Lee Hostel

Performance Report

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**Commission ID:** 0327

**Provider name:** Lee Hostel Committee Limited

**Site Audit date:** 15 March 2022 to 17 March 2022

**Date of Performance Report:** 12 May 2022

# Performance report prepared by

Gill Jones, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | 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) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Non-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) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | 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, 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 25 April 2022.
* Notice of requirement to agree to certain matters and consideration of sanctions (Notice to agree) dated 22 February 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

Most consumers considered that they are treated with dignity and respect and can maintain their identity. Staff showed understanding of consumers’ backgrounds and preferences and described how these influence care delivery. Staff were observed to be interacting with consumers respectfully.

Consumers provided positive feedback regarding their care and services being culturally safe. Consumers felt the staff understood and respected their cultural backgrounds. While cultural care plans did not show evidence of regular evaluation or review, management were aware and had a plan to review all care plans.

The service demonstrated each consumer’s privacy is respected and personal information is kept confidential. Sampled consumers reported the staff respect their privacy. Systems are in place to ensure information is kept confidential.

While consumers were generally happy they were able to make choices, the service did not demonstrate a robust system of identifying consumers’ choices and independence to make decisions about their own care and the way care and services are delivered; and about when family, friends, carers and others should be involved in their care, communicate their decisions and make connections with others and maintain relationships of choice, including intimate relationships.

While the service supported some consumers to take risks to enable them to live the best life they can, risks were not clearly identified or addressed to best support the consumers.

The service did not demonstrate information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. Consumers reported concerns that information about recent management changes were not provided to them.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) 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 brought forward examples of four consumers who expressed they have not been involved in making decisions about their own care and services. Two named consumers said staff make choices for them in relation to their personal care, however, indicated if they wanted a change, staff would accommodate it. One named consumer said they felt they had no control over their medications and another named consumer expressed concerns about involvement of their representative in decision-making relating to their care. Care plans reviewed did not reflect individual assessment and consumers’ choices in how they want others involved in their care.

The Approved Provider responded on 25 April 2022 and did not refute the Assessment Team’s findings. The Approved Provider submitted evidence of consultations that occurred with four named consumers in relation to their choice and decision-making, after the Site Audit. The Site Audit report also evidenced that a new consultant management team has commenced at the service recently, is aware of the deficiencies brought forward by the Assessment Team and have started to review all consumer care plans.

I acknowledge the Approved Provider has started to implement strategies to address the concerns raised by the Assessment Team. However, some of the corrective actions have not yet taken place or took place after the Site Audit and require time to demonstrate suitability and effectiveness. I consider the service did not demonstrate that each consumer is supported to exercise choice and independence at the time of the Site Audit.

Therefore, I find this Requirement is Non-compliant.

### 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 while the service enables some consumers to take risks to enable them to live the best life they can, review of care planning documentation for three named consumers indicated that for consumers who wish to engage in activities of risk, the risks are not appropriately identified, mitigating interventions are not explored, and risks assessments are not reviewed. While minimal harm occurred for current consumers, the Assessment Team identified potential risks of harm for consumers.

### The Approved Provider responded on 25 April 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged there are gaps within the information clinical assessment systems with minimal risk assessments completed for several consumers. Following the Site Audit, the Approved Provider has outsourced a specialist to review and assess all consumers at the service. Upon completion of the assessments, all consumers’ risk assessments and care plans will be updated.

I acknowledge the Approved Provider has implemented actions to address the concerns raised by the Assessment Team following the Site Audit. As these actions require time to demonstrate suitability and effectiveness, I consider the service did not demonstrate that risks are clearly identified and addressed to best support the consumers at the time of Site Audit.

Therefore, I find this Requirement is Non-compliant.

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

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

The Assessment Team noted some information available to consumers was current and assisted them to make decisions, including activities calendar and menus displayed at the service. However, several consumers expressed they were unaware of what was happening at the service, the management was changing, introducing new things and consumers were not informed. Consumers expressed they have not received newsletters or had resident meetings for months at the service. The Assessment Team found deficits in communicating information to consumers who are cognitively impaired.

In their response, the Approved Provider stated they held a resident meeting after the Site Audit and have recommenced these meetings to occur on a regular basis. The Approved Provider stated the lifestyle team will review the current method of communicating information to consumers who are cognitively impaired.

At the time of the Site Audit, I consider the service did not demonstrate information provided to consumers is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

Therefore, I find this Requirement is Non-compliant.

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Most consumers (or representatives on their behalf) said they have not been involved in the process of assessment and care planning. Some consumers indicated that they would like to be involved. Consumers said they were not aware of the care planning process and have not been given copies of their care plan.

Assessments, including initial assessments on admission, have not been completed, risks to consumers have not been identified and strategies to mitigate those risks are not implemented.

Assessment and care planning does not adequately address all areas of care and services and does not address consumers’ individual preferences or needs. Several consumers have not been offered an advance care plan or directive. Some consumers confirmed they had not been included in advance care planning.

Comprehensive review of care plans is not conducted for effectiveness when circumstances change, or incidents occur that impact on the needs, goals or preferences of consumers. The service does not have a schedule in place to ensure regular reviews of care plans are undertaken.

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 care and service records did not provide evidence of comprehensive assessment and care planning that considers risk to the consumer’s health and well-being. Care plans and assessments were incomplete or not completed, including initial assessments on admission. Consumers and their representatives said they have not been involved in the process of assessment and care planning and are not aware of assessment and care planning processes at the service. The Assessment Team brought forward an example of a named consumer, who did not have a skin integrity assessment, pressure injury risk assessments or wound chart completed for their pressure injuries.

The Approved Provider responded on 25 April 2022 and did not refute the Assessment Team’s findings. In relation to the named consumer, the Approved Provider said the consumer has been transferred to the hospital for a comprehensive wound review. The Approved Provider stated following the Site Audit, care planning and case conferences have been re-established and consumers’ reassessment process will commence in May 2022.

At the time of the Site Audit, the service did not demonstrate 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 actions planned by the Approved Provider to address the concerns by the Assessment Team require time to demonstrate effectiveness.

Therefore, I find this Requirement is Non-compliant.

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

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

### The Assessment Team found assessment and care planning did not adequately address all areas of care and services and did not address consumers’ individual preferences or needs. Several consumers have not been offered advance care plan or directive and some consumers confirmed they had not been included in advance care planning discussions. For consumers who did have an advance care plan or directive, they had not been updated as per the service’s required timeframe. The Assessment Team brought forward examples of two consumers who did not have assessments and care plans completed in response to their weight loss.

The Approved Provider responded on 25 April 2022 and did not refute the Assessment Team’s findings. In relation to the two named consumers, the Approved Provider stated they will investigate any concern relating to the consumers’ weights and they are currently also considering if there are any other causative factors contributing to the fluctuating weights data. The Approved Provider acknowledged the gaps within the clinical management system and are in the process of upgrading the system. They said they will coordinate case conferences for consumers, including the discussions related to advance care planning. They stated they will review all consumers’ advance care plans and personal preferences.

I acknowledge the Approved Provide has put a plan in place to address the concerns raised by the Assessment Team. However, at the time of the Site Audit, the service did not demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning.

Therefore, I find this Requirement is Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found care and services documentation did not reflect consumers, representatives or other organisations have been involved in care planning and assessment. Consumers and their representatives confirmed they had not been included in their care planning or had been offered case conferences.

The Approved Provider responded on 25 April 2022. The Assessment Team found one named consumer’s representative had not been involved in discussions relating to the use of restrictive practices for the consumer. The Approved Provider acknowledged that the named consumer did not have appropriate consent and no discussions were conducted with the consumer representative relating to the use of restrictive practices. The Approved Provider stated they will contact the named consumer’s representative and will also conduct medication management audit for all consumers at the service.

The Assessment Team brought forward example of a named consumer who was not reviewed by the medical officer post fall and progress notes reviewed queried the need of an x-ray. The Approved Provider stated the consumer was reviewed by the medical officer four days post fall, however, no evidence was provided to support this. The Approved Provider was unable to verify if an x-ray was attended for the named consumer and stated will liaise with the medical officer to review the named consumer.

At the time of the Site Audit, the service did not demonstrate that assessment and planning is based on ongoing partnership with consumers, others that the consumer wishes to involve, and other organisations, individuals and providers of other care and services.

Therefore, I find this Requirement is Non-compliant.

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

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

The Assessment Team identified consumers and their representatives provided feedback they were not aware of the consumer’s care plan and did not know about, or have not had, the care plan made readily available to them. Some staff were not able to describe how outcomes of assessment and planning, including any changes, were communicated to the consumers and representatives.

The Approved Provider responded on 25 April 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the importance of partnering with consumers and their representatives. They submitted a newly developed assessment and care plan schedule following the Site Audit and stated all consumers and their representatives will be involved in the review process.

I acknowledge the Approved Provide has put a plan in place after the Site Audit to address the concerns raised by the Assessment Team. However, at the time of the Site Audit, the service did not demonstrate the outcomes of assessment and planning are effectively communicated to consumers and are documented in a care and services plan that is readily available to consumers.

Therefore, I find this Requirement is Non-compliant.

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

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

The Assessment Team brought forward examples of three named consumers whose care and services plans did not show evidence of regular or comprehensive review for effectiveness when circumstances changed, when incidents occurred or when the needs of consumers changed. The Assessment Team found the service did not have a schedule in place to ensure regular reviews of care plans are undertaken.

The Approved Provider responded on 25 April 2022 and stated they have developed a new assessment and care plan schedule, which was implemented following the Site Audit.

Regarding the named consumer whose falls risk assessment and care plan was not updated after their recent falls, the Approved Provider stated they investigated the cause of recurrent falls for the named consumer and have implemented a monitoring plan. Following the Site Audit, the named consumer has also been reviewed by an external allied health provider.

Regarding another named consumer who is a moderate risk of falls, however, do not have fall risk interventions in place, the Approved Provider stated the named consumer’s care plan and assessments will be updated as per the implemented scheduled review.

Regarding the named consumer who has bilateral heel pressure injuries, which were not reviewed by a wound specialist or a medical officer, the Approved Provider stated a medical officer has previously reviewed the consumer’s wounds and the consumer is now being reviewed by a wound specialist in the hospital. However, no evidence was submitted by the Approved Provider for when the consumer was reviewed by the medical officer.

For the named consumers, the service did not demonstrate care and services are reviewed regularly for effectiveness and when circumstances change, or incidents occur that impact on the needs, goals or preferences of the consumer.

Therefore, I find this Requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Most consumers said they had no issue with the way personal and clinical care was provided and confirmed that they get the care they need. However, some consumers and one representative expressed concern with clinical and/or personal care provision at the service.

Consumers and consumer representatives interviewed said they were not aware of any issues in relation to accessing medical services or allied health professionals for consumers.

While consumers (or representatives on their behalf) gave mostly satisfactory feedback about clinical and personal care, the review of care and service records does not support that clinical care provided to the consumers sampled is best practice and does not optimise consumers’ health and wellbeing.

Care plans include information about some high impact and high prevalence risks for consumers, however, interventions are not adequate to minimise risk. For the consumers sampled, care and service records do not reflect the identification of, and timely response to deterioration or changes in condition. While there are systems in place for communicating information about the care of consumers, these have not been effective for all consumers sampled.

The organisation’s practices to manage an outbreak and minimise infection related risks are not always followed and measures to minimise the spread of infection and promote appropriate prescribing and usage of antibiotics are not always followed.

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 brought forward examples of four named consumers who were not receiving individualised care that is safe, effective, tailored to their specific needs and preferences or best practice. Consumers who were receiving restrictive practices did not have appropriate consents or consents have not been reviewed within the service’s three-monthly time frame. Consumers with wounds or pressure injuries were not being provided appropriate preventative strategies and wounds were not being managed appropriately. Consumers experiencing pain were not appropriately assessed. Consumers who were diabetic did not have appropriate management plans or have not had blood glucose levels checked as per their care plan. Fluid balance charting was incomplete for consumers who were on a fluid restriction.

### The Approved Provider responded on 25 April 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps within their systems and processes. They outlined their future action plan to address deficiencies raised for the named consumers, including review of clinical assessments, directives, and management plans, and review of policies relating to the use of restrictive practices. They plan to review all complex wounds at the service and provide ongoing support and training to staff in relation to delivery of effective clinical care for consumers.

At the time of the Site Audit, I consider the service did not demonstrate each consumer getssafe and effective personal care and clinical care, that is best practice, tailored to their needs, and optimises their health and well-being.

Therefore, I find this Requirement is Non-compliant.

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

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

The Assessment Team noted the service identified pressure injuries, falls, unplanned weight loss and behaviour management as their high impact high prevalence risks. The Assessment Team brought forward examples eight named consumers whose care and services documentation showed that the high impact high prevalent risks identified by the service were not being managed appropriately and consumers were negatively impacted.

The Approved Provider responded on 25 April 2022 and did not refute the Assessment Team’s findings. In their response, the Approved Provider outlined their future plans to review all wounds at the service, introduce a falls prevention program, review consumers’ weight loss, and conduct staff training in relation to behaviour management.

At the time of the Site Audit, I consider the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

Therefore, I find this Requirement is Non-compliant.

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

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

The Assessment Team brought forward an example of a named consumer who passed away at the service. The named consumer’s care plan indicated that the palliative care team had been involved in end of life care of the consumer. The consumer was regularly repositioned and assisted to have their meals. The consumer was on an analgesia and while the Assessment Team identified that no comfort medications were charted for the consumer, no negative impact on the consumer was identified. The consumer had a fall a month before they passed away and was reviewed by the medical officer a week after the fall. I have further considered this under Standard 3 Requirement (3)(f).

In their response, the Approved Provider stated they have engaged hospital support to support and manage palliative consumers at the service and have received positive feedback from consumer representatives.

In making my decision, I have considered the information provided by the Assessment Team and the Approved Provider. The Assessment Team’s report also states staff were able to describe interventions to maintain comfort for consumers who are nearing the end stage of life. I note the example brought forward by the Assessment Team did not show any negative impact on the named consumer and there was an involvement of the palliative care team. On balance, I consider the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.

Therefore, I find this Requirement is Compliant.

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

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

The Assessment Team found care documentation did not reflect that changes in a consumer’s condition are identified and responded to appropriately and in a timely manner. The Assessment Team identified examples of two named consumers who had changes in their condition in relation to their weight loss, falls, pain or medication administration without timely response or escalation conducted for these consumers.

In their response, the Approved Provider stated they are in the process of reviewing and conducting assessments for one named consumer and for the other named consumer, they will provide education to staff about timely medication administration.

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

Therefore, I find this Requirement is Non-compliant

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

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

### The Assessment Team found that systems in place for communicating information about the care of consumers have not been effective. Care and services documentation reviewed provided generic information and did not provide adequate handover of consumers’ needs and preferences. Some records or reporting charts were incomplete or inconsistent. Information about consumers’ changing condition has not always been shared with the medical officer. The handover sheet reviewed by the Assessment Team was brief and did not provide adequate details about each consumer.

The Approved Provider did not refute the Assessment Team’s findings. In their response, the Approved Provider stated all consumer care documentation will be reviewed, including review of all assessments and care plans to reflect consumers’ goals and preferences.

I consider at the time of the Site Audit, the service did not demonstrate that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

Therefore, I find this Requirement is Non-compliant.

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

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

The Assessment Team identified consumers who have had recurrent falls but have not had timely referrals to the physiotherapist and medical officer. I have also considered the named consumer, identified in Standard 3 Requirement (3)(c), who was not reviewed by the medical officer for a week post their fall. I have also considered the named consumer, identified in Standard 3 Requirement (3)(b), who was not referred to a medical officer or a dietician after a weight loss of 18kg in five months.

In their response, the Approved Provider stated due to incompatibility of the systems, most medical officers provide clinical information printed out from their own electronic system. The Approved Provider responded consumers and their representatives are also able to make their own referrals and the service provides transport access. The Approved Provider did not provide information in relation to some of the named consumers and their referrals under this Requirement.

At the time of the Site Audit, the service did not demonstrate that timely and appropriate referrals to individuals, other organisations and providers of other care and services occur.

Therefore, I find this Requirement is Non-compliant.

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found most staff interviewed did not have a good understanding of antimicrobial stewardship principles. Issues were identified in relation to COVID-19 preparedness and prevention as the COVID-19 outbreak management plan contained minimal information to guide staff in an outbreak and contained incorrect information about key contacts in an outbreak. There were no systems to oversee and monitor staff’s PPE donning and doffing competencies and staff were observed breaching infection control protocols. The service did not have a nominated infection prevention and control lead. The consultant clinical coordinator will take on the role.

In their response, the Approved Provider stated they have developed a first 24-hour COVID-19 outbreak management plan and will develop a comprehensive outbreak management plan for the service. They said they will order some infection control related equipment and re-educate staff on infection prevention and control, outbreak management, donning and doffing of PPE and handwashing competencies.

Following an outbreak at the service in February 2022, an immediate and severe risk was identified by the Commission based on information the service was unable demonstrate infection related risks are minimised due to the absence of a designated infection control lead, inadequate staffing levels, infection control breaches, and insufficient resources to manage the outbreak, placing all consumers at severe risk of transmission of COVID-19 and adverse psychological impact. A Notice to Agree was issued on 22 February 2022.

I have considered the above information along with the deficits identified by the Assessment Team. I consider the service did not demonstrate that infection related risks are minimised through implementing standard and transmission based precautions and practices to promote appropriate antibiotic prescribing.

Therefore, I find this Requirement is Non-compliant.

# STANDARD 4 NON-COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers generally said they are supported to do the things they like to do.

The consultant management team demonstrated commitment to continuing and further improving consumers supports for daily living, to assist them maintain their independence, health, well-being and quality of life.

Consumers were generally satisfied the services and supports for daily living promote their emotional, spiritual and psychological well-being. The service demonstrated consumers’ emotional, spiritual and psychological needs and preferences are identified and understood by staff.

The service demonstrated consumers are supported to participate within and outside the service, have social and personal relationships and do things of interest to them. Consumer feedback regarding the opportunities for participation in activities, outings, maintaining relationships and doing things that interest them was mostly positive. Consumers were observed to be actively engaged in activities, going on bus trips and socialising.

The service demonstrated consumers are referred to individuals, other organisations and other care and services for their daily living needs and preferences. Most consumers said they enjoy the meals, there is a variety, they have choices and there is plenty of food available.

While consumers’ have lifestyle care plans accessible to others where responsibility for care is shared, the service did not demonstrate information in care planning documentation about the consumers’ condition, needs and preferences is accurate.

While the service demonstrated actions are being taken to ensure equipment provided is safe, suitable, clean and well maintained, there were delays in acquiring suitable equipment and delays in replacing faulty equipment. This has impacted consumers’ comfort, and independence, and engagement with others.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

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

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

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

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

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

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

### Requirement 4(3)(d) 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 found care plans did not reflect consumers’ condition, needs and preferences. While some of the information was current, some information was generic, inaccurate or was not reviewed in a timely manner. The Assessment Team brought forward examples of one named consumer who had incorrect information in their care plan and one named consumer who did not have a lifestyle care plan. The Assessment Team noted management were aware of the gaps in the documentation and have plans in place to conduct a full review of consumers’ care planning documentation.

In their response, the Approved Provider provided evidence of consulting with two named consumers after the Site Audit and updating their care plans accordingly.

I acknowledge the Approved Provider has plans in place to address the deficiencies raised by the Assessment Team. However, the plans are to be implemented and require time to demonstrate effectiveness. At the time of the Site Audit, I consider the service did not demonstrate information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Therefore, I find this Requirement is Non-compliant.

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

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

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

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

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

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

The Assessment Team observed two named consumers did not have suitable or safe equipment, and it was not replaced in a timely manner. This was further supported by feedback from named consumer and a named consumer’s representative. Staff said they do not have a budget to purchase equipment for lifestyle activities and are consulting management to address this. The service was unable to provide information if consumers who require mechanical lifter had individual slings. The kitchen staff stated equipment in the kitchen was old and required replacing. One named consumer had an inappropriate size comfort chair, the named consumer representative stated the chair is uncomfortable for the consumer. The consumer also requires suitable cutlery to eat independently.

In their response, the Approved Provider did not refute the Assessment Team’s findings. In their response, the Approved Provider stated a new chair was ordered after the Site Audit and the named consumer now uses the new chair. The Approved Provider has placed an order for special cutlery and is awaiting its delivery.

Regarding the named consumer who had a pressure injury and a faulty air mattress, the Approved Provider has sent the mattress for repair after the Site Audit and is awaiting on the mattress to return to the service.

The Approved Provider responded that all consumers who require the use of a sling for manual handling have an individual sling and they have ordered a replacement sling to ensure adequate infection control practices.

I acknowledge the Approved Provider has actioned the concerns raised by the Assessment Team. However, the corrective actions took place during and after the Site Audit and the deficiencies were not identified by the Approved Provider’s governance systems. The corrective actions require time to demonstrate suitability and effectiveness. I consider the service did not demonstrate that where equipment is provided, it is safe, suitable and well-maintained for consumers.

Therefore, I find this Requirement is Non-compliant.

# 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

Consumers said that they feel they belonged in the service and feel safe and comfortable in the service environment. Consumers were happy with the service environment and with its well-equipped communal spaces where they can interact with others, including their family, friends and pets. This includes spaces for quiet reflection like small sitting areas, the garden courtyard, spacious front lawn, verandas, balconies or their individual rooms.

Consumers and their representatives said the service’s environment is safe, clean, comfortable and well maintained, and enables consumers to move freely, both indoors and outdoors. Consumers said they value the privacy and convenience that their spacious single room with ensuite bathroom, and indoor and outdoor verandas provide.

Rooms at the service provide direct access to the internal hallway and the consumers own external verandas. The rooms and communal living areas which include a well-appointed dining and lounge areas are airconditioned for the comfort of staff and consumers. Consumers have personalised their rooms by installing photos, mementoes, artwork, books and some of their own furniture.

Consumers overall expressed their satisfaction with the furniture, fittings and equipment at the service. The service has a preventative maintenance plan and corrective maintenance system and maintenance requests are received, prioritised and attended to in a timely manner. Staff said all equipment is regularly cleaned by care and/or cleaning staff and serviced by the maintenance officer. Where some issues have been identified with equipment, they have been considered in Standard 4 Requirement (3)(g).

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

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

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

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

# 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

Some consumers considered that they are encouraged and supported to give feedback and make complaints. The service provides information for consumers and their representatives on ways to provide feedback and ways to make a complaint. Information is available in the resident handbook, newsletters and in brochures in the foyer on how to access internal and external complaint services.

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Information is available through numerous methods.

Consumers and representatives said there have been delays in getting a response to complaints. Some consumers said their complaints have not been addressed. Consumers felt the recent changes in management have made them reluctant to raise issues as they are not confident they will be addressed.

The service does not demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The service does not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services.

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

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

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

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

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

The Assessment Team brought forward examples of named consumers who expressed they have not had an action or a response to their complaints until the week of the Site Audit when new consultant management team commenced at the service. Consumer and their representatives had raised concerns in relation to personal care and clinical care of consumers and dissatisfaction with medication management. Not all complaints were documented and addressed. It was not evident if open disclosure was included in response to complaints made prior to the commencement of new management at the service. Staff interviewed were not able to describe open disclosure and stated they have not had any training on open disclosure.

In their response, the Approved Provider provided information in relation to actioning and addressing overdue complaints for named consumers and their representatives since the commencement of the new management team.

I acknowledge the Approved Provider is in the process of addressing the deficiencies raised by the Assessment Team. I believe the corrective actions require time to demonstrate suitability and effectiveness. At the time of the Site Audit, I consider the service did not demonstrate that an appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

### Therefore, I find this Requirement is Non-compliant.

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

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

The Assessment Team found that not all complaints were documented and addressed. Consumer feedback indicated their complaints were either not actioned or not actioned in a timely manner. Due to deficiencies identified in the complaints management system, there has not been any complaints that have been used to improve the quality of care and services. The Assessment Team found that new management has started addressing some complaints, however, there has not been enough time to review the complaints folder to identify any trends or continuous improvement activities.

In their response, the Approved Provider stated they have developed a new feedback and suggestion register with few complaints recorded and the register will reflect all feedback received, outcomes, evaluation of interventions implemented, ensuring they are sustainable.

I acknowledge the Approved Provider is in the process of addressing the deficiencies raised by the Assessment Team. I believe the corrective actions require time to demonstrate suitability and effectiveness. At the time of the Site Audit, I consider the service did not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services.

Therefore, I find this Requirement is Non-compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Most consumers stated they have had issues with the staffing previously and staffing levels are now becoming stable and staff are able to meet their needs. While the workforce is planned, it has happened recently, and the service requires more time to demonstrate the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services.

Consumers provided positive feedback regarding staff interactions, and consumer and staff interactions were observed to be kind and caring throughout the Site Audit.

The service demonstrated that it has systems to recruit and maintain appropriately qualified and skilled staff to ensure staff are able to perform their roles effectively. However, deficits were identified in systems to equip, train and support staff to deliver the outcomes required by the Quality Standards. Not all staff could confirm that they have been provided relevant education appropriate to their role.

The service did not have a functioning system to ensure that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

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 found the service has recently implemented changes to the workforce and more time is required to demonstrate effectiveness of the service’s recent actions. While some consumers stated they have had issues with the staffing previously and staffing levels are now becoming stable, the Assessment Team brought forward an example where staff did not have time to supervise a consumer’s meals and were not able to attend the consumer’s personal hygiene, resulting in the consumer experiencing incontinence, which was undignified for the consumer.

The Assessment Team noted the service is overseeing workforce planning progressively since the issue of Notice to Agree by the Commission. The Assessment Team found there is no cleaning staff on the weekend and lifestyle staff indicated they do not have enough hours to provide a suitable lifestyle program for consumers.

In their response, the Approved Provider acknowledged the example brought forward by the Assessment Team for the consumer who experienced incontinence was undignified for the consumer. The Approved Provider stated they have deployed adequate number of staff on each shift to ensure consumers’ needs are met. After the Site Audit, the lifestyle coordinator hours have been increased and cleaning services have been allocated extra hours on the weekend.

Following an outbreak at the service in February 2022, an immediate and severe risk was identified by the Commission based on information the service was unable demonstrate infection related risks are minimised due to the absence of a designated infection control lead, inadequate staffing levels to ensure consumer needs are met, and infection control breaches, placing all consumers at severe risk of transmission of COVID-19 and adverse psychological impact. A Notice to Agree was issued on 22 February 2022.

I have considered the above information along with the information provided in the Assessment Team’s report and the Approved Provider’s response. I acknowledge the Approved Provider has taken measures to ensure adequate workforce planning and has implemented further measures after the Site Audit. I consider while the workforce is planned, the Approved Provider requires more time to demonstrate the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services.

Therefore, I find this Requirement is Non-compliant.

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

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

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

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

### 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 found staff knowledge and staff practices showed that not all staff had received training on various topics, including on the Quality Standards, open disclosure, antimicrobial stewardship, and Serious Incident Response Scheme (SIRS). Staff did not have current knowledge and skills to effectively perform their roles and provide care and services that meets the Quality Standards. The new management has set up mandatory training for staff, which will be tracked and monitored. The impact on consumers due to lack of staff training has been further considered in Standard 1, Standard 2, Standard 3, and Standard 6.

In their response, the Approved Provider did not refute the Assessment Team’s findings and stated they are reviewing the service’s education platform and have also partnered with external organisations to provide training to staff. They have developed a training program comprising of various topics and will deliver education to staff in the coming weeks.

At the time of the Site Audit, I consider the service did not demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards.

Therefore, I find this Requirement is Non-Compliant.

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

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

The Assessment Team found the service did not have a functioning process to review staff’s performance. Several staff interviewed by the Assessment Team were not able to demonstrate current knowledge about key areas and/or responsibilities relating to the Quality Standards. The Assessment Team noted the new interim management at the service will be implementing a system for assessment, monitoring and review of staff’s performance.

In their response, the Approved Provider stated they have implemented a staff performance appraisal register, which has been updated to reflect staff performance appraisal due dates, including probationary reviews for new staff.

I acknowledge the Approved Provider’s response; however, an updated performance appraisal register was implemented after the Site Audit and requires time to demonstrate effectiveness. At the time of the Site Audit, the service did not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

Therefore, I find this Requirement is Non-Compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall consumers were happy living at the service and considered that the organisation is well run. However, the organisation could not demonstrate that it is has effective systems that support consumers engagement in the design, delivery and evaluation or review of care and services. For example, formal mechanisms designed to promote consumer engagement and enable consumers and consumer representatives to be engaged, provide feedback and be involved in decision making on an ongoing basis have not been maintained.

The organisation was unable to demonstrate that the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The service does not have effective systems to manage continuous improvement, information management, regulatory compliance, feedback and complaints, and workforce governance.

The service was unable to demonstrate that effective risk management systems and practices are in place, in relation to management of high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents, including the use of incident management system.

The service was unable to demonstrate that where clinical care is provided – a clinical governance framework, including antimicrobial stewardship, minimising the use of restraint and open disclosure is practiced.

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 found formal mechanisms designed to promote consumer engagement have not been maintained. For example, the service does not currently have effective feedback and complaints system, monthly consumer meetings have not been held for six months, surveys have not been conducted for more than three years and annual case conferences have not been held for more than two years.

Some named consumers provided examples of their involvement in two consumer driven projects around three years ago. However, the Assessment Team did not bring forward any recent examples of consumer engagement in development, delivery and evaluation of care and services at the service. The service has started addressing these deficiencies, including through discussions with consumers for the development of new activities program. The new management are working to reinstate all consumer engagement systems and processes.

In their response, the Approved Provider provided information of starting some of the consumer engagement platforms after the Site Audit, such as commencement of consumer meetings. The Approved Provider stated they are currently working with external independent auditor to conduct consumer surveys. The Approved Provider indicated the clinical documentation system will undergo an upgrade and a schedule has been developed to reinstate case conferences for consumers. The lifestyle team has four consumer focus projects in place.

I acknowledge the Approved Provider has a plan in place to address the deficiencies raised by the Assessment Team. However, at the time of the Site Audit, the service did not demonstrate that it is has effective systems that support consumer engagement in the design, delivery, evaluation and review of care and services.

Therefore, I find this Requirement is Non-compliant.

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

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

The Assessment Team found the service’s policies and procedures were not updated or reviewed to reflect current best practise and regulatory requirements. The service’s plan for continuous improvement was last evaluated in February 2021 and a new continuous improvement plan has not been developed. The recent COVID-19 outbreak at the service was not adequately managed, which resulted in the issue of Notice to Agree by the Commission. The governing body has not been able to satisfy that the Quality Standards are being met at the service as there has not been a functioning system in place to measure the service’s compliance. The Assessment Team noted that the self-assessment last submitted on 17 May 2021 has not been reviewed.

In their response, the Approved Provider did not refute the Assessment Team’s findings and stated the review of current policies and procedures is their priority, including policy for cultural diversity safety framework and clinical governance framework. The Approved Provider stated the self-assessment is under review and the service is working to address the current Notice to Agree.

At the time of the Site Audit, the organisation’s governing body did not demonstrate that it promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Therefore, I find this Requirement is Non-compliant.

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

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

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

The Assessment Team found the service did not have effective governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Financial governance systems were effective at the service.

The Approved Provider did not refute the Assessment Team’s findings and acknowledged the deficits identified by the Assessment Team.

Regarding information management, the Assessment Team found care plans for consumers contained inaccurate information and had not been reviewed which impacted on information sharing between staff. The Approved Provider stated an upgrade to the clinical documentation system is planned which will result in greater efficiency of information sharing.

Regarding continuous improvement, the Assessment Team found the plan for continuous improvement at the service was last reviewed in 2021 and new management team is currently reviewing the service’s systems and processes to implement improvements. The Approved Provider stated a new continuous improvement plan has been developed after the Site Audit, which will be published monthly and accessible to consumers, their representatives and staff.

Regarding workforce governance, the Assessment Team found the service did not have strong workforce governance as there was lack of staff training, gaps in staff knowledge, and inadequate monitoring of staff performance as identified in Standard 7. In their response, the Approved Provider stated they have started to address insufficiency of staff and are currently reviewing employment roles, responsibilities, job descriptions and duty statements in consultation with staff.

Regarding regulatory compliance, the Assessment Team found staff have not been provided education on new Serious Incident Response Scheme (SIRS) requirements, which has resulted in SIRS incidents not being reported as and when required. The Approved Provider acknowledged that staff were not informed of changes within the regulatory compliance framework and have included regulatory changes on the education agenda for staff.

Regarding feedback and complaints, the Assessment Team found the service does not have an effective complaint mechanisms in place, including lack of open disclosure policy and practice. The Approved Provider has developed an electronic “Complaints and Comments” register after the Site Audit.

I acknowledge the Approved Provider has plans in place to address the deficiencies raised by the Assessment Team. However, at the time of the Site Audit, the service did not demonstrate there are effective organisation wide effective governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

Therefore, I find this Requirement is Non-compliant.

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

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

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

The Assessment Team found ineffective risk management systems and practices at the service in relation to management of high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents, including the use of incident management system.

In relation to the management of high impact or high prevalence risks associated with the care of consumers, the Assessment Team found high impact high prevalence risks identified by the service, including pressure injuries, falls, unplanned weight loss and behaviour management were not effectively managed, and consumers were negatively impacted. This is further discussed in Standard 3. In their response, the Approved Provider stated they have developed a “complex health care needs register” after the Site Audit and staff will be provided education before introducing the register to staff and also on management of various risks at the service.

In relation to identifying and responding to abuse and neglect of consumers, the Assessment Team found some staff were not aware of SIRS, were aware of previous reporting requirements and did not the know the system had changed. In their response, the Approved Provider stated they have scheduled education for staff after the Site Audit.

In relation to supporting consumers to live the best life they can, the Assessment Team found while the service enables consumers to take risks to help them live the best life they can, risks are not clearly identified or addressed to best support the consumers. This is further discussed under Standard 1 Requirement 1(3)(d). The Approved Provider stated consumers are continually being monitored and reviewed to support them to live the best life they can.

In relation to managing and preventing incidents, the Assessment Team found while most incidents were documented, not all incidents were analysed to determine trends or to identify improvements. Not all incidents were documented in the service’s incident management system. The Approved Provider said the clinical management system at the service will have the capability to record the incident, investigate trends and complete analysis.

I consider the actions planned or commenced by the Approved Provider after the Site Audit require time to demonstrate suitability and effectiveness. At the time of the Site Audit, the service did not have effective risk management systems and practices in place.

Therefore, I find this Requirement is Non-compliant.

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

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

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

The Assessment Team found ineffective clinical governance framework at the service, including for antimicrobial stewardship, minimising the use of restraint and open disclosure.

In their response, the Approved Provider acknowledged the service did not have policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure, and they will highlight this as a priority to develop these policies and deliver education to staff.

In relation to antimicrobial stewardship, the Assessment Team found some staff were unable to describe their processes to minimise the use of antibiotics. The Assessment Team brought forward an example of a named consumer who was on long-term antibiotics and staff were not aware of the reason. In their response, the Approved Provider stated they have planned education for staff in the coming weeks. Regarding the named consumer on long-term antibiotics, the Approved Provider stated it was an error on behalf of the medical officer, which has now been addressed.

In relation to minimising the use of restraint, the Assessment Team found consumers subject to restrictive practices did not have appropriate consent or timely review of the consent forms. In their response, the Approved Provider stated they have planned education for staff in the coming weeks.

In relation to open disclosure, some staff were not able to describe what open disclosure meant and the service was not able to demonstrate that open disclosure is used in complaints management process. In their response, the Approved Provider stated they do not have an open disclosure policy, will start developing it and will schedule a discussion with staff in the interim.

Deficits in relation to personal and clinical care are also considered in Standard 2 and Standard 3. At the time of the Site Audit, the service did not have an effective clinical governance framework including for antimicrobial stewardship, minimising the use of restraint and open disclosure.

Therefore, I find this Requirement is Non-compliant.

# Areas for improvement

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

**Requirement 1(3)(c)**

*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:

* The service supports each consumer to exercise choice and independence to make and communicate decisions about their own care and the way care and services are delivered.

### Requirement 1(3)(d)

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

The approved provider must demonstrate:

* The service supports each consumer to take risks to enable them to live the best life they can, and risks are clearly identified and addressed to best support the consumers.

### Requirement 1(3)(e)

*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:

* Consumers are informed of any changes and information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

**Requirement 2(3)(a)**

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

The approved provider must demonstrate:

* Assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.
* The service’s procedures to inform the assessment and planning of new admissions are effectively implemented.
* The service has implemented all continuous improvement actions identified in their response.

**Requirement 2(3)(b)**

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

The approved provider must demonstrate:

* Assessment and planning consistently addresses the needs, goals and preferences of consumers, including advanced care planning and end of life planning if the consumer wishes.
* The service’s policies and procedures regarding end of life and advanced care planning are consistently implemented to ensure assessment and planning identifies and addresses the consumer’s needs, goals and preferences.

### Requirement 2(3)(c)

*The organisation demonstrates that assessment and planning:*

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

The approved provider must demonstrate:

* Assessment and planning is based on ongoing partnership with the consumer and others that the consumer wishes to involve, including other organisations, individuals and providers of other care and services.
* There is adequate record keeping of all inputs into care planning for consumers whoever has been involved.
* The service has implemented all continuous improvement actions identified in their response.

**Requirement 2(3)(d)**

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

The approved provider must demonstrate:

* Consumer care plans are effective to guide staff in the delivery of safe and effective care to meet consumer needs, goals and preferences.
* The outcomes of assessment and planning are effectively communicated to the consumer and/or their representative.
* The service has implemented all continuous improvement actions identified in their response.

**Requirement 2(3)(e)**

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

The approved provider must demonstrate:

* Care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer.
* Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care.

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

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

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

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being, including in the areas of restrictive practices, wound, pain, diabetes and fluid management.
* All improvements relating to personal and clinical care are applied in practice consistently.

**Requirement 3(3)(b)**

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

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed, including in the areas of pressure injuries, falls, unplanned weight loss and behaviour management.
* Interventions to minimise high impact and high prevalence risks are reviewed for effectiveness.

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

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

The approved provider must demonstrate:

* Deterioration or change of a consumer’s condition is recognised and responded to in a timely manner by the service.

**Requirement 3(3)(e)**

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

The approved provider must demonstrate:

* Information about the consumer’s condition, needs and preferences is documented effectively to ensure it is communicated to staff and others responsible for the consumer’s care.
* Review and improvement of all information systems to ensure they are accurate and current.

### Requirement 3(3)(f)

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

The approved provider must demonstrate:

* Consumers are timely referred to appropriate individuals, other organisations or providers of other care and services.

### Requirement 3(3)(g)

*Minimisation of infection related risks through implementing:*

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

The approved provider must demonstrate:

* Adequate preparedness in relation to COVID-19, including development of a comprehensive COVID-19 outbreak management plan.
* Staff are effectively trained in relation to infection prevention and control practices and in minimising the use of antibiotics.
* Infection related risks are minimised through implementing standard and transmission based precautions and practices to promote appropriate antibiotic prescribing.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 4(3)(d)

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

The approved provider must demonstrate:

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

### Requirement 4(3)(g)

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

The approved provider must demonstrate:

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

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

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

The approved provider must demonstrate:

* Appropriate action and an open disclosure process is consistently used in response to complaints or incidents.

**Requirement 6(3)(d)**

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

The approved provider must demonstrate:

* Feedback and complaints are effectively reviewed and analysed to improve the quality of care and services.
* Consumer and representative feedback informs continuous improvement actions for the service.

**Requirement 7(3)(a)**

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

The approved provider must demonstrate:

* The workforce deployed enables the delivery and management of safe and quality care and services. This includes personal and clinical care, and services and supports for daily living.

### Requirement 7(3)(d)

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

The approved provider must demonstrate:

* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality standards.
* Staff are trained in the areas relevant to their roles.

### Requirement 7(3)(e)

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

The approved provider must demonstrate:

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

**Requirement 8(3)(a)**

*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 actively engaged and supported in the development, delivery and evaluation of care and services.
* Consumer feedback influences the development, delivery and evaluation of care and services, across the service and organisation.

### Requirement 8(3)(b)

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

**Requirement 8(3)(c)**

*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:

* The organisation wide governance systems implemented at the service are effective. This includes in relation to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.

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

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

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

The approved provider must demonstrate:

* The service has implemented effective risk management systems and practices to manage the high impact or high prevalence risks associated with the care of consumers, to identify and respond to abuse and neglect of consumers, and to support consumers to live the best life they can.
* The service has an effective incident management system to manage and prevent incidents.

**Requirement 8(3)(e)**

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

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

The approved provider must demonstrate:

* The clinical governance framework implemented at the service is effective in ensuring safe and effective clinical care, minimising the use of restraint, appropriate use of antibiotics, and that open disclosure is consistently used in response to complaints and incidents.