Rose Mumbler Village

Performance Report

55 Judith Drive
NORTH NOWRA NSW 2541
Phone number: 02 4428 9401

**Commission ID:** 0368

**Provider name:** Illaroo Co-operative Aboriginal Corporation

**Site Audit date:** 22 March 2022 to 31 March 2022

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

# Performance report prepared by

Samantha Hicks, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | 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) | Non-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, 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 22 April 2022.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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.

Most sampled consumers consider that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers confirmed that their personal privacy is respected. However, only some consumers are supported to be as to do things for themselves and that staff know what is important to them.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

The Assessment Team found that consumers are supported to make some limited choices about their independence and generally did not raise concerns regarding this requirement. Overall, there has been no consultation, with consumers/representatives about the delivery of care and services other than informal chats. The service has not identified decision makers for consumers who require support with decision making. The service does not have a system of assessment of cognitive capacity to support their understanding of which consumers can make decisions regarding complex matters such as medication management. In addition, staff and management do not have a clear understanding of capacity, supported decision making and appointed decision makers. There is potential risk of conflict of interest in some decision making.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement in consumer outcomes relating to exercising choice and independence. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Aged Care Quality Standards (the Standards) to improve care and services for consumers. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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) Non-compliant

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

The Assessment Team found that some consumers are supported to take risks to enable them to live the best life they can. For example, consumers who wish to smoke can do so however, there is no risk management process in place to minimise or mitigate potential risk for consumers who smoke. In addition, a consumer was not supported to take minimal risks, so they could use their mobility scooter to maintain independence.

On representative although satisfied with the way the service and staff care their consumer they did express concerns about the maintenance of his independence and use of his mobility scooter. The consumer was always independent, and they don’t like that staff wheel them in a wheelchair and remains unsure as to why staff do not let them use the scooter. The representative said they had been told once by staff that there was a falls risk but there has been no discussion or consultation with either the consumer or the representative regarding this. When staff were interviewed about this consumer there was inconsistencies as to why the consumer could not use the mobility scooter. Documents also showed the request for the use of mobility scooter and the frustration caused to the consumer by not being able to maintain their independence by using the mobility scooter.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement in consumer outcomes relating to supporting them to take risks, so they can live their best life. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve risk management for consumers. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated each consumer is supported to take risks to enable them to live the best life they can.

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

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

The Assessment Team found information reviewed was not current. The service was unable to provide key documents to demonstrate how they communicate with consumers ensuring accuracy and timely communication. The team was told a consumer meeting was recently held, having not been held during the pandemic. The Assessment Team were not provided with the minutes for this meeting. In addition, the consumer handbook and other key documents were not provided.

The Assessment Team found that staff provide information verbally and the lifestyle program was recently discussed with consumers. However, a staff member confirmed that meeting minutes were not taken. The Assessment team were also unable to establish an accurate consumer list and establish if consumers were given entry information such as a consumer handbook upon entering the service. In addition, the menu was not communicated accurately as the whiteboard in the dining room did not show alternate meal choices.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement in communicating with consumers so that it enables them to exercise choice and clearly understand the care and services provided. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards and to improve communication for consumers. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

### Requirement 1(3)(f) 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.

Most sampled consumers did not consider that they feel like partners in the ongoing assessment and planning of their care and services. Consumers/representatives are unaware of assessments and care plans although believe staff take care of their needs.

The service has not maintained current assessments and care plans reflective of consumer needs and preferences and reviews have not occurred when needs change. Consumers have not been consulted or involved in the assessment and planning process and care plans have not been made available to consumers and their representatives.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found that the Service has not maintained a system of assessment and planning which includes identification of risk to consumer health and wellbeing. Management acknowledge some consumers do not have care plans and assessments are not current. Most assessments and care plans reviewed were not current. Although there is a plan to undertake assessment and develop care plan timeframes that have not been met. However, even when some care plans were completed recently the plans were observed to have generic information only.

The Assessment Team saw an example of a consumer who had not had any assessments undertaken on entry to the service and there continues to be no care plan. Another consumer with a complex medical history entered the service and there was no evidence of an interim care plan for their care needs. Some assessments had been completed however this was not documented in the care plan. The Assessment Team saw other examples where there were no cognitive assessment or self-administration risk assessment evident and care information was not current for a consumer palliating.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement in consumer assessment and planning so that safe and effective care is delivered. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve planning and assessments for consumers. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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.

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

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

The Assessment Team found that the assessment and care plan systems do not identify or document consumer goals. There is also minimal documentation regarding consumer preferences. Information about consumer needs are fragmented and much of the documentation reviewed was not current. Management acknowledge gaps in consumer assessment and planning. There is also no end of life planning documented. The Assessment Team was told this is a cultural preference however spiritual and/or cultural needs of consumers are not documented.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement in consumer assessment and planning and end of life planning. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve planning and assessments including end of life planning for consumers. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found that consumers do not believe there is partnership in relation to their care planning and assessment; they have not been involved in care planning. While consumers are generally satisfied with care provision most were unaware of care plans. Others, including organisations, representatives and other service providers have not been involved in assessment of care planning.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement in consumer assessment and planning in partnership with consumers and other organisations. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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) Non-compliant

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

The Assessment Team found that outcomes of assessment and planning are rarely communicated to the consumer or documented in a care and services plan. It was also unclear how many consumers and representatives have been provided with access to their care plans. In addition, care plans are largely not current and there has generally not been consultation with consumers. Care plans are also not available to consumers or representatives; they are also not available to staff.

The clinical staff acknowledged care plans have not been made available to consumers, but consumers could ask if they wanted them and staff would oblige. Management has also commenced a system in the previous month to monitor consumer/representative access to care plans.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement in communication of consumer assessment and planning. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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 that the service was not able to demonstrate care and services are regularly reviewed, and when circumstances change or when incidents impact on the needs, goals and preferences of consumers. Most care plans reviewed were not current and care plans are not reviewed following incidents or changes in consumer needs. In addition, consumers/representatives were generally unaware of care plans.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement in review of consumer care and services. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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.

# 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 team also examined relevant documents.

Overall sampled consumers consider that they receive personal care and clinical care that is safe and right for them and are generally satisfied with their care provision. In addition, consumers confirm they have access to medical officers although not allied health professionals.

Significant deficits were identified across personal and clinical care provision including clinical and personal care is not tailored to consumer needs; there is a lack of risk identification and risk management which impacts on end of life care provision and identification of consumer deterioration.

The Quality Standard is assessed as Non-compliant as seven 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 that the service does not have systems of safe and effective personal and clinical care. While consumers are generally satisfied with care provision, significant gaps were identified in clinical management and oversight. Diabetic management, restrictive practices, weight management, pain management and wound care is not best practice and does not optimise consumer health and well-being. There were also deficits identified in staff skills and knowledge.

Several consumers interviewed were experiencing pain. Representatives also expressed concern about clinical care associated with pain management and the lack of alternatives offered when other methods were not effective. Staff were also unsure if behavioural issues were pain related. There had been no actions taken to explore this possibility, no behavioural management plans and no assistance sought from a behavioural specialist.

Restrictive practices are not well understood at the Service. This has therefore led to usage not being reviewed or updated to try and minimise their use.

Overall, the Assessment Team found that the monitoring and recording of conditions was not effective or current. Progression was not monitored effectively for wounds which did result in a concerning deterioration for a consumer and food intake charts were not maintained for consumers with weight concerns. In addition, palliation status of a consumer was confused by lack of status documentation.

The Service is unable to administer medication overnight as there is no staff rostered at this time to provide if needed. Although if there is a need the consumer is transferred to hospital this circumstance this is not best practice.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement in consumer care and services. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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.

### 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 that there is a lack of effective management of high impact or high prevalence risk. There were also significant gaps in the risk management systems at the service. Management do not have an effective clinical or risk monitoring processes in place. Although some individual incidents have an incident report and are known to staff there is no clinical or risk governance and oversight. Management do not maintain any clinical indicator data, do not monitor incidence of risk to consumers and do not adequately understand this requirement. Risk is not always identified and therefore are not mitigated.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement in the effective management of high impact and high prevalence risks. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.

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

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

The Assessment Team found whilst there is evidence that staff are caring at the end of consumer’s life, there is no evidence that consumer’s needs, choices, preferences, and dignity are met due to no end of life care planning in place. There is a lack of evidence of consultation with consumers and their representatives to discuss the things that are important to them and to discuss their goals and preferences for the end of life care. Aspects of care provision including pain management and skin care are not effectively maintained to support maximum comfort for consumers nearing the end of life.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement in end of life care. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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) 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 that the deterioration or change in consumer condition is not always recognised or responded to in a timely manner. There is poor clinical monitoring of consumers and information systems do not adequately demonstrate consumer current health status. Although staff generally have consumers admitted to hospital when they need care, improved clinical monitoring and care provision could potentially avoid hospital admission. In addition, clinical monitoring charts are not maintained to monitor consumer condition.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement in recognising and responding to consumer deterioration. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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) Non-compliant

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

The Assessment Team found that the service does not have systems to support communication of consumer’s condition, needs and preference. At times they are not well communicated within the organisation nor with others where responsibility is shared. Fragmented, out of date and inconsistent or incorrect information was observed from documentation review. In addition, two representatives provided feedback about the lack of communication regarding aspects of care provision.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement consumer care and preferences communication. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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.

### 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 whilst some allied health services have recently commenced at the service, consumers have not had timely appropriate referrals to other organisations including service providers. Management said the pandemic impacted on the organisation’s access to external services. However, efforts have not been made to ensure consumers with identified needs have been able to access appropriate services.

Medical officers routinely review consumers and there have been some recent dietician reviews of consumers. In addition, consumers generally did not raise concerns about access to allied or other health services however two consumers did raise concerns about not being seen by a podiatrist.

Care plans and other consumer documentation did not show consumers are regularly reviewed by allied health services. There was no evidence that podiatry or physiotherapy in the files reviewed.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement timely and appropriate referrals. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services.

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found the organisation does work towards minimisation of infection-related risks as well as practices to promote appropriate antibiotic prescribing and their use to support optimal care and reduce the risk of increasing resistance to antibiotics. However, the service has not implemented a process to monitor infection rates and antibiotic use and there has been no clinical audits undertaken in relation to infection control and monitoring antibiotic use

Furthermore, there is no IPC lead at the service as required for the oversight as part of ongoing operations of infection prevention and control at the service and there is no plan for any staff member to undertake the required training.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement with infection minimisation. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated minimisation of infection related risks through implementing:

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

# STANDARD 4 NON-COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Some sampled consumers consider that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers expressed dissatisfaction with the current lifestyle program saying there is nothing to do and although staff are kind to consumers emotional, psychological and spiritual support is not currently provided.

Consumers did however enjoy the meal service and say equipment is sufficient and well maintained.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team found that assessment and planning is poor and documentation reviewed did not always have current information relating to consumer services and supports for daily living. Consumer goals are not identified and there are no plans to support consumers achieve goals. Staff are generally knowledgeable about some individual consumers’ needs and preferences. There has not been a system for taking the consumer’s life history, cultural needs and preferences. While some independent consumers express satisfaction others who were less independent were less satisfied and were not supported to increase their independence. There was no evidence that consumers have been consulted about lifestyle choices. There have not been consumer meetings to support inclusion in decision making.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement in supporting consumer daily needs. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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) Non-compliant

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

The Assessment Team found staff are kind and supportive on a one to one basis with individual consumers. However, there is limited information, including lack of assessment and care planning, evident about emotional, spiritual and psychological supports or consumer needs. The service does not have a spiritual support program in place. One consumer was identified as previously going to the local church service although they have not been or had spiritual support for around two years. Another consumer was not receiving services and supports showing understanding associated with previous trauma.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement in promoting each consumer’s emotional, spiritual and psychological well-being. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

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

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

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

The Assessment Team found that the service has been impacted by the COVID pandemic with outings into the community ceased. Management also said staff changes has negatively impacted on supports for consumer daily living. Currently there is no lifestyle staff and consumers say they are bored even with lifting of restrictions. Consumers had previously been involved in cultural and exercise groups which they were disappointed they could not attend anymore. In addition, leisure and lifestyle assessments were not completed fully and did not contain detail activities and interest that are important to the consumers.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement in supporting daily life for consumers with their interests. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated services and supports for daily living assist each consumer to:

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

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

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

The Assessment Team found that changes in a consumer’s condition, needs or preferences in relation to lifestyle services and supports are not routinely documented or communicated. While there is a general staff handover as well as progress notes there are currently no allocated lifestyle staff documenting the consumer supports for daily living. There is minimal information about cultural supports for consumers. While staff demonstrated an understanding of some of the consumer needs they were unaware of cognitive status of some consumers and unaware of any spiritual supports for consumers.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be an improvement in communicating consumer condition, needs and preferences. The Approved Provider also outlined a commitment to working towards a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

### Requirement 4(3)(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.*

# 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 sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers said they feel at home; they can bring their own furniture into their rooms and hang pictures on the walls. Two consumers said they were getting used to being there saying they loved the country lifestyle. In addition, they confirmed that their visitors are made to feel welcome and gave examples of how staff help to welcome their visitors. The Assessment Team also observed the environment to be spacious, clean, well maintained and welcoming.

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, and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers interviewed generally felt that changes were made at the service in response to complaints and feedback. However, they were mostly unaware of different ways they could provide feedback and complaints.

The Quality Standard is assessed as Non-compliant as three 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) Non-compliant

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

The Assessment Team found that the service does not ensure consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Staff showed they were aware of advocacy and interpreter services to assist consumers to raise and seek resolution of their concerns. However, consumers interviewed were unaware of various avenues internally and externally that they could use to make complaints.

Consumers interviewed said they had not had a problem with their care and services, but said if they did, they would feel comfortable raising it verbally with either the staff member responsible, the registered nurse or management, and were confident that action would be taken.One consumer was able to give the Assessment Teaman example of a safety complaint that was actioned.However, verbal communication with staff was the only avenue that consumers stated they knew to use.

The Assessment Team did see that the organisation has printed material about how to make complaints. There are brochures in the reception area that contain this information and there are promotional materials displayed around the service.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be improvements to providing consumers information about advocates, language service and other methods for raising and resolving complaints. The Approved Provider also outlined a commitment to working towards the development a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards for better outcomes for consumers. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

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

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

The Assessment Team found that management stated that appropriate action is taken in response to complaints and consumers sampled stated that they knew what to do if they had a complaint. However, the Service did not provide any feedback to consumers, or demonstrate that an open disclosure process is used when things go wrong and none of the consumers received any feedback or apology from the service, in keeping with an open disclosure process. In addition, some staff had limited knowledge of open disclosure and confirmed they are not aware of any open disclosure policy to guide them.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be improvements to the complaints process. The Approved Provider also outlined a commitment to working towards the development a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

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

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

The Assessment Team found that the service was unable to demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. Even though management were able to describe the main areas of complaint and provided a ‘complaints register’ that showed issues raised, it not contains any information on what was done to address and resolve consumers concerns. However, a consumer was able to provide an example of changes pending because of their feedback.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be improvements to the review of complaints for improvement. The Approved Provider also outlined a commitment to working towards the development a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstratedfeedback and complaints are reviewed and used to improve the quality of care and services.

# 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 to consumers about their experience with staff, and interviewed staff.

All sampled consumers consider that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers also said the majority of staff are kind, gentle and caring and are respectful of who they are as individuals. This was also observed by the Assessment Team throughout the Site Audit. In contrast, the service could not demonstrate it has systems for recruitment of staff to ensure they employ staff who are skilled and meet the requirements of their job roles.

The service management stated it has a performance review system for staff, and said that regular assessment, monitoring and review of each member of the workforce will be undertaken when due.

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.*

The Assessment Team found that the service does not have an effective system for workforce planning for the delivery and management of care and services. In interviews with consumers, most thought there was insufficient staffing, and some concerns were raised, some staff raised similar concerns. In addition, the Service did not provide evidence required to support assessment of this requirement including call bell response times.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be improvements to workforce planning. The Approved Provider also outlined a commitment to working towards the development a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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.

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

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

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

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

The Assessment Team found that the service has systems to ensure staff have the appropriate qualifications and knowledge to undertake their roles. However, several staff said they do not understand or are unable to use the computerised care documentation system and there is no trained IPC lead as required. In addition, staff do not demonstrate an understanding of the Quality Principles.

Some staff are required to complete annual competencies relevant to their role, and the service has a system for tracking and monitoring compliance for this. Staff are also required to undertake a series of mandatory in-house education sessions. However, complete details of the required mandatory training that staff must undertake was not provided to the Assessment Team.

Consumers provided positive feedback about staff competency although some did feel dissatisfied there is no lifestyle staff member working in the service.

Management acknowledged that there are some improvements required with some staff performance. A registered nurse said there was no induction process other than a visual orientation they had to learn on the job.

Management stated that the recruitment process for each position at the service requires staff to possess mandatory qualifications prior to employment. It has also been mandated that existing staff who were employed without appropriate qualifications, must undertake the mandatory training. The service now only employs qualified staff for identified positions.

The service has a system for checking registered staff qualifications, and that all registered staff have current professional registration. Evidence of this system however was not provided to the Assessment Team. Management said the service has a documented induction program which all staff must complete during their first three months of employment again this not provided to the Assessment Team.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be improvements to workforce competency. It is also acknowledged that the Approved Provider has taken steps to ensure that all staff are qualified. The Approved Provider outlined a commitment to working towards the development a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

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

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

The Assessment Team found that staff had been employed in the past, often through connections rather than on merit. Management confirmed that staff generally had poor aged care skills, very little experience and poor in house induction into work-based skills. In addition, they stated that staff are underqualified and misplaced in their positions although in the past 12 months, they have been able to attract better educated staff. The Service has improved the activities program with the employment of a qualified diversional therapist with years of experience in Aged Care settings. However, overall, there was no evidence of significant staff turnover, complaints about management and staff on worker’s compensation.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be improvements to workforce recruitment. The Approved Provider outlined a commitment to working towards the development a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

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

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

The Assessment Team found that no formal performance reviews have been conducted at the time of the Site Audit. Management stated that no staff member has had any negative feedback about their performance, and the service management is satisfied that all staff member’s performance is satisfactory for the provision of care and is consistent with the requirements of the Quality Standards. However, no evidence to support this claim was provided to the Assessment Team. In addition, it was confirmed that three complaints have been made about a staff member by other staff and has been identified they did not meet their key responsibilities. Despite this no performance appraisal or management process undertaken.

All staff interviewed said they will be undertaking a performance appraisal with their supervisor in the next few months however thus far no performance appraisals of staff have been conducted at the service.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be improvements to assessment and monitoring staff performance. The Approved Provider outlined a commitment to working towards the development a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards to improve consumer outcomes. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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 that the organisation is well run and that they can partner in improving the delivery of care and services. However, no evidence of accountability for the delivery of safe care and service was provided. The organisation also does not have effective risk management systems and practices to ensure high-impact and high prevalence risk to consumers are responded to safely.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found that the service stated that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. However, no evidence to support this statement, was made available to the Assessment Team

Two consumers interviewed said they participate in monthly resident committee meetings where they can have input into what needs to be done or any other issues they wish to raise. However, no evidence of any resident committee meetings being held in the past twelve months was made available to the Assessment Team and staff also confirmed that there had not been consumer meetings other than one in 2022.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be improvement in consumer engagement. The Approved Provider also outlined a commitment to working towards the development a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards for better outcomes for consumers. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

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

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

The Assessment Team found that although management of the service claimed that its governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery, there was no evidence of clinical audits or food audits being conducted at the service. There was also no evidence of any audit data presented to the board or risk identification or mitigation systems. In addition, incidents are not reported to the Board.

Management indicated indigenous background and cultural sensitivity is required for Board membership. He acknowledged there is currently no aged care expertise in the Board members. The Board minutes do not cover aged care service requirements and there is no standing agenda item in the board meetings on any aged care related matter.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be development and improvement in the governing body promoting a culture of safe, inclusive and quality care and that is accountable for its delivery. The Approved Provider also outlined a commitment to working towards the development a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards for better outcomes for consumers. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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) 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 service does not currently have effective organisation wide governance system in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and complaints and feedback. Some draft policy documents pending approval by the Board however the Assessment Team were not provided with these draft documents and staff have not had access to them. In addition, the organisation was unable to provide any document pertaining to feedback and complaints, or how they provided input into the continuous improvement process.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be development and improvement in organisation wide governance systems. The Approved Provider also outlined a commitment to working towards the development of these systems and a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards for better outcomes for consumers. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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 that the Service does not have effective risk management systems and practices in place. Consumer risk is not routinely identified, assessed or managed when it is found. Management and staff do not have a sound understanding of risk relating to high impact or high prevalence. In addition, management and staff do not understand the identification and response to abuse and neglect nor the management and prevention of incidents. There was also evidence to show that the risk management systems do not support consumers to live the best life they can.

The Assessment Team did not identify any abuse or neglect during the audit however significant gaps in information and documentation mean that neglect and abuse may not always be identified if present. Incidents are not always documented, reviewed or outcomes reported.

The organisation was unable to provide a documented risk management framework, including policies on high impact or high prevalence risks associated with the care of consumers, how the abuse and neglect of consumers is identified and responded to and how incidents are managed and prevented. Management acknowledge polices are not current and do not relate to the Quality Principles although they have plans to provide them.

Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff have had some limited education about the Quality Standards although do not demonstrate any understanding. Staff were generally unaware of policies and were not able to provide examples of their relevance to their work.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be development and improvement in risk management systems. The Approved Provider also outlined a commitment to working towards the development of a risk management systems and a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards for better outcomes for consumers. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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.

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

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

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

The Assessment Team found that the service does not have a clinical governance framework in place with systems to ensure antimicrobial stewardship, the minimisation of restraint use and open disclosure processes. There are no clinical audits or monitoring process, such as clinical indicator data in place. Infections, psychotropic medications and antibiotic use are not monitored or trended.

Staff were asked about these areas of governance and generally were unable to explain them or what they meant for them in a practical way. Some staff have had limited educated about these areas and were able to provide limited examples of their relevance to their work. However, generally staff were unaware of these policies.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needs to be development and improvement in clinical governance framework. The Approved Provider also outlined a commitment to working towards the development of a framework and a continuous improvement plan based on the Assessment Team findings to ensure compliance with the Standards. Based on the Assessment Team findings and as the findings are confirmed by the Approved Provider, the Service has been unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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 1(3)(c)

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

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and
4. make connections with others and maintain relationships of choice, including intimate relationships.
* Develop and complete continuous improvement plan as advised.
* Ensure there is a robust process for capturing choices of consumers.
* Review decision maker protocols so they are clear, consistent and eliminate any conflict of interest.

### Requirement 1(3)(d)

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

* Develop and complete continuous improvement plan as advised.
* Ensure that consumers are enabled to take risks to live the best life they can. Where this is possible there should be clear documents showing that a risk assessment has been completed and discussed with the consumer/representative. It should also contain information about the actions taken to mitigate that risk. Where it is not possible this should also be recorded and discussed and agreed with the consumer/representative.

### Requirement 1(3)(e)

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

* Develop and complete continuous improvement plan as advised.
* Review how the Service communicates with the consumers focusing on how this communication enables them to exercise choice.
* Ensure there is an improved method for recording communication such as meetings to capture the messages that have been disseminated to consumers and how effectively they were understood and enabled the consumers to exercise choice.
* Review the accuracy of information and ensure that consumers can make choices based on accurate and timely information.

### Requirement 2(3)(a)

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

* Develop and complete continuous improvement plan as advised.
* Ensure that assessment and planning is improved as matter of priority.
* Once established review and ensure that assessment processes are consistent for all consumers.
* Ensure that all improvements are applied in practice consistently for all consumers.

### Requirement 2(3)(b)

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

* Develop and complete continuous improvement plan as advised.
* Review and improve planning and assessment in relation to consumers current needs.
* Review and improve processes for advanced care and end of life planning. Where these are impacted by cultural/spiritual beliefs ensure these are clearly documented so that the preferences of consumers may be enacted.
* Ensure that all improvements are applied in practice consistently.

### Requirement 2(3)(c)

The organisation demonstrates that assessment and planning:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.
* Develop a clear process robust to partner with consumer’s in their ongoing care. This should also include other they wish to involve and other care and service providers.
* Ensure that all improvements are applied in practice consistently.
* Ensure there is adequate record keeping of all inputs into care planning for consumers whoever has been involved.
* Develop and complete continuous improvement plan as advised.

### Requirement 2(3)(d)

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

* Ensure all care plans and reviewed and update as a priority.
* Provide all consumers with a copy of their care plan.
* Develop and complete continuous improvement plan as advised.

### Requirement 2(3)(e)

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

* Develop and complete continuous improvement plan as advised.
* Develop implement and embed process to regularly review and update care and services for consumers as a priority.
* Review and improve processes for updating care plans after consumer care needs are updated by health professionals and external organisations.
* Review and improve processes for informing consumers/representatives once a care plan has been updated.

### Requirement 3(3)(a)

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

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*
* Review, improve and deliver safe and effective clinical care. This would include but is not limited to the areas of wound management, pain management, weight management, diabetes management, restrictive practices, palliative care and behaviour management.
* Review staff training to ensure that it is delivering information relating to best practice.
* Review and reduce the use of psychotropic medications and other forms of restrictive practices in relation to restrictive practices and ensure staff are fully trained to understand their appropriate use.
* Be more proactive is seeking the assistance of specialist care when required – and ensure staff can identify when it can be required
* Review and improve all information systems to ensure they are accurate and current.
* Ensure that all improvements are applied in practice consistently.
* Develop and complete continuous improvement plan as advised.

### Requirement 3(3)(b)

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

* Develop and implement a robust system for the effective management of high impact and high prevalence risk including trending and recording actions taken to mitigate the risks identified.
* Risks need to be addressed as a matter of priority both to the consumer and should include the impacts to other consumers.
* Develop and complete continuous improvement plan as advised.

### Requirement 3(3)(c)

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

* Review and seek consumer/representative feedback on processes relating to end of life so they can be improved and implemented.
* As a matter of priority ensure all consumer end of life and advanced care directives are up to date.
* Review records for those who have passed away to look for improvements in relation to shared care processes for consumers nearing the end of life.
* Make end of life processes and procedures a part of the service’s continuous improvement plan.
* Ensure that all improvements are applied in practice consistently.
* Develop and complete continuous improvement plan as advised.

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

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

* Complete an in-depth review of the monitoring, responding, recording and communicating consumer deterioration.
* Review all processes in relation to recognition of consumer deterioration with focusing on identification and how this is communicated to the relevant care staff and health professionals.
* Ensure that all improvements are applied in practice consistently.
* Develop and complete continuous improvement plan as advised.

### Requirement 3(3)(e)

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

* Complete an in-depth review of the communication across the organisation in relation to consumer’s condition, needs and preferences. This should include seeking consumer/representative feedback to ensure accuracy.
* Ensure that all documentation is improved in its accuracy and timeliness.
* Develop and complete continuous improvement plan as advised.

### Requirement 3(3)(f)

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

* As a priority, review consumers requiring care from an allied health professional and arrange referrals/appointments.
* The Approved Provider needs to consider a plan of action to address the issues facing the service accessing allied health professionals.
* Ensure referrals are enacted in a timely manner even where services are difficult to access including during COVID. Alternatives should be arranged such as telehealth where in person consultation is an issue.
* Develop and complete continuous improvement plan as advised.

### Requirement 3(3)(g)

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*
* Identify and train an IPC lead as a priority.
* Develop, implement and the continuously review processes to capture and trend antibiotic use.
* Develop, implement and the continuously review processes to capture and trend infection rates.
* Ensure that the information is captured to actively improve infection control and reduce the use of antibiotics.
* Develop and complete continuous improvement plan as advised.

### Requirement 4(3)(a)

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

* Review, improve and embed robust processes and procedures to more effectively support the daily living for each consumer.
* Look at ways to improve independence for consumers by working co-operatively with consumers/representatives.
* Address lifestyle/activity areas to provide quality of lifestyle to consumers.
* Develop and complete continuous improvement plan as advised.

### Requirement 4(3)(b)

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

* Seek feedback from consumers directly to ask how their emotional, spiritual and psychological well-being could be improved.
* Ensure that there is focused, individualised improvement to the daily living for each consumer in relation to emotional, spiritual and psychological well-being.
* Develop and complete continuous improvement plan as advised.

### Requirement 4(3)(c)

Services and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.
* Implement/re-establish community connections and lifestyle activities as a matter of urgency.
* Review and improve lifestyle activities ensuring they are directly related to consumer interests and preferences.
* Develop and complete continuous improvement plan as advised.

### Requirement 4(3)(d)

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

* Develop and complete continuous improvement plan as advised.
* Improve the documentation process so that information is better able to be shared regarding consumer condition, needs and preferences.
* Ensure information is accurate and timely.
* Build stronger working relationships with others involved in consumer care.

### Requirement 6(3)(b)

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

* Develop and complete continuous improvement plan as advised.
* Ensure consumers are aware of multiple ways of raising and resolving complaints.
* Review and improve access to advocates and language services where required for the use of consumers.

### Requirement 6(3)(c)

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

* Develop and complete continuous improvement plan as advised.
* Review the complaints and feedback process to ensure open disclosure is always a part of the complete process.
* Ensure staff are all familiar with open disclosure to ensure that it is readily used.

### Requirement 6(3)(d)

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

* Develop and complete continuous improvement plan as advised.
* Ensure that the service is recording the appropriate action or investigation that is taken in response to all feedback and complaints and that these in turn inform improvements in the quality of care and services.

### Requirement 7(3)(a)

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

* Develop and complete continuous improvement plan as advised.
* Look at rostering particularly for evenings and weekends to try to ensure suitably qualified staff are working.
* Ensure there are processes in place to effectively record workforce planning.
* Review call bell waiting times.
* Seek regular feedback from consumers/representatives to more readily know how staff shortages may be impacting the quality of consumer care.

### Requirement 7(3)(c)

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

* Identify and train an IPC Lead as a priority.
* Develop and complete continuous improvement plan as advised.
* Review and improve staff orientation processes.
* Identify knowledge gaps for staff to improve their competency in identified areas and seek their inputs.
* Ensure the Service has methods for accurately recording staff training and that these are regularly reviewed and regularly available.
* Continue to look for ways to attract and retain qualified staff.

### Requirement 7(3)(d)

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

* Review, improve and embed new robust recruitment processes that are based on merit-based employment.
* Develop and complete continuous improvement plan as advised.
* Continue to imbed and improve training system and make them specific to staff needs and track and record these details.

### Requirement 7(3)(e)

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

* Complete staff performance reviews as soon as possible.
* Review, improve and embed the performance review process.
* Respond and take action where staff deficiencies are identified and ensure they are supported to gain the necessary skills they need to improve the care and services provided to consumers.
* Develop and complete continuous improvement plan as advised.

### Requirement 8(3)(a)

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

* Develop and complete continuous improvement plan as advised.
* Develop and implement ways to engage with consumers and ensure that these are documented including actions taken.

### Requirement 8(3)(b)

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

* Develop and complete continuous improvement plan as advised.
* Ensure the service is conducting clinical audits and food audits
* Ensure any audit data is presented to the board or risk identification or mitigation systems. In addition,
* Ensure Board is notified of all incidents.
* Ensure the board is analysing the clinical data reported and discussions and outcomes are recorded and actioned.
* Look to recruit Board members with some aged care experience.

### Requirement 8(3)(c)

Effective organisation wide governance systems relating to the following:

1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.
* The Approved Provider needs to continue to implement organisation wide systems and solidify them into strong robust processes.
* Develop and complete continuous improvement plan as advised.
* Ensure as a matter of importance that governance systems are developed and improved for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

### Requirement 8(3)(d)

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*
* Develop a risk management systems and practices including but not limited to high impact and high prevalence risks, identifying and responding to elder abuse and neglect and incidence management.
* Develop and complete continuous improvement plan as advised.
* The Approved Provider needs to continue to implement improvements for risk management systems and practices.
* Continue to implement or train staff with the new policies and procedures.
* Improve and commence training for staff on all risk management practices and ensure they are knowledgeable, so they can track, and measure trends associated with incidents.
* Ensure staff are trained to recognise and respond to elder abuse and neglect.
* Ensure all staff are trained in the Quality Principles and Standards.

### Requirement 8(3)(e)

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

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.
* Develop a clinical governance framework and policies, including but not limited to antimicrobial stewardship, minimising the use of restraint and open disclosure.
* Develop and complete continuous improvement plan as advised.
* Improve and commence training for staff on antimicrobial, the minimising restraint and open disclosure.
* Develop and implement an antimicrobial stewardship program including systems to monitor infections and antibiotic use.
* Develop and implement a process for minimising the use of restraint and where it is used ensuring that all necessary alternate avenues are explored and documented. In addition, ensure the correct agreements are in place and recorded.