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Performance Report

90 Lightwood Crescent   
MEADOW HEIGHTS VIC 3048  
Phone number: 03 9308 7355

**Commission ID:** 3535

**Provider name:** DPG Services Pty Ltd

**Site Audit date:** 9 August 2022 to 12 August 2022

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

# Performance report prepared by

David Lee, 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** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | 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) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | 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) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 6 September 2022.

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 1 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.

Consumers expressed satisfaction with how the service treats, recognises and respects their cultural diversity. Consumers and representatives provided examples of personalised culturally safe services being provided such as meals and social activities.

The service respects each consumer’s privacy and personal information is kept confidential. Each consumer has a personal privacy preference recorded in their files to tailor services to each consumer’s preferences.

Consumers confirmed they are able to exercise choice and independence and maintain relationships that are important to them. The service supports consumers to take risks with their social and personal preferences. The service has innovative ways to support consumers’ to remain connected to relatives with electronic devices. Whilst the information communicated to consumers was not ideal the service made several adjustments to reduce the language barrier with its culturally diverse consumers, such as changes to how the menu information is displayed.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as 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) Compliant

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

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

### Requirement 1(3)(d) Compliant

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

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

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

While the Assessment Team found this requirement not met, I have come to a different view. The Assessment Team found the service did not demonstrate that it assessed, collated and understood the literacy and language abilities of its consumers. The Assessment Team’s evidence drew on the service’s menu, which was written in English for its culturally diverse consumers. In addition, daily menus, activities calendar, feedback information, forms, newsletters and meeting minutes were not displayed at an appropriate height for consumers requiring the assistance of a wheelchair.

The Assessment Team’s report notes the immediate action undertaken by the Approved Provider during the Site Audit, which included changes to the menu to contain larger fonts and displaying menus at a lower readable level.

The Approved Provider submitted information that demonstrates assessments of consumers are carried out to identify consumers that require interpreters. The Approved Provider also stated it will introduce visual presentation plates to assist consumers with their daily menu choices. The Approved Provider submitted evidence of how they use different forms of communication aids to ensure staff are understood by consumers to allow them to make informed choices.

I have considered the Assessment Team’s findings, the evidence in the site audit report and the Approved Provider’s response during and after the site audit. I also note the site audit report includes positive feedback from consumers about the service’s menu and culturally themed lifestyle activities.

On balance, I find this Requirement is Compliant.

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

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The service did not always demonstrate assessment and planning consistently considered risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services. In addition, the service did not always address the consumer’s current needs, goals or preferences. The Assessment Team noted outdated or conflicting care information for sampled consumers.

While assessment and planning generally involved the consumer or their representatives, it did not always include other organisations or other providers of care and services. Consumers’ assessments and care plans did not mention external services or plans of care within their documentation. Some staff were not aware of care interventions for sampled consumers or could confirm that care is provided according to consumers’ assessment needs.

Overall, consumers interviewed considered they are partners in the ongoing assessment and planning of their care and services. Consumers and representatives described how the service consults and communicates the outcomes of consumers’ assessment and planning. Consumers and representatives discussed how they participate in the ongoing assessment, planning, and review of consumer care including end of life wishes.

The Quality Standard is assessed as Non-compliant as two 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 the service did not demonstrate that assessment and planning considered risks to the consumer’s health and well-being. The Assessment Team provided examples of three consumers and identified varying degrees of deficits and gaps in assessment and planning.

In particular, the Assessment Team provided evidence for one consumer with challenging behaviours and noted deficits in their assessment and planning to manage the consumer’s challenging behaviour. The Assessment Team observed the consumer being distressed, physically and verbally agitated and calling out during the site audit. The Assessment Team also provided evidence that the consumer’s assessment and care plan were generic and did not guide staff practices. In addition, informed consent from a guardian or substitute decision maker was not evident for the use of psychotropic medications for the consumer.

The Approved Provider also stated for the consumer with challenging behaviours, their care plans have been reviewed based on the strategies and interventions recommended by an external provider.

I have considered in my decision the Assessment Team’s report and the information provided during and after the site audit. I have considered in my decision, the physical and verbal agitation observed by the Assessment Team of the consumer during the site audit. The deficits were evident at the time of the site audit. For these reasons, I find the service is Non-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.*

Conflicting evidence from the Assessment Team and the Approved Provider was submitted regarding this Requirement.

The Assessment Team found assessment and planning did not always address the current needs, goals or preferences of the consumer. The Assessment Team noted outdated or conflicting care information for three sampled consumers.

In particular, for one consumer that required transfer and mobility aids, assessment and care plans did not contain the correct information to guide staff to safely transfer the consumer and select an appropriate mobility aid. Conflicting information was noted relating to the number of staff required to safely assist the consumer with transfers and mobility or the type of equipment required. The Assessment Team observed during the site audit the consumer rarely left the confines of their bed as a result of their ongoing health needs. The consumer informed the Assessment Team of their wishes to go outside and carry out activities but has been unable to do so for some time.

The Approved Provider’s response addressed the Assessment Team’s evidence for three of the consumers included in the report. The Approved Provider’s response included evidence of physiotherapy and occupational therapy assessments and a mobility chart. In addition, the Approved Provider stated the consumer’s transfers and mobility information was not conflicting, with the assessment and mobility care plans clearly stating the instructions for the consumer’s mobility care needs.

I have considered in my decision the Assessment Team’s report and the Approved Provider’s information provided during and after the site audit. I have considered in my decision, that assessment and planning for the consumer did not address the consumer’s desire to participate in external activities. I have also considered the Assessment Team’s observation of the consumer during the site audit. On balance, I find the service is Non-compliant with this requirement.

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

*The organisation demonstrates that assessment and planning:*

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

While the Assessment Team found this requirement not met, I have come to a different view. The Assessment Team found deficits with ongoing partnerships of assessment and planning for two sampled consumers as a result of external services not being mentioned in their services or plan of care. In addition, the Assessment Team provided evidence that sampled consumers and representatives were satisfied with their involvement in the review and planning process.

The Approved Provider submitted information on the service’s continuous improvement plan, including external physiotherapists and case workers as part of the quarterly consumer assessment and care plan reviews.

I acknowledge and have considered in my decision the remedial action taken by the Approved Provider following the site audit, most specifically mentioning external services or plans of care within the consumer’s documentation. I have considered staff awareness of external providers and services in consumers’ care and services. I have also considered positive feedback from consumers and representatives in their involvement in consumer care planning. On balance, I find this Requirement is Compliant.

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

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

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall, clinical staff interviewed demonstrated detailed knowledge of consumer care needs in relation to sampled consumers, inclusive of principles of best practice in relation to pain management and skin integrity. However, the service was not able to demonstrate effective management of challenging behaviours and mobility transfers. In addition, the service did not demonstrate informed consent had been obtained for consumers administered psychotropic medications to align with best practice or legislation guidelines.

Consumers nearing the end of their life were effectively supported by the service, which included ongoing collaborative involvement by a palliative care team and general practitioners that were responsive to consumers’ changing care needs.

Timely and appropriate referrals had occurred for a variety of services, for example, physiotherapists, geriatricians, palliative care teams and wound specialists.

The workforce demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. The service has a staff and consumer vaccination program and records are maintained for influenza and COVID-19 vaccinations.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found for two sampled consumers informed consent for the use of psychotropic medications was not aligned with best practice. In particular, evidence for one consumer noted they did not have a substitute decision-maker engaged to provide appropriate consent. The Assessment Team also provided evidence that principles of best practice were not considered in the use of psychotropic medication. For example, informed consent was not documented, and there was no evidence to suggest the consumer or their substitute decision maker understood the benefits and risks of the medications, possible complications of the recommended treatment and consideration of alternative therapies.

The Approved Provider’s response addressed the Assessment Team’s evidence for two of the consumers included in the report. The Approved Provider included a statement that the named consumer’s relative has undertaken the role of the consumer’s decision maker. In addition, the consumer’s decision maker has provided consent to their current medication regime.

I have reviewed the Assessment Team’s report and the information supplied in the Approved Provider’s response. I acknowledge the evidence supplied demonstrated actions have been taken by the Approved Provider to improve clinical care practices since the site audit. However, I find at the time of the audit the use of psychotropic medication was not aligned with best practice. I therefore, find the Approved Provider did not demonstrate compliance with Requirement 3(3)(a).

### 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 did not demonstrate safe or effective management of one consumer requiring behaviour support management. The Assessment Team provided evidence of observations made during the site audit, for example, the consumer was verbally agitated. In addition, the Assessment Team observed another consumer who resided near the consumer’s room to be distressed and physically and verbally agitated, whilst the consumer was calling out in the afternoon.

The Approved Provider’s response included evidence of reassessment and collaboration with external services to implement a number of strategies to reduce the consumer’s challenging behaviours.

I have reviewed the Assessment Team’s report and the information supplied in the Approved Provider’s response. Information provided included, for example, reassessment and collaboration with external services to implement a number of strategies to reduce behaviours of unmet needs. I find the service did not manage the challenging behaviours of the consumer whilst keeping other consumers safe. I therefore, find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 3(3)(b).

### 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.*

### Requirement 3(3)(d) 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.*

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

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

While the Assessment Team found this requirement not met, I have come to a different view. The Assessment Team found two sampled consumers who access external services did not contain information available within their documentation, to inform care or guide staff. The Assessment Team noted conflicting and inconsistent information for all sampled consumers. Staff at the service were not always able to demonstrate knowledge of the current care needs of consumers during interviews. I have considered this under Requirement 2(3)(a), 2(3)(b), 3(3)(a) and 3(3)(b), along with the communication within the organisation and others where responsibility for care is shared.

In addition, I have considered the response that has been included under Requirement 2(3)(c) which included updated information on external services in consumer care plans and services. The Approved Provider submitted information on the service’s continuous improvement plan, including external physiotherapists and case workers as part of its quarterly review of consumers’ assessments and care plans.

I do not consider the issues identified are systemic failures in how the service shares information about the consumer’s condition, needs and preferences within the organisation, and with others where responsibility for care is shared.

Therefore, on balance, I find Requirement 3(3)(e) is Compliant.

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

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

While the Assessment Team found this requirement not met, I have come to a different view. The Assessment Team found the service did not demonstrate appropriate referral of a consumer to a speech pathologist due to their swallowing needs, placing the consumer at high risk of adverse health outcomes.

I have considered assessment and planning, clinical care and management of high-impact risk with each consumer under Standards 2 and 3. The Approved Provider’s response details and demonstrates actions by the service to mitigate risk associated with the consumer’s swallowing needs, including the consumer being seen by a speech pathologist with recommendations. The Approved Provider also submitted evidence of discussions with representatives and the risks associated with the consumer’s choices of their diet.

I do not consider the issues identified by the Assessment Team as systemic failures and timely and appropriate referrals to individuals, other organisations and providers of other care and services are not carried out. Therefore, on balance, I find Requirement 3(3)(f) is Compliant.

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

*Minimisation of infection related risks through implementing:*

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 4 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 described how the services provided support with their daily living to promote their emotional, spiritual and psychological well-being such as attending private prayer.

Consumers confirmed the variety of ways the service supports them to participate in their community, have personal relationships and do things of interest, such as supporting them to access the community.

Staff demonstrated familiarity with sampled consumers’ life stories and were knowledgeable about things that are important to them. Lifestyle staff described the impact of the COVID-19 pandemic on external volunteer organisations. They described how they have engaged in a government initiative to re-engage volunteers.

Management and consumers described how consumers are involved in designing the service’s menu through food focus meetings to influence the service’s daily menus.

The Assessment Team observed the service’s equipment was safe, clean and suitable including café equipment, televisions, furniture, companion dolls and fish tanks.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as 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) Compliant

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

While the Assessment Team found this requirement not met, I have come to a different view. The Assessment Team found the service did not demonstrate effective recording and sharing of information about external providers. As a result, minimal written information about additional external services being provided were not contained in two sampled consumer’s plans.

The Approved Provider’s response included evidence of communication assessments and additional regular meetings with external providers. In addition, the Approved Provided submitted evidence on its action plan raised through the continuous improvement process to scheduled 3 monthly meetings with external services and the management team.

I have considered this information under Requirement 2(3)(a), 2(3)(b), 3(3)(a) and 3(3)(b), along with sharing of consumers’ information about their needs and preferences within the organisation and where responsibility is shared. I have considered consumers’ dietary requirements under Requirement 3(3)(f).

I do not consider the issues identified by the Assessment Team as systemic failures, and that information about the consumer’s condition, needs and preferences is not effectively communicated within the organisation, and with others where responsibility for care is shared. I have also considered staff feedback on external providers. Therefore, on balance, I find Requirement 4(3)(d) is 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) Compliant

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The service has a variety of equipment available, however, not all equipment is suitable for individual consumer needs. Consumers and representatives expressed satisfaction that the service environment is safe and comfortable.

Consumers and representatives expressed satisfaction that the furniture, fittings and equipment in the service are clean and well maintained. Consumers and representatives expressed confidence in knowing that if repairs are required maintenance staff is prompt and responsive.

The Assessment Team observed the service to be clean and uncluttered enabling easy access and movement for consumers and staff.

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

## Assessment of Standard 5 Requirements

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

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

### 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) Non-compliant

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

The Assessment Team found the service did not demonstrate furniture, fittings and equipment are suitable for consumers. For one consumer who requires mobility assistance, the Assessment Team noted staff were unable to locate a mobility sling that was safe for the consumer. In addition, the Assessment Team noted the mobility sling was not in line with the consumer’s occupational therapist’s assessment to enable the consumer to be mobile. The Assessment Team provided additional evidence based on observations made during the site audit, including the consumer being confined to their bed throughout the visit. The consumer also expressed a desire to participate in external activities and has been unable to do so due to mobility issues.

In addition, the Assessment Team also provided information on the available slings that were being utilised, with some slings not having safety tags and some sling sizes being inappropriate for the consumer.

The Approved Provider’s response addressed the Assessment Team’s evidence for the consumers included in the report.

I have reviewed the Assessment Team’s report and the information supplied in the Approved Provider’s response. I have considered the observations made by the Assessment Team whilst on site. I have also considered the consumer’s feedback. I therefore, find at the time of the site audit, the Approved Provider did not demonstrate compliance with Requirement 5(3)(d).

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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.

Overall, consumers and representatives confirmed they are encouraged and supported to provide feedback.

Consumers and representatives described how they raise feedback with the service and feel comfortable in doing so. In particular at resident meetings, in surveys and via various feedback mechanisms.

Consumers confirmed the service uses open disclosure for complaints and offers an apology where appropriate.

The service records feedback received and analyses trends to improve the quality of care and service.

The Assessment Team observed information was displayed at the service in relation to advocacy and interpreter services and external agencies to resolve complaints in a range of languages.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The Assessment Team found the service did not take appropriate action in response to complaints. The Assessment Team sampled two consumers’ complaints and provided evidence that actions and outcomes were not always recorded. For the first consumer, the Assessment Team noted the sampled representative described how the service is responsive to feedback and had been satisfied with the outcome.

For the second representative, records show an apology was given, a case conference was offered and an investigation was to occur. The outcomes of the investigation and actions taken by the service however were not recorded.

The Approved Provider’s response addressed the Assessment Team’s evidence for two of the consumers included in the report. In addition, the Approved Provider noted complaints were actioned in a timely manner and responded to.

I have reviewed the Assessment Team’s report and the information supplied in the Approved Provider’s response. Although there were gaps in complaint record keeping, I find the issue had no direct impact on consumers.

On balance, I find this Requirement is Compliant.

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

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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.

Consumers and representatives expressed satisfaction that staff are kind, caring and gentle when providing care to consumers. Consumers described how staff provide emotional support when it is needed.

Consumers and representatives expressed satisfaction the workforce is competent and staff have the competency and knowledge to effectively perform their roles.

Management described how staff training needs are identified through annual performance appraisals, incidents, observations or through feedback from staff, consumers or representatives.

Staff described how they undertake a performance appraisal annually where they have an opportunity to raise concerns or set goals.

The Assessment Team observed staff interactions with consumers to be kind, caring, gentle and respectful throughout the site audit.

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

## Assessment of Standard 7 Requirements

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

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

While the Assessment Team found this requirement not met, I have come to a different view. The Assessment Team found the service had limited staff available to manage a consumer with challenging behaviours. The Assessment Team provided additional evidence that consumers living within close proximity also appeared unsettled and agitated by the consumer’s behaviour. I have considered this under Requirements 3(3)(a) and 3(3)(b).

The Assessment Team provided information in their report stating consumers and representatives were satisfied with the level and mix of staff at the service. Staff confirmed the service has a sufficient workforce to provide basic care needs.

The service’s rosters demonstrated that all shifts were covered in the 2 weeks prior to the site audit. Call bell reports reviewed by the Assessment Team identified they were responded to in a timely manner.

I have considered the Assessment Team’s findings, the evidence in the site audit report and the Approved Provider’s response and have come to a different view. I have considered managing challenging behaviours under Standards 2 and 3. On balance, I find this Requirement is 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) Compliant

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

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

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example, consumers described how they attend resident meetings and participate in care planning and review.

Management described how the organisation’s clinical governance framework effectively ensures high impact and high prevalence risks are proactively identified, monitored and reviewed, however, the Assessment Team noted procedures were not in place to document informed consent and ensure best practice for psychotropic medications.

Consumers and representatives are involved in the development, delivery and evaluation of care and services. Management described how they seek feedback from consumers and representatives through surveys, consumer and representative meetings such as the work health and safety committee and food focus forums.

Consumers expressed satisfaction they feel safe and are living in an inclusive environment with the provision of quality care and services. The service has effective organisation wide governance systems for information management systems. Staff described how they can readily access the information they require in relation to consumers’ needs, goals and preferences, policies and procedures, staff education, human resource-related information and organisational communications through the organisations online system. Management described the reporting requirements relating to reportable and non-reportable events, and appropriate registers are maintained.

Management described how the service seeks alternatives prior to antibiotics being prescribed. Consumers and staff have been educated on the appropriate use of antibiotics.

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

## Assessment of Standard 8 Requirements*.*

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

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

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) 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.*

### 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 the service did not have effective risk management framework systems to provide clinical oversight of high impact or high prevalence risks associated with consumer care.

The service did not demonstrate effective risk management systems and practices were in place to identify, review and manage clinical risks such as the use of psychotropic medication, behaviour management and mobility transfer.

In addition, the Assessment Team provided evidence the service did not have effective systems in place to ensure all SIRS reportable incidents were reported in appropriate timeframes.

I have reviewed the Assessment Team’s report and the information supplied in the Approved Provider’s response. This includes, for example, discussing high impact high prevalence residents at the service’s head of department daily meeting. However, at the time of the site audit, the Approved Provider did not demonstrate systems and processes are in place to assist with identifying and assessing risks to the health and safety of consumers. I therefore, find the Approved Provider Non-Compliant with Requirement 8(3)(d).

### Requirement 8(3)(c) 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.*

# 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 2(3)(a)**

* Implement effective processes to ensure assessment and care planning, including consideration of medication, swallowing difficulties and challenging behaviours.
* Introduce internal processes to monitor the effectiveness of assessment and care planning, particularly with medication, swallowing difficulties and challenging behaviours.

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

* Implement processes to ensure assessment and care planning reflects the current needs, goals and preferences of consumers, particularly with mobility transfers.

**Requirements 3(3)(a)**

* Ensure care is tailored to each consumer’s needs and is consistently delivered with best practice principles applied, particularly with psychotropic medications.

**Requirements 3(3)(b)**

* Ensure effective management of high impact and high prevalence risks associated with challenging behaviours and swallowing difficulties.

**Requirements 5(3)(c)**

* Ensure furniture, fittings and equipment are suitable for consumers, particularly for mobility slings.

**Requirements 8(3)(d)**

* Ensure risk management systems are effective to manage high impact and high prevalence risks associated with the care of consumers, particularly for psychotropic medication, behaviour management and mobility transfer.
* Ensure systems are in place to ensure all SIRS reportable incidents are reported in appropriate timeframes.