers.

The approved provider responded to the Assessment Team report and furnished a copy of their Continuous Improvement Plan. A review has commenced in May 2022, to identify other community organisations and providers for consumer referral.

I find that the approved provider is not compliant with this requirement.

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

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

Consumers interviewed provided mixed feedback about the meals provided, with most consumers stating the food was of good quality and quantity. In contrast, one consumer said the food they receive was ‘fatty’ and one consumer described the food as ‘plain, quantities were small and lacked variety although had improved slightly in the preceding three months’.

The Assessment Team observed care planning documents contained information on consumer dietary needs, for example consumer’s on modified diets or receiving thin or thickened fluids. Consumer preferences were not considered on admission.

Staff interviewed had a good understanding of the dietary needs of consumers, with clinical staff discussing how they liaise with kitchen staff to ensure consumer care requirements are met. One kitchen staff member was not able to identify the special dietary requirements for a consumer on fluid restrictions, representing choking and aspiration risk.

The Assessment Team found consumers and consumer representatives were not involved in meal planning and menu creation, with feedback about the food provided verbally to staff. The newly-appointed Chef discussed the differences in how consumers provide their food preferences, with consumers located in the mainstream wing receiving lunch and dinner options at breakfast time and consumers in the Special Care Unit providing a likes and dislikes list in lieu of having menu options.

The approved provider responded to the Assessment Team report and advised that they would establish a food focus group where consumers would be encouraged to provide their views in the dining experience. A dietician has been engaged to review the menus to provide feedback to the Chef.

I acknowledge that the service has commenced actioning this requirement, however I find at the time of assessment the approved provider is not compliant with this requirement.

**Requirement 4(3)(g) Compliant**

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

The Assessment Team observed the mainstream wing contained equipment that was safe, suitable, clean and well-maintained and located within an activities room for use by all consumers. One consumer representative interviewed expressed that their consumer was obtaining their own equipment as there was nothing for the consumer to do.

The Special Care Unit did not contain equipment to support consumer lifestyle, with no suitable equipment observed by the Assessment Team to be available to the Special Care Unit consumers.

The Assessment Team observed the lifting machines to be clean and recently serviced, and noted consumers had access to individual hoist slings and transfer equipment including walk belts. Care staff interviewed stated they have access to equipment when needed and care staff and housekeeping staff were familiar with internal and external cleaning processes.

The approved provider responded to the Assessment Team report and advised they have commenced consultation with Dementia Australia to source appropriate activity kits and equipment for consumers in the Special Care Unit and have reached out to the Men’s Shed to seek out more gender specific activities for the male consumers.

I have considered the approved provider’s response and their immediate action to the issues identified and find overall that the equipment when provided is safe, suitable and well maintained.

I find that the approved provider is compliant with this requirement.

**STANDARD 5 COMPLIANT  
Organisation’s service environment**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 5**

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

The Assessment team found that overall, sampled consumers expressed they felt like they belong and were safe and comfortable in the service.

Consumers interviewed describe a positive experience with the service that is clean and well maintained. The Assessment Team observed the service to create a welcoming environment with furniture, fittings and equipment noted as safe, clean and functional. All consumers were observed to have access to individual clinical and care equipment including sling hoists and walk belts.

Most consumers described having unrestricted access to the service for both indoor and outdoor areas. Environmental restrictions for several consumers in the Special Care Unit were noted to limit consumer access to other areas of the service and outdoor areas, restrictions in place for consumer safety and supported with appropriate consents.

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

**Assessment of Standard 5 Requirements**

**Requirement 5(3)(a) Compliant**

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

**Requirement 5(3)(b) Compliant**

*The service environment:*

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

The Assessment Team found the service environment was safe, clean, well maintained and comfortable, and facilitated a positive consumer experience that was consistent with feedback from sampled consumers. Gardens and communal areas were well-maintained and were observed to be used by consumers.

Consumers residing in the mainstream wing stated they were unrestricted in their movement throughout the service and were free to go outside. Staff interviewed described supporting consumers with limited mobility to move around the service freely with appropriate aids including neck pendants and call bells utilised by consumers to request assistance. Mobility scooters are available for consumers to access the community and risk assessments were completed for consumers existing the facility with their families.

Movement restrictions were noted for consumers in the Special Care Unit with the majority of consumers under environmental restraint and moving freely within the wing for their own safety. Risk assessments and environmental restraint documentation and consents was observed to be completed.

The approved provider responded to the Assessment Team report and advised that they have reviewed the situation in the Special Care Unit and noting that all consumers could move freely within the wing, all consumers now have access to the door code and can move freely as required.

I acknowledge the immediate actions that the approved provider has instigated and find that the approved provider is compliant with this requirement.

**Requirement 5(3)(c) Compliant**

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

**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 team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

The Assessment Team found that most consumers interviewed consult family members or a staff member to raise a concern and most representatives felt comfortable raising concerns with staff and management. Consumers felt appropriate action is taken in relation to their complaints, however consumer engagement in feedback mechanisms and awareness of advocacy services available to support their engagement was limited.

The Assessment Team determined the service is reliant on consumers and representatives providing feedback directly to staff, with general information about other complaint mechanisms and advocacy services not adequately displayed throughout the service or in written documentation like policies and procedures.

The monitoring of feedback and how it informs continuous improvement in the delivery of care and services is lacking. The service does not have systems to use this information to effectively review and improve the quality of care and services. There is also no oversight at an organisational level of complaints or feedback being raised to ensure that appropriate improvement activities are being undertaken and in a timely manner

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

**Assessment of Standard 6 Requirements**

**Requirement 6(3)(a) Compliant**

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

The Assessment Team interviewed consumers and representatives who had limited recollection about when they last raised a concern with the service, with the majority of consumers stating they would generally speak with a family member to raise any issues. Consumers also confirmed they had not attended a resident meeting in some time due to COVID-19 restrictions and could not recall being asked for their views in at least the preceding six-month period.

Management confirmed no resident meetings had occurred and described periodic lunchtime conversations with consumers were conducted in the dining room to obtain feedback. Feedback received from consumers during these conversations was not observed to be documented.

Staff interviewed described assisting consumers with any issues they raise and escalating more serious matters. Staff did not describe encouraging consumer or consumer representatives to complete a feedback form. One staff member detailed raising suggestions about obtaining consumer feedback, through annual meal surveys, which was discussed but not implemented.

The approved provider responded to the Assessment Team report and furnished additional documentation and photographs to support their compliance with this requirement.

I find that the approved provider is compliant with this requirement.

**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.*

Consumers interviewed were not aware of other mechanisms for raising complaints including advocacy services. One consumer representative displayed awareness of an alternative organisation for raising concerns and noted this information was obtained from another aged care service.

Staff were aware of translating services, if required, however were not aware of other advocacy services, like OPAN, and their availability to consumers. Staff advised most consumers receive support from their family members to access additional services if required. Limited written material about other services, including advocacy services like OPAN, was observed to be in place throughout the service and the resident handbook did not reference aged care advocacy or interpreting services.

The approved provider responded to the Assessment Team report and advised there are posters throughout the service informing consumers of the complaints process and other avenues that can be taken if complaints are not actioned. The provider has also advised that advocacy service options are also displayed.

I find that the approved provider is compliant with this requirement.

**Requirement 6(3)(c) Compliant**

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

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

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

The Assessment Team interviewed consumers and representatives who could not recall specific examples of when their feedback or complaints had led to improvements at the service. Management described incorporating consumer and dietician feedback into improvements to meal planning, including enhancements to the dining experience of consumers with new placements and table decorations.

Management advised the Assessment Team of the establishment of an Aged Care Committee (‘Committee’) with representatives from the local council and various community services. Review of the committee reports noted a primary focus on financial matters of the service, with no oversight of consumer feedback or complaints as it relates to improvements in quality of care and services detailed. Committee meetings have not yet occurred in 2022.

The approved provider responded to the Assessment Team report and advised that they will review the system where complaints are logged so that improvements can be captured, as well as any trends that may be developing.

I find that the approved provider is not complaint with this requirement at the time of assessment.

**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.

The Assessment Team found that most sampled consumers considered they get good care and services when they need them and from people who are generally knowledgeable, capable and caring.

Consumers described receiving care and support from staff that are kind, caring and respectful and who are generally knowledgeable about the care they provide. The Assessment Team noted some work practices which do not indicate safe and quality care and services is being provided with the current staffing mix and levels. This included not following correct procedures such as calling the on call registered nurse or ambulance prior to moving a consumer when they had an unwitnessed fall at night.

The Assessment Team found the quality of care provided was impacted by staff shortages and this was consistent with feedback from consumers, who expressed how the quality of the care they received changed during these times and their reluctance to seek additional support when staff were busy.

Staff education and training occurs with some gaps in the recording of education modules that staff have completed.

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

**Assessment of Standard 7 Requirements**

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

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

The Assessment Team interviewed consumers who discussed the impacts of staff shortages, including less staff on weekends and observing staff to be rushed on occasion. Most consumers agreed the call bell was answered promptly, with some noticeable delays to response times connected to staff shortages. One consumer discussed not using their call bell very often if the service is short staffed. Another consumer felt the level of care they received was impacted by shortages in staff.

Staff interviewed said management endeavoured to find replacement staff, however they sometimes worked short staffed when replacements could not be located. Staff were generally responsive to covering vacant shifts, which has reduced overtime.

The Assessment Team were advised no registered nurse was available on night duty and on every second weekend day shift (occasionally on the afternoon shift). During this period, the acting facility manager and clinical care coordinator are the on-call registered nurse during this period. For shifts without a registered nurse present, procedures indicate staff on these shifts were to call an ambulance for a consumer fall incident, and these procedures were not being followed.

On review of the call bell report provided, the Assessment Team found several response times in excess of forty-five minutes. Management and clinical staff explained some technical ‘ghosting’ issues with the system whereby calls were being registered when not made. This issue was awaiting review by maintenance.

The approved provider responded to the Assessment Team report and furnished call bell response times and information covering the RN’s absence on weekends and night duty stating that there are procedures in place for staff to follow when an incident occurs and then is no RN coverage. However, it does not appear that these procedures have been covered when falls occur.

I find that the approved provider is not compliant with this requirement.

**Requirement 7(3)(b) Compliant**

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

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

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

The Assessment Team interviewed consumers who felt that generally staff possessed the appropriate knowledge to perform their roles. One consumer suggested more training for staff on how to respond to critical incident care like heart attacks and suggested a defibrillator be purchased for the service. Another consumer felt there was not enough or inadequate training, with staff being unfamiliar with their preferences and routines and required the consumer to remind them.

Staff confirmed completion of competencies in relation to handwashing and managing medications, with only a small participatory uptake observed for the non-compulsory medication competency.

Management described how staff education was driven by review of consumer care needs as well as observation of work practice and feedback from staff. The Assessment Team observed incident forms/progress notes to reflect that staff were not following the organisation’s procedure regarding unwitnessed falls management, with incidences where consumers were being moved without appropriate review by a registered nurse.

The approved provider responded to the Assessment Team report and advised that training would be delivered to improve staff knowledge and noted this in the Continuous Improvement Plan to address the deficiencies identified in the report.

I find that the approved provider is not compliant with this requirement at the time of assessment

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

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

The Assessment Team interviewed consumers who generally felt staff received adequate training to provide care and services. However, one consumer said there was not enough training and there were gaps in knowledge evident even with implementation of the staff buddy system.

When the need for additional staff is identified, management described using the human resource management team from the local council to manage recruitment processes. Senior staff at the facility contribute to recruitment with selection of suitable applicants. New staff are paired with existing staff under the buddy system to ensure new staff feel comfortable in their role. Staff receive a position description which describes their role and responsibilities.

On review of sampled staff education records, the Assessment Team found no staff had attended training on elder abuse, which also incorporated training on restrictive practices. Not all staff completed the training session on the Serious Incident Response Scheme (SIRS). Information about education and training on the clinical care needs of consumers was being sourced through NSW Health and other aged care facilities in the region.

The approved provider responded to the Assessment Team report and advised that in house training would be reviewed and an appropriate system implemented in order to record the training.

I acknowledge the work that the provider is undertaking, however I find that the approved provider is not compliant with this requirement at the time of assessment.

**Requirement 7(3)(e) Compliant**

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

**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).

The Assessment Team found most sampled consumers considered the service is well run, however consumers are not actively involved in improving the delivery of care and services they receive.

Most consumers interviewed could not recall being involved the development, delivery and evaluation of care and services, with limited engagement experienced by one consumer involved in development of the activities calendar. Management confirmed consumers are not engaged either at a service level or as part of the Aged Care Committee, which was set up to oversee the quality of care and services, however primarily has a focus on the financial operations of the service.

The Assessment Team found that the organisation’s governing body does not promote a culture of safe, inclusive and quality care and services and is not accountable for their delivery. There is no oversight of the quality of care and services being provided to consumers and ensuring procedures have been implemented effectively at the service. Deficiencies were identified in relation to knowledge and practice in relation to continuous improvement, workforce governance, regulatory compliance, feedback and complaints and restrictive practices.

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

**Assessment of Standard 8 Requirements**

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

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

The Assessment Team interviewed consumers who advised no resident meetings had occurred for some time due to COVID-19 restrictions and consumers could not recall when they had been engaged in development and review of their own care planning. One consumer described contributing to the development of the activities program through typing the activities calendar, however that participation had ceased for the consumer.

The Assessment Team received feedback from two representatives who recalled receiving occasional telephone calls from the service about the care of their family member, and one representative described how consumer informed them directly about their own care.

Management confirmed no resident meetings had taken place, and that consumers were not partnered with the organisation through committees or at a service level. Limited engagement directly with consumers occurred about meal planning.

The approved provider responded to the Assessment Team report and advised that they have recommenced assessments for consumers and now have a validation procedure to evidence consultation with the consumer and their representative in the care planning process. The provider also advised that they have implemented formal consumer meetings.

I acknowledge the providers response and actions; however, it will take time to reflect that the consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

I find that the approved provider is not compliant with this requirement.

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

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

The Assessment Team found that the Council has an Aged Care Committee set up to oversee the running of services, however they have not met since the council elections in December 2021. The meeting minutes reviewed by the Assessment Team discussed the financial operations of the service, with no oversight of the quality of care and services provided to consumers evident.

The Committee engaged a consultant to review the operations of the aged care service. A review of the meeting minutes by the Assessment Team identified that there was minimal oversight by the aged care committee of the operations of the service. Information discussed at these meetings primarily related to the financial operations of the service. Reference in the procedure manual regarding the management committee also reflect a financial focus.

Previous reports to the Aged Care Committee identified that there was no information related to clinical indicators such as falls and infections or critical incidents such as the SIRS report (September 2021) or trends in complaints nor any oversight in relation to the Quality Standards. One sole entry in the October to December 2021 service report noted the hostel menu review and that a new menu commenced in Sept 2021. Noting “the team are monitoring feedback from residents and family”.

There is no oversight or monitoring by the Aged Care Committee or Council to ensure that staff are completing the education that the council has considered to be mandatory. This was confirmed in a review of the Aged Care Committee meeting minutes and reports from the service to the Committee.

The approved provider responded to the Assessment Team report and advised that the Council has accepted recommendations made by the consultant in relation to its governance model. The consultants will provide guidance and support to the Aged Care Committee to supplement the skills in the areas of clinical and operational aspects of aged care.

I have considered the providers response and identify it will take time to reflect the work that the Committee and the consultants will be responsible for.

I find that the approved provider is not compliant with this requirement at the time of assessment.

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

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

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

The Assessment Team found that formal governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints were not demonstrated.

No oversight by the Aged Care Committee was evident to monitor changes in legislation, feedback had not influenced continuous improvement, the information management system was electronic, however it lacked detailed consumer information, and there was not effective workforce governance or assignment of accountabilities or responsibilities by the Aged Care Committee or the Council.

The approved provider responded to the Assessment Team report and acknowledged the gaps in the quality system management within the service, they attributed these areas of deficiency to the constant staff turnover in key management roles. They have engaged a consultant to work with Council to deliver the key necessary changes.

I find that the approved provider is not compliant with this requirement.

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

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

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

The Assessment Team found that the service demonstrated how consumers are living the best life they can, with one consumer supported to continue to smoke and another consumer exercising food and nutrition preferences despite dietary restrictions. Staff also discussed the importance of consumers exercising their independence, like being able to smoke or going out with their families.

A documented risk management framework was not provided to the Assessment Team for review. Risks identified within the organisation’s procedures manual were tailored more to physical risks such as fire systems, bomb threats, building evacuation and security, work, health and safety and not the care of consumers. No procedure for the Serious Incident Reporting Scheme (SIRS) was evident and the procedure for the unexpected death of a consumer does not reference referral to SIRS as a reportable incident. A procedure for elder abuse was also noted.

The Assessment Team found the incident management framework was more staff-focused and not focused on the needs of consumers. Incidents, like falls and skin integrity issues, were not always investigated with strategies to prevent the risk from reoccurring. The process for unwitnessed falls was documented, however night staff were not always adhering to the procedure, with consumers being transferred to hospital without appropriate review.

The approved provider responded to the Assessment Team report and advised that they are undertaking work to have a risk management system that is appropriate to include consumer’s individual and collective risks. They are also looking to set up new processes to provide greater emphasis on management and staff to investigate report and document all incidents.

I find that the approved provider is not compliant with this requirement at the time of assessment.

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

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

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

The Assessment Team interviewed staff who could not recall receiving education and training about the procedures of the service and how those procedures informed the way they performed their clinical duties. Staff could explain the importance of identifying and supporting consumers at risk of urinary tract infections and escalating behavioural changes in consumers. The electronic care documentation system was not being used for infection reporting or antibiotic monitoring and re-establishment of a medication advisory committee was pending.

Staff were able to identify physical forms of restraint, however were not familiar with key requirements relating to restrictive practices such as the implementation and ongoing review of behaviour support plans. Whilst management reported the minimal use of restrictive practices at the service, there was no staff training provided on restrictive practices.

For open disclosure, staff training occurred in January 2021 and staff were aware of the process of offering an apology to a consumer when a mistake had been made. The Assessment Team noted there is no procedure relating to open disclosure.

The approved provider responded to the Assessment Team report and advised that they are aware of the deficiencies noted and approved the engagement of the consultant immediately after the consultant completed a review of the service. The Council approved all recommendations made by the consultant and will work with them to address the deficiencies identified throughout this report.

I find that the approved provider is not compliant with this requirement.

**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)(b) Non-compliant**

*Care and services are culturally safe.*

The approved provider must demonstrate:

* Consumer care is provided in a culturally safe way with their cultural needs considered.
* Care planning documentation is reflective of how the service works with consumers, and others they choose to be involved in their care, to understand their cultural needs and preferences, and how this was contributing to providing better care and service outcomes for consumers.
* Training is provided to staff to address culturally safe practices and communication skills to assist the consumers to feel safe in the service.

**Requirement 1(3)(c) Non-compliant**

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

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

The approved provider must demonstrate:

* Consumer’s care preferences are considered, documented and implemented. preference about their personal care needs for showering and this choice had not yet been implemented.
* Consumer’s social networks and close or intimate relationships of consumer’s were not mentioned in care planning documents.
* Feedback in relation to meals and activities are sought from consumers.

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

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

The approved provider must demonstrate:

* Consumers are supported to take risks and live the best life they can with active engagement in meaningful activities.

**Requirement 1(3)(e) Non-compliant**

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

The approved provider must demonstrate:

* Communication provided to consumers is clear and easy to understand.
* Information and resources to assist in exercising choice regarding their care and services is provided in a timely manner to consumers.
* Case conferences involve consumers and their representatives and they are provided a copy of care plan when it is changed or reviewed.
* Consumer representatives are provided timely notification of incidents.

**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 approved provider must demonstrate:

* Consumers and their representatives are involved in assessment and planning.
* Care planning documentation is completed for consumers with changes in their condition.
* Comprehensive review is undertaken on all care plans as per Continuous Improvement Plan.
* Risks to consumers are identified, with strategies in place to prevent risk of incidents from occurring or reoccurring, this must be completely reviewed and documented when strategies are effective and updated when strategies are ineffective.

**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 approved provider must demonstrate:

* Consumer’s care plans identify the current needs, goals and preferences of the consumer including specific needs, goals and preferences in relation to emotional and lifestyle care, wound and pain management.
* Activities are reviewed to meet the individual needs of consumers.

**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 approved provider must demonstrate:

* Assessment, planning and review of the consumer’s care and services involves the consumer and representative and other providers of care and services involved with the consumer.
* Care planning documents reflects changes in consumer circumstances and deterioration in consumer health and well-being and is communicated to consumer representatives.

**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 approved provider must demonstrate:

* Consumers are involved in care planning and contain appropriate information for their care and services.
* Consumer’s information in relation to deterioration in condition, the use of restrictive practices and behaviour management is reviewed and updated in care plans.

**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 approved provider must demonstrate:

* Investigations, and subsequent review of care plans, are conducted for consumers in relation to falls management, changes and deterioration in physical health, behavioural management and palliation.
* A process for routine review of care plans is implemented with review of interventions for risk prevention is considered and implemented.

**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 approved provider must demonstrate:

* Consumer’s personal and clinical care and services is not impacted by staff shortages.
* Assessments are conducted for consumers who require clinical care, including wound management, pain management and behaviour management.

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

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

The approved provider must demonstrate:

* Effective management is demonstrated for high-impact or high-prevalence risks such as falls, skin integrity, pain and hydration.
* Staff demonstrate knowledge in relation to the high impact or high prevalence risks to consumers.
* Management demonstrate appropriate trending and analysis of consumers’ risks.
* Education and guidance are provided to staff to effectively support consumers with complex needs.
* Incident reporting and investigation is completed for consumers subject to high prevalence and high impact risks with effective strategies documented and reviewed.

**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 approved provider must demonstrate:

* There are processes and practices in place to identify those consumers deteriorating and transitioning into a palliative phase.
* Comfort and pain management is maximised for consumers experiencing deterioration and entering end of life.

**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 approved provider must demonstrate:

* Deteriorating consumers are monitored for decline in function, capacity or condition, pain management, skin integrity, wound charting and weight loss and nutrition.
* Behavioural changes are documented and addressed in care plans.
* Behaviour Support Plans are in place.

**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 approved provider must demonstrate:

* Consumer’s personal care delivery is respected and met in line with their needs and preferences.
* Clinical information relating to high-risk falls, pain assessment and management and wound care assessment and charting is completed in care planning documentation.

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

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

The approved provider must demonstrate:

* Specialist reviews are documented in care plans following consultation with specialist.
* Care plans demonstrate referrals had been made, for example for some consumers that required specialist wound care services.

**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 approved provider must demonstrate:

* Recreational and outdoor activities are available for consumers to optimise their independence, health, wellbeing and quality of life.
* Activities are available for male consumers to meet their needs and preferences.
* Care planning documents capture the services and supports needed by consumers to help them do the things they want to do.

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

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

The approved provider must demonstrate:

* Emotional, spiritual and psychological support is provided to consumers.
* Consumer goals for emotional, spiritual and psychological well-being are recorded and leisure forms completed in care planning.
* A feedback system is in place for consumers to give input into the activities schedule.

**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 approved provider must demonstrate:

* Activities are developed for male consumers at the service to provide them with meaningful areas of interest to them.
* Community activities are available to consumers.

**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 approved provider must demonstrate:

* Consumer’s needs, and preferences are communicated, with their preferences considered.
* Care documents capture information about the consumer’s condition, needs and preferences especially as it relates to lifestyle, supports of daily living and where responsibility for care is shared.

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

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

The approved provider must demonstrate:

* Referrals are made to external organisations or providers for support services and supports for daily living.
* Care planning documents reflect involvement of others in lifestyle supports and utilisation of referrals to individuals, other organisations and care providers and services.

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

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

The approved provider must demonstrate:

* Consumers feedback about the meals provided, is used for continuous improvement.
* Consumer preferences are considered on admission.

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

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

The approved provider must demonstrate:

* Feedback or complaints leads to improvements at the service.
* Feedback is captured and analysed to identify trends.

**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 approved provider must demonstrate:

* Observation and procedures are followed when incidents occur.
* Staffing is reflective of the consumers’ needs and management of safe and quality care and services.

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

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

The approved provider must demonstrate:

* Staff are unfamiliar with consumer’s preferences and routines.
* Staff have completed the appropriate education to effectively do their work.

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

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

The approved provider must demonstrate:

* Gaps in knowledge are identified and staff are supported deliver outcomes for consumers.
* Staff attend training all mandatory training, including but not limited to; elder abuse, restrictive practices, Serious Incident Response Scheme (SIRS).

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

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

The approved provider must demonstrate:

* Consumers are engaged in development and review of their own care planning.
* Consumer are engaged and contribute toward the development of the activities program.
* Consumers are engaged and contribute towards meal planning.
* Consumers representatives are informed when incidents occur.

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

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

The approved provider must demonstrate:

* The governing body has greater oversight of the operations of the service.
* Information related to clinical indicators such as falls and infections or critical incidents such as the SIRS report or trends in complaints in relation to the Quality Standards are overseen by the governing body with analysis conducted.

**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 approved provider must demonstrate:

* Formal governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints are in place to meet the Quality Standards.
* Oversight by the Aged Care Committee is evident to monitor changes in legislation, feedback to influence continuous improvement, and trends and analysis.

**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 approved provider must demonstrate:

* A documented risk management framework and effective risk management system is in place to identify, investigate and remediate risks to consumers including high impact and high prevalence risks.

**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 approved provider must demonstrate:

* Education and training in relation to the service’s procedures and how it informs the work of the staff is conducted.
* The electronic care documentation system is used for infection reporting or antibiotic monitoring and re-establishment of a medication advisory committee is established.
* Staff are educated in the key requirements of restrictive practices such as the implementation and ongoing review of behaviour support plans.