Murravale Aged Care Facility

Performance Report

6-10 Haydon Street
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Phone number: 02 6546 6668

**Commission ID:** 0330

**Provider name:** Murravale Retirement Home Ltd

**Site Audit date:** 26 April 2022 to 29 April 2022

**Date of Performance Report:** 23 June 2022

# Performance report prepared by

Katrina Platt, 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) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Non-compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | 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) | Non-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 conducted 26 April to 29 April 2022, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 24 May 2022.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, the Assessment Team found consumers reported they were treated with dignity and respect, can maintain their identity, make informed choices about the care and services they receive and live the life they choose.

Consumers interviewed consistently reported they were treated with respect by staff and discussed ways their dignity and identity were maintained, providing examples of how the service tailored activities and cultural experiences. Consumers felt staff were aware of their individual life stories and were supportive of consumers making decisions about their care needs, remaining connected with others, maintaining independence and taking risks.

Staff interviewed had a sound knowledge of consumers needs and preferences and discussed the individual ways consumers were supported to maintain their independence and make choices in areas including meal selection, activities participation and personal care needs. Documentation reviewed by the Assessment Team captured the life history of consumers on entry to the service, including their cultural and spiritual needs, and staff discussed the ongoing capture of information on consumer’s through direct communication with the consumer, case conferencing and participation in monthly consumer focus group meetings.

Staff interviewed described practices for maintaining privacy including knocking on entry to a consumer’s room, consultation with consumers before providing care and ensuring handover discussions about care and consumers are conducted in private. The Assessment Team observed personal information for consumers, in both written and electronic forms, to be stored securely and signed confidentiality agreements were available for staff.

The Assessment Team found information provided to consumers to inform consumer choice was not always current and in line with best practice, observing information notices contained outdated information about the activities calendar, menu options and complaints information. Review of the consumer handbook also identified deficiencies in information supplied, particularly in relation to the Aged Care Quality and Safety Commission (‘Commission’) and advocacy services available to consumers.

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.*

Overall, the Assessment Team found the service was not able to demonstrate on all occasions the information provided to consumers was current and in line with best practice. The Assessment Team reviewed the consumer handbook and found information about the Commission and advocacy services was not current. Displayed information was obsolete, with the service’s policy document superseded in relation to information about the Commission and advocacy services available to consumers.

Consumers interviewed noted they receive information from various sources, and included verbally at meetings, newsletters, activity programs, menu choices and a consumer and relative handbook on entering the service. Consumers confirmed they attend consumer and relative meetings and discuss what is important to them, with actions taken on issues raised by consumers discussed at subsequent meetings.

Consumers and consumer representatives sampled confirmed they were comfortable asking staff and management for information, with one consumer stating staff always answer any questions raised and discuss any concerns.

Staff interviewed described communicating directly with consumers about their meal choices and activities preference and planning, with copies of the activities program provided to consumers by the lifestyle team. However, the Assessment Team observed the information on displayed notices relating to the activities calendar, menu choices and complaints information was not current.

The approved provider responded to the Assessment Team report and outlined the actions taken to rectify the identified issues both during and after the assessment. The approved provider acknowledged the insufficiencies in information provided to consumers and committed to further improvement during review of all policies and procedures and audit of information management processes.

I acknowledge the commitment of the service to update and rectify the information deficiencies, and their assurance to further improvement in this area through the scheduled audit process and review of policies and procedures. I find the approved provider is compliant with this requirement.

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team found most consumers and consumer representatives interviewed felt like they partnered with the service in the ongoing assessment and planning of their care and services.

Consumers and consumer representatives interviewed confirmed they felt involved in planning clinical care and services and participated in discussions with clinical staff about the outcomes of their care assessment and planning, through family conferences, face to face and telephone discussions. Consumers and consumer representatives confirmed they were able to access to care plans, when and if required.

The Assessment Team found care assessment and planning did not consistently inform the delivery of care and services for all consumers and impacted on their health and well-being. Initial assessments were not completed for all consumers and care planning documentation was not always updated to show changes in consumer needs, goals and preferences, including for advance care planning and end of life planning.

Risk planning and management was not always considered for consumer safety, health and well-being. Full care plans were not completed for all consumers, with some sampled consumers having only certain assessments for communication, mobility, dietary needs and continence completed since entering the service. Care plans were not updated to reflect changes in consumer needs, for example when a consumer required new mobility aids to support transfer and movement throughout the service.

Staff interviewed described various communication methods used to identify the needs, goals and preferences of consumers, and how they support consumers to manage risk. Some inconsistencies in information supplied by staff about timeframes for care planning completion was noted by the Assessment Team.

The Quality Standard is assessed as Non-compliant as three 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 risk assessment and planning did not consistently inform the delivery of safe and effective care and services for consumers and did not consider the impacts on consumer health and well-being.

For some consumers sampled, a risk management approach was not considered in relation to consumer safety for falls management or for consumers who smoke. Risks specific to consumers were not identified in care plans, with risk assessments not completed to identify fall hazards and no documented safety measures included to minimise the risk of smoking for a consumer.

Initial assessments were not completed for some consumers and care planning documentation did not reflect updated information related to consumer risk assessment and management. For example, assessments were not completed for consumers exhibiting serious behavioural risks and changes in behaviour and for consumers undergoing palliation and management of pressure injuries.

Staff interviewed were aware of the various risks to consumers and were able to describe supporting consumers manage risk, for example through the individual supervision of one consumer who smokes and reminding another consumer to utilise their oxygen therapy. Support from staff for managing risk was confirmed by the Assessment Team through discussions with consumers and consumer representatives, who said they felt informed about the care and services received.

Staff interviewed provided inconsistent information to the Assessment Team about the relevant timeframes for completion of an initial assessment and implementation of a consumer’s care plan. Documentation demonstrating the service’s risk management matrix was not available to the Assessment Team, and review of the electronic clinical care system confirmed risk assessment and care planning documentation was not completed for all consumers.

The approved provider responded to the Assessment Team report and advised of immediate action taken including appointment of an educator to provide education and training to staff on assessment and care planning to ensure documentation of consumer risks and needs, goals and preferences.

I acknowledge the immediate actions of the approved provider and additional supporting information. However, I find the approved provider was not compliant with this requirement at the time of assessment.

### 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.*

Consumers and consumer representatives interviewed by the Assessment Team confirmed staff discuss personal care needs with them and they are engaged about their care planning and assessment needs, including palliative care requirements.

The Assessment Team found initial assessments were not completed for some consumers and the care and service plans did not include all information about their current needs, goals and preferences. For example, for two sampled consumers a full care plan was not completed, with only limited assessments completed on communication, dietary needs, mobility and continence.

Review of care records for consumers found palliative care plans were not completed for all consumers identified as palliative. The Assessment Team observed the palliative care plan of one consumer to be generic in nature and not individualised to the needs of the consumer. For the same consumer, advance care planning documentation had been provided to the family and not returned to the service. For another consumer, the palliative care plan was not able to be located.

Staff interviewed were able to describe the process to identify and address the needs, goals and preferences of consumers, including advance care planning and end of life discussions. Staff discussed using the individual care plans and mini-care plans for each consumer when delivering care and services and confirmed the responsibilities of clinical staff in attending to care plan updates and assessments. No documented process was observed by the Assessment Team for initial assessments and care planning of consumer needs, goals and preferences.

The approved provider acknowledged the deficiencies in care assessment and planning for consumers raised in the Assessment Team report and advised of the appointment of an educator to provide education and training to assist with staff knowledge, skills and compliance for this requirement.

I acknowledge the additional information provided by the approved provider in relation to risk assessments. However, I find that the approved provider was not compliant with this requirement at the time of assessment.

### 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.*

### 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) 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 found care and services plans for consumers were not regularly updated and did not reflect changes in consumer circumstances, including after an incident had occurred.

For one consumer sampled, the care plan was not updated to reflect review by a medical officer and directed changes to fluid management. Further, the care plan for a consumer experiencing pain on transfer and movement had not been updated to reflect recommendations from a physiotherapist for use of a sling lifter during transfer and air comfort chair for mobilisation around the service.

Staff interviewed were unaware of changes in care planning for some consumers sampled. Staff confirmed they were informed of care and services changes for some consumers at handover.

The approved provider responded to the Assessment Team report and advised of updates made to some sampled consumer care plans. Staff will be provided, through the appointed educator, with additional education and training to meet this requirement, including for pain management and timely completion of pain assessments.

Whilst I acknowledge the care plan updates noted by the approved provider, I have found that the approved provider was not compliant with this requirement at the time of assessment.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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 Assessment Team also examined relevant documents.

The Assessment Team found most consumers and consumer representatives interviewed felt happy with the care provided, were supported by staff and felt staff were aware of their needs and preferences in relation to personal and clinical care.

In relation to the delivery of safe and effective personal and clinical care, the Assessment Team identified deficiencies in wound management, pain management, bowel management and medication management. Deficiencies were observed in monitoring and effective management of high impact and high prevalence risks, especially in areas of weight loss, post falls management, behaviour management and diabetic management. Timely referrals for medical officer or allied health professional review were not always demonstrated.

Although feedback received from the representatives of consumers receiving palliative care was positive, the Assessment Team found palliative care was not effectively provided to maximise consumers’ comfort. Deficiencies were identified in provision of appropriate pain management, pressure area care and guidance for staff providing comfort measures.

The Assessment Team found the service does not always demonstrate identification and timely responsiveness to deterioration of a consumers’ condition, physical and cognitive function. The Assessment Team observed policies and procedures were not documented to support staff in the management of consumer deterioration or changes in a consumer’s condition and staff were not aware of actions taken when required to respond to deterioration or changes for sampled consumers.

The service was able to demonstrate minimisation of infection-related risks through the use of personal protective equipment, awareness of appropriate infection controls like hand washing to minimise cross-contamination and staff had an understanding of antimicrobial stewardship.

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.*

Most consumers and consumer representatives interviewed were happy with the care provided and felt the staff were supportive and aware of the care needs of consumers, including for palliative care. One consumer representative discussed hospital transfers, observing the transfer of their consumer to hospital was the responsibility of the service and/or the ambulance service and not the consumer’s family.

Overall, the Assessment Team found deficiencies in the provision of personal care and clinical care for wound management, pain management, bowel management and medication management which have impacted on consumer health and well-being.

The Assessment Team found wound charts were not completed for some consumers, even when wounds were identified and recorded in progress notes. When completed, wound charts lacked correct detail about wound location, wound measurements were not recorded and/or photographed to monitor wound deterioration and wound care plan instructions were not followed in relation to dressing changes.

Regular wound monitoring was not evident for some sampled consumers, with inconsistent and often extended time taken for wound review. Timely referrals to wound specialists were not demonstrated, with consumer dignity and health and well-being impacted due to wound deterioration.

In relation to pain management, the Assessment Team found pain assessments were not completed for sampled consumers on entering the service or when pain was expressed by the consumers themselves. For consumers with identified pain issues, regular pain assessments and reviews were not completed. Similarly, consumers requiring bowel management were not monitored, bowel charts not updated, and service procedures were not followed.

The Assessment Team found medication charts were not reflective of best practice, with medication charts for sampled consumers lacking instructional detail about supporting consumers taking medication and for several consumers, did not highlight medication allergies. Review of the psychotropic register demonstrated staff were unaware of best practice for use of chemical restraint, the legal requirement to obtain consumer consent and the use of a behavioural support plan.

Staff interviewed discussed managing complex wounds, lack of appropriate supplies for wound care and dressing, responsibilities for wound management and the impacts on consumer health and well-being and dignity. Staff noted relevant competencies in relation to wound management were not completed, with guidance provided by a registered nurse as required. Management discussed the challenges in accessing appropriate specialist care service for wound reviews, in regional areas.

The Assessment Team found the organisation was unable to demonstrate clinical governance frameworks were in place to support the provision of best practice in wound management and medication management. Policy and procedure documentation were not evidenced for wound management and the medication management procedures in the staff handbook was incomplete.

The approved provider responded to the Assessment Team report and agreed deficiencies had occurred in documentation and advised wound reviews had been conducted for some sampled consumers. Supporting information provided in relation to wound management has been noted. Additional education and training will be provided for all staff on wound management and pain management.

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

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

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

Consumer representatives interviewed felt they were informed about the care of their consumer and felt they have been advised of any incidents that have occurred.

The Assessment Team found deficiencies in the management of high impact and high prevalence risks, particularly in the areas of weight management, falls management, behaviour management and diabetic management.

Some consumers sampled experienced significant weight loss and impaired swallowing capacity, with no interventions documented to limit further weight loss or manage choking risks and no referrals made to medical officers and dieticians for review. Deficiencies in electronic and written care records management were noted for some consumers requiring diabetes management.

The Assessment Team observed minimal corrective actions were taken for consumers who experienced falls. Whilst incident reports were completed for most consumers, appropriate post-fall observations and remedial actions taken to manage further risks were not evident. The team observed written guidance for staff on post-falls management was not documented in the service procedure, other than referral to hospital for assessment.

For consumers sampled who experienced changes in behaviour, the Assessment Team found behavioural risk assessments, wandering risk assessments and appropriate behaviour charting were not completed for consumers. Behaviour care plans were not in place, and appropriate referrals for medical or specialist service review were not observed.

Staff interviewed discussed weight management strategies used to support consumers, including individual meal encouragement. The challenges of obtaining dietician review for consumers was highlighted, with clinical staff describing how alternate methods, like teleconferencing, were used previously. In relation to falls management, management confirmed all incidents are reported to the consumers representative, when incident forms were completed.

The approved provider responded to the Assessment Team report and noted a review of all policies and procedures will occur and the education plan will provide education and training on risk management for all staff. Additional education and training in key areas including weight management, falls risks, behaviour management and diabetes management will also be provided.

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

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

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

Consumer representatives interviewed discussed being well-informed about the palliative and end of life care provided to their consumer and noted the care provided considered the needs, goals and preferences of the consumer.

The Assessment Team found palliative care plans were not completed for some consumers who were palliative. Effective monitoring of pressure injuries was not demonstrated in palliative care plans and attendance to pressure care injuries when identified were not documented. Pain management practices during palliation demonstrated insufficient pain monitoring and deficiencies in pain charting.

Staff interviewed described discussions with consumers about the needs, goals and preferences of a consumer nearing the end of life and provided examples of care provided and included regular mouth and eye care and skin moisturising. The Assessment Team noted limited written instructions were provided to staff providing palliative care and palliative care training had not been provided to staff in the preceding twelve months.

The proper use of comfort measures available to a consumer, for example settings for air mattresses, were not adequately described by staff. The Assessment Team observed, however, comfort measures were provided for some palliative consumers including music played in the room of the consumer and pet visitation.

The approved provider responded to the Assessment Team report and acknowledged the deficiencies in care documentation for some consumers. Staff have commenced pain assessments for all consumers with identified pain management. Additional education and training will be provided to staff through the educator and training plan for weight management, pain management and appropriate use of equipment.

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

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

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

The Assessment Team found deterioration or changes of consumer’s mental health, cognitive or physical function, capacity or condition were not identified and responded to in a timely manner. This was supported by interviewed consumers, who discussed the impacts of change and deterioration on their health and well-being and their wish to receive appropriate clinical management.

Clinical notes reviewed for sampled consumers highlighted deficiencies in infection monitoring for consumers with a history of recurrent respiratory or urinary tract infections and where associated delirium was present. For consumers who experienced pain related to changes in physical function and capacity and condition deterioration, registered nurse review and pain assessment and charting were not conducted. Wound charts and incident reporting for consumers were not undertaken and referrals to health professionals including dieticians and speech pathologists were not completed when required.

Active monitoring of consumers who experienced deterioration in mental health and behavioural changes was not demonstrated, with behaviour charts not completed and registered nurse reviews and timely referrals for psychological services not evident. For sampled consumers, the Assessment Team found care plans were not updated to capture psychological changes related to grief.

Staff interviewed were unaware of the processes and legislative requirements relating to the use of medications as a restrictive practice, including the legal requirement to obtain consumer consent when using a chemical restraint. Staff were also unaware of mitigation factors to manage consumers with swallowing difficulties, for example diet modification or infection control.

The Assessment Team observed policies and procedures were not available to support staff manage deterioration or changes in consumer’s mental health, cognitive or physical function, capacity or condition. The team also noted some clinical care and services were performed outside the delegated responsibilities of staff members, for example where care staff documented medication management.

The approved provider responded to the Assessment Team report and acknowledged the lack of documentation for consumer deterioration, care planning and care management. The training plan will provide additional education and training to staff in the noted areas.

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

### 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.*

Consumers and consumer representatives interviewed by the Assessment Team expressed overall satisfaction with the communication provided by the service in relation to consumer needs and preferences and the timely advice received when consumers experience a change in circumstances.

The Assessment Team found clinical care documentation was incomplete for sampled consumers, with care and service plans not always completed in a timely manner to reflect the updated needs and preferences of the consumer or changes in their clinical presentation.

Deficiencies in completion of wound charts, pain charts, repositioning charts and blood-glucose level charts for some consumers were identified, reflecting accurate information about the clinical needs of consumers was not being captured. The Assessment Team found information about the palliative care needs of some consumers was not effectively communicated within the service to ensure comfort maximisation for consumers.

Staff interviewed discussed communication methods used to remain informed about the consumer’s condition, needs and preferences, including through handover, review of progress notes, electronic computer system alerts, the daily diary and through verbal communication. One clinical staff member discussed use of the communication book to inform staff of organisational changes and changes in consumer care needs.

In response to the Assessment Team report, the approved provider accepted care plans were not completed in a timely manner and advised of the subsequent review of all consumer care plans. The approved provided noted the availability of interim care plans for all consumers. Additional education and training will be provided to staff on restrictive practices and mandatory reporting requirements.

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

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

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

The Assessment Team found care documentation did not demonstrate timely referrals to medical officers and other health professionals including wound specialists, dieticians, psychologists and specialist behaviour support services.

Staff interviewed highlighted the difficulties experienced in obtaining reviews by medical officers and other health professionals in their regional area, a view echoed by management in their discussions with the Assessment Team. Staff discussed the use of alternate methods, including teleconference, to engage in a more timely manner with other health professionals when required.

The approved provider acknowledged the actions taken and referrals to providers of other health care services were inadequate as identified in the Assessment Team report. Additional education and training will be provided to clinical staff under the training plan.

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

### 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.*

Consumers and consumer representatives interviewed were pleased with management of the COVID-19 pandemic and the cleanliness of the service. One consumer representative described being able to visit their consumer during lockdown, utilising outside door entry directly into the room of the consumer.

In relation to COVID-19 infection management, staff described isolation of infected consumers and the use of a PPE station and clinical waste and general bins outside the room of those consumers. Additional infection control measures included staff, visitor and volunteer restrictions and limited consumer activities.

Staff interviewed described strategies engaged to minimise infection risks for consumers with urinary tract infections which included adoption of good personal hygiene and provision of adequate fluids. Staff also discussed the use of Personal Protective Equipment (PPE) and the use of hand sanitizer when entering and exiting the room of a consumer.

The Assessment Team observed the staffroom being used as a COVID-19 Rapid Antigen Test (RAT) area whilst still an operational staffroom. The general condition of the staffroom was observed as unclean, particularly the floor, and the clinical waste bin unsecured. Whilst management agreed the staffroom was not an ideal location as a RAT station, restrictions on available areas in the smaller facility were noted.

The Assessment Team observed insufficient supplies of PPE onsite in the event of an immediate infection outbreak. The Operations Manager noted additional PPE resources would be ordered and additional supplies were also available from the hospital if required. One of the clinical waste bins located in the outside storage area was unsecured.

The Assessment Team noted possible cross-contamination risks with the use of kitchen staff to clean consumer bedrooms, consumer bathrooms and consumer common areas prior to commencement of the kitchen evening shift. The Operations Manager observed cross-contamination issues were never experienced during this rotation, with staff using appropriate PPE and hand hygiene measures.

Registered nurses were able to talk about antimicrobial stewardship with the Assessment Team.

In response to the Assessment Team report, the approved provider noted appropriate systems and processes were in place to ensure the staffroom was not utilised by staff when being used as a RAT station. Regular cleaning of the staffroom was identified, with comments the age of the linoleum may have contributed to the unclean appearance.

The approved provider highlighted an adequate supply of PPE available to staff and more than 48 hours of supply located at the facility, with additional supplies located in the storage area.

In relation to the use of evening kitchen staff to provide cleaning services in consumer locations, the approved provider noted staff efficiencies gained in adoption of this process and described that no food preparation is required by evening kitchen staff. The approved provider reiterated the use of appropriate PPE and hand hygiene measures were always adopted.

I acknowledge the additional information provided and find the approved provider is compliant with this requirement.

# STANDARD 4 NON-COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall, sampled consumers considered they receive 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 interviewed by the Assessment Team provided positive feedback about the support provided to participate in a variety of activities important to their health and well-being, including spending time outdoors. Consumers discussed that staff support them in their emotional, spiritual and psychological well-being and to remain connected with people important to them, through visitation of family and friends.

Consumers interviewed were satisfied with meal choice, food quality, quantity and variety of meals and snacks provided. The Assessment Team observed meal and nutritional support impacted health and well-being and deterioration in clinical condition for some consumers with identified high risk and high prevalence issues.

Staff interviewed were very familiar with the activity preferences of the consumers and were supported by consumer care plans which included consumer hobbies, interests, former occupations and community connections. Lifestyle staff described individual consumer engagement in selection of leisure activities and engagement of volunteers for pastoral care services and music activities.

The Assessment Team found deficiencies in information exchanged about changes or deterioration in consumer’s condition, needs and preferences both within the service environment and to external services when required. Examples were observed in relation to wound management and provision of additional psychological support for consumers. Timely referrals to individuals, other organisations and providers of other care and services was not always demonstrated.

Equipment provided by the service for consumer use was observed to be safe, clean, suitable and well-maintained, with reactive and preventative maintenance programs demonstrated. Staff interviewed discussed appropriate use of the equipment and awareness of processes for faulty equipment reporting.

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

Consumers interviewed by the Assessment Team provided mixed feedback about communication of their needs and preferences, for example one consumer commented about the provision of psychological support due to their clinical condition.

The Assessment Team found clinical deterioration of some consumers was not always reflected in care plans, with information about serious psychological impacts due to clinical conditions not always captured.

Most staff interviewed described the needs and preferences of consumers and discussed examples of communication provided to kitchen staff and cleaning and laundry staff to advise of changes in consumer needs and preferences. Some deficiencies in shared information was noted however, with some clinical staff unfamiliar with the impact of clinical deterioration on the well-being of one consumer.

The approved provider responded to the Assessment Team report and accepted the findings in relation to the management and documentation of the consumer’s condition, needs and preferences. Improvements under this requirement will be addressed through additional staff training and education.

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

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

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

Consumers interviewed were unable to describe any referrals made on their behalf. The lifestyle team discussed referrals were not made to outside services, for example to community visitors or community groups.

The Assessment Team found appropriate and timely referrals for care and services to individual providers other organisations was not always demonstrated. Areas where referrals were not completed include psychological support for behaviour management and support following deterioration of consumer conditions. Policy documentation was minimal.

The approved provider accepted the comments made in the Assessment Team report. I find the approved provider was not compliant with this requirement at the time of assessment.

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

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

Most consumers and consumer representatives interviewed expressed satisfaction with meal choice, food quality, quantity and variety of meals and snacks provided. Consumers described exercising choice in meal selection and the availability of food throughout the day, including for morning tea, afternoon tea and supper.

The Assessment Team found the service was unable to demonstrate an understanding of the effects of nutrition on consumers experiencing a deterioration in their clinical condition, the associated effects on a consumer’s health and well-being, and how this impacted their dining experience.

The approved provider responded to the Assessment Team report and referenced the subsequent review of some consumers who experienced changes in clinical presentation that impacted nutrition.

The additional information provided included recommendations from appropriate health professionals to inform food intake, the use of nutritional supplements and supports needed to improve the overall dining experience of consumers with changes or deterioration in clinical condition that impact nutrition.

The recommendations suggest improvement of the dining experience for consumers, in the longer term and once all appropriate supports are in place. Therefore, I find the approved provider was not compliant with this requirement at the time of assessment.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall consumers interviewed felt a sense of belonging in the service and felt the environment was safe, clean and comfortable.

All consumers interviewed provided positive feedback about the indoor and outdoor areas, furnishings, equipment and their individual rooms. Consumers discussed the enjoyment of free and easy access to all outside areas and encouragement from staff to walk outside and engage in outdoor activities. Consumers interviewed felt the service environment was clean and well-maintained and were satisfied with the cleanliness and maintenance of furniture, fittings and equipment.

Staff interviewed discussed the safe use of equipment and support provided to consumers to safely access the service environment, including support of consumers with cognitive limitations. Staff described the incident reporting process and were aware of processes related to equipment maintenance. Management described their ‘open door policy’ allowed consumers access to discuss concerns and acknowledged review of environmental restrictions in place for consumer safety.

The Assessment Team observed the service environment was welcoming, with functional shared areas that promoted consumer independence and belonging. The living environment was well planned and professionally decorated, with consumers observed to move freely and safely around the service.

The safety and comfort requirement of consumers were demonstrated, with comfortable temperatures and noise and light levels noted by the Assessment Team. Furniture, fittings and equipment were observed to be safe, clean and well-maintained and of adequate supply. Documented maintenance and cleaning programs were also observed.

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-COMPLIANTFeedback 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.

Most consumers interviewed felt encouraged and supported to provide feedback and make complaints, and that appropriate action would be taken by the service.

Most consumers interviewed felt encouraged and supported to provide feedback and make complaints and discussed there had not been a need to make a complaint to date. Some consumers said they would prefer not to make complaints and felt comfortable raising issues directly with staff and management.

Staff interviewed discussed support provided to consumers to provide feedback and make complaints, including making referral to team leaders and assisting with completion of feedback forms. The Assessment Team observed advocacy services were available to consumers and consumers representatives and information about these services displayed on entry to the service, including language services. Staff discussed provision of advocacy services for individual consumers and were aware of escalation systems including to the Aged Care Quality and Safety Commission.

The Assessment Team observed timely action taken in the compliments, complaints and feedback register. Use of the compliments, complaints and feedback register to inform continuous improvement activities of the service was not demonstrated. Staff and management interviewed were unable to provide examples of enhancements made to the provision of care and services for consumers from consumer, feedback, comments or complaints.

The Assessment Team reviewed the open disclosure policy and found the policy had not been observed on all occasions. Adverse incidents were not consistently reported to the Board, and strategies not always identified to analyse and minimise further risk to consumers. Review of the comments and complaint log identified deficiencies in complaints logged.

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.*

Staff interviewed described the open disclosure process and confirmed participation in training. Management confirmed staff discussions occurred about open disclosure and discussed application of the open disclosure principles for serious incidents. Management acknowledged, however, the open disclosure principles were not applied for wound and pressure injury incidents for some consumers.

Management discussed their open-door policy, how complaints resolution often occurs verbally and acknowledged complaints were not always entered in the comments and complaint log. For example, the operations manager described a consumer representative discussion about transport options that was resolved verbally with an associated apology.

The Assessment Team reviewed the open disclosure policy and noted the policy had not been observed on all occasions. Some adverse incidents relating to wound management were not always reported to the Board, and strategies not always identified to analyse and minimise further risk. Review of the comments and complaint log identified deficiencies in complaints logged.

The approved provider responded to the Assessment Team report and reiterated their commitment to an open-door policy and promotion of a culture which supports consumers and consumers representatives to provide feedback and complaints. The approved provider noted a significant amount of informal, open and transparent discussion within the service occurred, and acknowledged improvements would be made in relation to documentation of all complaints.

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

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

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

The Assessment Team observed inconsistent recording of compliments, complaints and feedback. Whilst appropriate and timely action was noted to have occurred, the information obtained within the register did not inform continuous improvement of care and services provided to consumers.

Management noted complaints and feedback are generally resolved verbally and not recorded. The Assessment Team were informed the information obtained from the compliments, complaints and feedback register was not reviewed to identify improvements, however was discussed at Board level.

The approved provider responded to the Assessment Team report and advised of their commitment to the revision of all policies, systems and procedures for complaints management, including measures for trend identification. The approved provider highlighted measures taken to implement feedback from consumers about identification of staff, with staff names embroidered on work uniforms.

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

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

Most consumers interviewed said staff were skilled and knew what they were doing when providing care and services. Most consumers felt there were enough staff to provide care and services and staff are kind, caring and gentle.

Staff interviewed discussed the interchange of staff roles and changes in rosters to accommodate staff shortages. An approach to the management of call bells was not demonstrated, and the Assessment Team observed call bell waiting times were extended for some consumers. Review of call bell times and impacts on quality care and services provided to consumers was not demonstrated.

Staff interviewed advised the Assessment Team of additional training and education required for complex wound management. Annual staff competencies and annual staff performance appraisals were not completed for all staff and information from performance appraisals and staff surveys were not used to inform staff development and assessment of care and services provided to consumers.

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

Staff interviewed described the interchangeable roles performed, for example with laundry and kitchen staff often utilised to fill vacant care staff shifts. Staff discussed movement from their rostered shift to backfill staff in other areas, which contributed to a back log of work for other shift staff. Care staff discussed the extra short-shifts provided by the service were insufficient and impacted on the ability of staff to take appropriate breaks. Management described the difficulties in obtaining agency staff in regional areas.

The Assessment Team observed a consistent approach to call bell responses was not demonstrated. Management discussed appropriate call bell wait times and noted call bell data was reviewed monthly and discussed at staff meetings. The Assessment Team found extended wait times were experienced by some consumers, with no reviews conducted to ascertain impacts on the delivery and management of safe and quality care and services.

The approved provider acknowledged the information in the Assessment Team report and noted some staff assist with consumer laundry during night shift, if the service is quiet and they have time to do so. The approved provider indicated some staff work across the service by choice and agreement, with many staff trained and skilled across multiple disciplines.

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

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

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

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

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

Consumers interviewed by the Assessment Team felt staff were reasonably knowledgeable and possessed the skills required to meet their care and service needs.

Management interviewed discussed the completion of annual staff competencies in many areas including hand washing, medications and blood sugar levels and alignment of the competencies with role descriptions. Most staff had completed their competencies within the preceding twelve-month period. The Assessment Team were advised staff undergo remedial training as necessary, for example for medication competency, to ensure ongoing compliance and improvement.

Staff interviewed by the Assessment Team described the difficulties associated with complex wound management and the need for further education and training in this area. Care staff discussed the management of complex wounds within the responsibilities of clinical staff.

The approved provider responded to the Assessment Team report and advised review of staff roles and responsibilities, shift rosters, competencies and appraisals and additional staff education and training through the training plan and a commitment for delivery by June 2022.

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

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

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

Most consumers interviewed said staff know what they are doing.

Staff interviewed by the Assessment Team expressed a requirement for additional education and training in areas including wound management, risk management and the Serious Incident Reporting Scheme (SIRS). The Assessment Team identified additional education and training on restrictive practices was also required.

Management acknowledged staff performance appraisals for 2021 were not completed and information from the staff survey results were not incorporated into the continuous improvement plan.

On review of the mandatory staff training calendar, the Assessment Team found some mandatory training modules were incomplete for some staff including fire and first attack evacuation training and infection control training. Inconsistencies in staff training completion for open disclosure, continence aids and restrictive practices and vision impairment were identified.

The approved provider responded to the Assessment Team report and commented on staff undertaking additional training in their own time and the scope of practice in relation to restrictive practices.

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

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

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

Management advised the Assessment Team the staff performance appraisal process for 2021 was incomplete. Staff interviewed discussed participation in informal discussions with managers and were able to describe the performance appraisal process. Staff were unable to provide information about how the performance appraisal process informs staff development and assessment of care and services to consumers.

The approved provider responded to the Assessment Team report and advised review of staff roles and responsibilities, shift rosters, competencies and appraisals and additional staff education and training through the training plan.

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered the organisation is well run. Consumers interviewed were unable to provide examples of how they partner in improving the delivery of care and services.

The Assessment Team found the service was unable to demonstrate consumers were engaged in the development, delivery and evaluation of care and services. The organisation’s governing body were unable to demonstrate they promote and are accountable for ensuring the service delivers safe and quality care and services to consumers.

The Assessment Team found an organisational-wide governance system was not demonstrated. Information systems were unreliable and contained inaccurate or incomplete information. Staff were unable to demonstrate an awareness of incident identification, management and reporting, for high impact and high prevalence risks and incidents reportable under the Serious Incident Reporting Scheme (SIRS).

The Assessment Team reviewed the continuous improvement plan and found inconsistencies in improvement identification, monitoring and recording and post-closure evaluation. Policy and procedure documentation were not evidenced for SIRS and incident management and several clinical functions including wound and skin management, deterioration in condition of consumers, falls and post-falls management, behaviour management and pain management and palliative care.

The policy on the abuse and neglect of consumers lacked guidance for staff on identification and responsiveness. Other policies including supporting consumers to live their best life they can, managing high impact or high prevalence risks associated with the care of consumers and managing and preventing incidents, including the use of an incident management system were not evident.

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 were unable to identify where consumers were involved in the development, delivery and evaluation of care and services they receive. The management team advised of consumer engagement in consumer meetings and regular conversations with consumers and reiterated the promotion of feedback highlighted using stickers at the service entry.

Review of the continuous improvement plan identified where the operations manager and lifestyle staff considered opportunities for consumer engagement in staff recruitment, with possible preparation of interview questions and participation in interviews. More specific details about consumer engagement in this activity was not captured in the continuous improvement plan.

The approved provider responded to the Assessment Team report and noted the review of systems and processes required for the appointment of staff.

Whilst I acknowledge the response from the approved provider, I find this requirement is non-complaint as actions to improve the engagement of consumers in the development, delivery and evaluation of care and services have not been addressed.

### 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 Board representative described the various measures in place to monitor performance against the Quality Standards, including clinical governance reports, occupancy levels and benchmarking against other services. The Board representatives advised the Assessment Team of their confidence in the management team and the provision of detailed reporting on incidents/accidents.

The Board representative described their familiarity with consumers at the service, as members of a small regional community. The Board representatives explained their direct engagement with consumers and commented that feedback from the community more broadly informs them about the provision of safe, quality care to consumers.

The Assessment Team found the Board representative and management were unable to provide examples of communication methods used to inform consumers about introduction of the new Quality Standards and were unable to demonstrate an awareness of the Serious Incident Management Scheme (SIRS). The representative was unaware of the nature of the SIRS incidents identified at the service.

The approved provider responded to the Assessment Team report and acknowledged the deficiencies identified and advised development of a corrective action plan.

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

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

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

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

Overall, the Assessment Team found effective organisation wide systems were not demonstrated. Review of the governance and operational policy manuals found policy and procedure documentation was not updated regularly and in accordance with identified review dates. Information management systems were observed both in electronic and written format.

The Assessment Team reviewed the continuous improvement plan and found inconsistencies in improvement identification, monitoring and recording and post-closure evaluation. Not all improvements highlighted by management and the Board representative with the Assessment Team were in the continuous improvement plan and were not updated to capture identification source and reasons for delays in implementation i.e. due to COVID-19.

Management and Board representatives discussed methods used to monitor and inform of legislative changes which included regular email communication from the Chairman, membership of two peak bodies/ industry associations and engagement of external consultancy assistance. However, awareness of regulatory changes in relation to serious incidents and the requirement for SIRS reporting was not demonstrated.

Financial governance systems were demonstrated. Deficits in feedback and complaints were noted, as outlined in Standard 6, in the areas of open disclosure and the use of feedback and complaints to improve the quality of care and services.

The Assessment Team observed policy and procedure documentation were not evidenced for SIRS and incident management and several clinical functions including wound and skin management, deterioration in condition of consumers, falls and post-falls management, behaviour management and pain management and palliative care. The restrictive practices policy from 2017 did not adequately reference changes to restrictive practices and the implementation of behaviour support plans.

Staff interviewed by the Assessment Team described access to information was readily available on policy, procedures and staff communications. Some staff identified difficulties in obtaining updated clinical information about consumers when absent from the service, particularly for medication management or changes in consumer health and well-being.

The approved provider responded to the Assessment Team report and acknowledged the deficiencies identified and advised development of a corrective action plan and review of all policies and procedures.

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

### 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 a documented risk management framework was not evident. Incident forms were not always completed, and analysis of incidents was not undertaken. Serious incidents were not identified, investigated and reported under the Serious Incident Reporting Scheme (SIRS).

Whilst management identified the top three risks at the service as falls, skin tears and infections, further information on actions taken or improvement measures implemented to mitigate and/or minimise further risks to consumers was not demonstrated.

The Assessment Team found the policy on the abuse and neglect of consumers lacked guidance to staff on identification and responsiveness to incidents of abuse and neglect. Other policies including supporting consumers to live their best life they can, managing high impact or high prevalence risks associated with the care of consumers and managing and preventing incidents, including the use of an incident management system were not evident.

Staff interviewed were not aware of the policies and their practical application in the provision of care services for consumers and had not received education and training in risk management and incident/accident reporting.

In response to the Assessment Team report, the approved provider advised of the full review of risk management systems and processes by 31 August 2022, including implementation of a risk register.

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

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

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

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

The Assessment Team observed policy documents for antimicrobial stewardship, restrictive practice and open disclosure were contained within the operational policy manual. When staff were interviewed by the Assessment Team, they were unable to discuss the practical application of these policies in relation to the provision of consumer care and services.

Some care staff interviewed were familiar with the antimicrobial stewardship, open disclosure and restrictive practices and had received education and training on these policies. Other staff were unfamiliar with the antimicrobial stewardship terminology and were unaware of the use of restrictive practices at the service.

The approved provider responded to the Assessment Team report and advised development and implementation of a clinical governance framework by 30 June 2022. A clinical governance committee has been appointed. Additional education and training will be provided to staff, management and Board members on completion of a clinical governance education training plan.

Whilst I acknowledge the measures taken by the service to rectify this issue, I find that the approved provider was not compliant with this requirement at the time of assessment.

# 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) Non-compliant

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

The approved provider must demonstrate:

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

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

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

The approved provider must demonstrate:

* Consumer care plans identify the needs, goals and preferences of the consumer including advance care planning and end of life planning and are regularly reviewed and monitored in consultation with the consumer.
* Activities are reviewed to meet the individual needs of consumers.

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

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

The approved provider must demonstrate:

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

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

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

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

The approved provider must demonstrate:

* Consumer’s personal and clinical care and services is not impacted by staff shortages and unavailability of other health professionals.
* Assessments are conducted for consumers who require clinical care, including wound management, pain management, medication management, bowel management and behaviour management, and reviewed regularly.

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

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

The approved provider must demonstrate:

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

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

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

The approved provider must demonstrate:

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

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

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

The approved provider must demonstrate:

* Deteriorating consumers are monitored for decline in function, capacity or condition, pain management, skin integrity, wound charting and weight loss and nutrition.
* Behavioural changes are documented and addressed in care plans.
* Behaviour Support Plans are in place.
* Staff receive education and training in relation to restrictive practices, their use and legal requirements to ensure consumer consent is obtained.

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

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

The approved provider must demonstrate:

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

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

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

The approved provider must demonstrate:

* Care plans demonstrate timely referrals have been made, for example for some consumers requiring specialist wound care services, nutritional review, psychological and specialist behaviour support services.
* Care plans are updated regularly and reflect the needs and preferences of consumers and changes in their clinical presentation.
* Staff receive education and training on care plan completion, including for wound and pain charting.

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

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

The approved provider must demonstrate:

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

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

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

The approved provider must demonstrate:

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

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

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

The approved provider must demonstrate:

* Consumers feedback about the meals provided, is used for continuous improvement.
* Changes in the condition of the consumer is considered in terms of impacts on the dining experience of the consumer and their nutritional needs.

### 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 approved provider must demonstrate:

* Complaints are documented with an evaluation of the outcome provided to consumers and representatives.
* Appropriate action is taken in response to complaints and open disclosure process is used when things go wrong, particularly in relation to high-impact and high-prevalence risks.

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

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

The approved provider must demonstrate:

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

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

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

The approved provider must demonstrate:

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

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

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

The approved provider must demonstrate:

* Staff are familiar with consumer’s needs and preferences and perform work within the scope of their key responsibilities.
* Staff have completed the appropriate education to effectively do their work.

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

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

The approved provider must demonstrate:

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

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

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

The approved provider must demonstrate:

* The service undertakes regular assessment, monitoring and review of the performance of each member of the workforce with performance criteria and goals specific to their roles.

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

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

The approved provider must demonstrate:

* Consumers are engaged in development, delivery and review of their own care planning.
* Consumer are engaged and contribute to continuous improvement in their care and services and daily living.

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

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

The approved provider must demonstrate:

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

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

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

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

The approved provider must demonstrate:

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

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

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

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

The approved provider must demonstrate:

* A documented risk management framework and effective risk management system is in place to identify, investigate and remediate risks to consumers including high impact and high prevalence risks.
* Policies and procedures are in place to identify and respond to abuse and neglect of consumers.
* Staff receive training and education in relation to risk management, incident/accident reporting and abuse and neglect of consumers.

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

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

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

The approved provider must demonstrate:

* A clinical governance framework is implemented and a clinical governance committee appointed.
* Staff receive education and training in relation to the service’s policies and procedures and how it informs the work of staff.
* Staff are educated in the key requirements of restrictive practices such as the implementation and ongoing review of behaviour support plans.