Royal Freemasons Sale

Performance Report

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**Commission ID:** 4566

**Provider name:** Royal Freemasons Ltd

**Assessment Contact - Site date:** 22 March 2022 to 25 March 2022

**Date of Performance Report:** 6 May 2022

# Performance report prepared by

Vanessa Stephens, 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) | Non-compliant |
| Requirement 1(3)(c) | Non-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)(c) | Non-compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(b) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-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)(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 Assessment Contact - Site; the Assessment Contact - Site 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 Assessment Contact - Site report received on 28 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

The purpose of this site assessment was to assess the service’s performance against a number of requirements that were previously found non-compliant.

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall Quality Standard is assessed as non‑compliant.

The Quality Standard is assessed as non-compliant as two requirements have been assessed as non-compliant. My reasons for finding non‑compliance are explained below under each of the relevant requirements.

## Assessment of Standard 1 Requirements

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

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

While not previously non-compliant with this requirement, the Assessment Team found that the service did not demonstrate each consumer is treated with dignity and respect. Consumer preferences regarding personal hygiene are not respected or actioned. One consumer with a preference for daily showers was showered on only six occasions in the month of February 2022. Another consumer with a preference for daily showers had not had a shower in the two weeks prior to the assessment.

The Assessment Team also observed staff practices that compromised consumer privacy and dignity. One consumer was observed from the corridor through his open bedroom door resting on his bed, not wearing underclothes with two staff attending him and his catheter was visible. On another occasion, the same consumer was observed lying on his back in bed, leaning heavily to the side. His overbed table was positioned at head height and he was eating his meal off a tray with his hand.

Another consumer was observed explaining to the personal carer that his buttocks were sore and that he was sitting on the catheter tubing. The personal carer asked him to roll over so she could check his skin whilst the Assessment Team was in the room and his bedroom door was open.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and the nominated actions are the same for each of the two requirements assessed under Standard 1. Nominated actions include dignity of risk and privacy training for staff and supporting all consumers to participate in a comprehensive care review.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate each consumer is treated with dignity and respect. Therefore, I find the service is non‑compliant with this requirement.

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

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

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

While not previously non-compliant with this requirement, the Assessment Team found the service has not supported a married couple’s preference to share a room. The Assessment Team observed the couple spending extended periods of time together. Service management said the service supports consumers who wish to share a room, however clinical management could not explain why arrangements have not been made for the couple to share a room. The Assessment Team observed a range of different sized bedrooms capable of accommodating two beds.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and the nominated actions are the same for each of the two requirements assessed under Standard 1. Nominated actions include supporting all consumers to participate in a comprehensive care review which includes a care consultation to ensure that consumers, their representative and the care team are active partners in care choices and agreed actions.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate each consumer is supported to maintain relationships of choice. Therefore, I find the service is non‑compliant with this requirement.

# 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

The purpose of this site assessment was to assess the service’s performance against a number of requirements that were previously found non-compliant.

The Quality Standard is assessed as non-compliant as five of the five specific requirements have been assessed as non-compliant. My reasons for finding non‑compliance are explained below under each requirement.

## 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.*

While not previously non-compliant with this requirement, the Assessment Team found sample file reviews for respite consumers demonstrated deficits in assessment and care planning. Care planning including risk identification for a respite consumer had not been completed for numerous care domains including pain. Since entering the service this respite consumer has been administered frequent as needed pain relief, however their care plan did not provide information in relation to pain, nor advise the site of the pain, the frequency of the pain, or strategies to manage it.

For another respite consumer who is at risk of falling out of bed, personal care staff documented lowering the consumer’s bed, however there was no further assessment by allied health to determine if this was appropriate. The consumer said they were now unable to get out of bed due to the bed’s low height. There is no information relating to this in the consumer’s care plan.

In addition, the service has not completed appropriate planning and risk assessment in relation to the use of lap belts and mobility scooters.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 2. Nominated actions include staff training in a number of areas including personalising care plans, and supporting all consumers to participate in a comprehensive care review which includes a care consultation to ensure that consumers, their representative and the care team are active partners in care choices and agreed actions.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate assessment and planning informs the delivery of safe and effective care. Therefore, I find the service is non‑compliant with this requirement.

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

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

While not previously non-compliant with this requirement, the Assessment Team found the service did not demonstrate assessment and planning identifies current consumer needs or plans care to meet those needs.

Pain assessment and pain charting are not always conducted in response to the changing needs of consumers, increased administration of as needed analgesia or when consumers report pain. Management stated 3-day pain charting is required in all of these circumstances and when there is a change to pain medication. However, file review for two sampled consumers demonstrates this is not occurring.

The service has not consistently performed assessment and planning in relation to wound care. The Assessment Team reviewed sampled consumer care plans and found wounds have been incorrectly classified and documented for three consumers.

The Assessment Team also found that palliating consumers did not have documentation in place to guide their end of life care. A review of documentation does not reflect that one consumer was commenced on pain charting to monitor pain when palliating. Pain monitoring occurred only once in the month prior to their death. File review for another palliating consumer demonstrated there was no care plan to support their end of life care needs with the exception of recording that two staff were required for transfers.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 2. Nominated actions include staff training in a number of areas including personalising care plans, and supporting all consumers to participate in a comprehensive care review which includes a care consultation to ensure that consumers, their representative and the care team are active partners in care choices and agreed actions.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate assessment and planning identifies the current and end of life needs of consumers. Therefore, I find the service is non‑compliant with this requirement.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found sampled care planning documents did not reflect that care involves the consumer and others that they wish to be involved in their care. Information from other providers of care, including allied health professionals is not always updated in care planning documentation. For example:

* One consumer’s dietary care plan was last updated on 18 March 2022, however it did not include recommendations from a speech pathologist’s review in February 2022.
* A respite consumer’s representative was not consulted in relation to care planning, despite the consumer entering the service a month earlier in February 2022.

Most consumer representatives said they are not consulted regarding assessment of consumer care needs. Staff said care planning documentation has not been completed due to insufficient staff.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 2. Nominated actions include staff training in a number of areas including personalising care plans, and supporting all consumers to participate in a comprehensive care review which includes a care consultation to ensure that consumers, their representative and the care team are active partners in care choices and agreed actions.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate assessment and planning is based on an ongoing partnership with consumers or other individuals including representatives. Therefore, I find the service is non‑compliant with this requirement.

### 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 the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found outcomes of assessment and planning are not effectively communicated to consumers and their representatives. For example:

* One consumer’s representative was not aware a wound consultant had reviewed their mother’s wound at the service or that they had prescribed a detailed plan for dressing the wound.
* Another consumer’s representative had not received communication from the service following the consumer’s return from hospital after suffering significant injuries resulting from a fall at the service.

When reviewing sampled files, the Assessment Team did not note any examples of a consumer and/or representative being offered a copy of a care plan. Multiple consumers and representatives stated they had never seen or been offered a copy of a care plan.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 2. Nominated actions include staff training in a number of areas including personalising care plans, and supporting all consumers to participate in a comprehensive care review which includes a care consultation to ensure that consumers, their representative and the care team are active partners in care choices and agreed actions.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate outcomes of assessment and planning are effectively communicated. Therefore, I find the service is non‑compliant with this requirement.

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

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

The Assessment Team found the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. While the Assessment Team found care and services are reviewed regularly, the service is not always identifying when strategies are ineffective, or when reassessment or new interventions are required. Sampled consumer file reviews demonstrated that information to guide staff is not always accurate, current and streamlined. For example:

* One consumer has a stage 2 sacral pressure injury. Although the consumer has a pressure injury risk care plan directing two-hourly pressure area care, there is no documented reference to the current wound.
* One consumer’s quarterly monthly care plan review completed on 18 March 2022 did not contain references to a wound consultant review undertaken on 14 March 2022 or the consultant’s recommended care regime. Nor is there reference to how the consumer is struggling to eat independently and that they require support consuming meals.
* One consumer’s current care plan states that they are able to mobilise with a wheeled walker. However, the consumer explained that they are currently immobile. Management confirmed that the consumer is currently immobile.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 2. Nominated actions include staff training in a number of areas including personalising care plans, and supporting all consumers to participate in a comprehensive care review which includes a care consultation to ensure that consumers, their representative and the care team are active partners in care choices and agreed actions.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate care and services are reviewed regularly. Therefore, I find the service is non‑compliant with this requirement.

# 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

The purpose of this site assessment was to assess the service’s performance against a number of requirements that were previously found non-compliant.

The Quality Standard is assessed as non-compliant as seven of the seven specific requirements have been assessed as non-compliant. My reasons for finding non‑compliance are explained below under each requirement.

### 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 the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found not all consumers are receiving appropriate and safe personal or clinical care, tailored to their needs and according to best practice.

The service is not identifying, actioning, and reviewing consumer pain in a timely manner. Pain management is frequently reactive and there is no consideration given to implementing both pharmacological and non-pharmacological strategies to prevent the regular reoccurrence of pain. One consumer’s pain is managed reactively, with as needed pain medication administered on 15 occasions from 1 March 2022 to 25 March 2022. There is no recent pain charting and the service cannot demonstrate they have considered managing the consumer’s pain more consistently to prevent frequent breakthrough pain.

Skin and pressure injury care is not in accordance with best practice, external wound consultant directives or care planning instructions. Pressure care charting for two consumers directs staff to provide two-hourly pressure area care and repositioning. However, documentation indicated this is not occurring. The Assessment Team noted that on 21 March 2022 charting indicated one consumer remained on their back continuously for 12 hours. During the assessment the team also observed this consumer repeatedly sitting in the same position in bed. For another consumer requiring two-hourly repositioning, charting indicates they are repositioned four-hourly or less frequently, and the pressure injury has increased in size.

The wound chart for another consumer specifies the wound dressing is to be changed every four days, however the wound was not attended to for nine days in March 2022, the wound chart does not contain any photographs of the wound, and the wound measurements taken are inconsistent.

The service does not minimise the use of chemical restraint, identify when it is occurring or ensure consultation and informed consent has been obtained. One consumer with dementia is chemically restrained, however their representative said the service has not sought informed consent in relation to this medication or discussed the potential side effects and risks. The representative said they have noted her mother is ‘sleepy and disengaged’. The Assessment Team found that there is no restraint assessment, care plan or authorisation in place for this consumer. The medication was ceased on 24 March 2022 during the assessment.

The service did not demonstrate best practice behaviour charting. For one consumer with challenging behaviours, behaviour charting was commenced in March 2021, with the last documented entry completed on 10 July 2021. There was no restrictive practices authorisation, assessment or care plan in place for this consumer prior to the site assessment.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 3. Nominated actions include staff training in more than 20 clinical areas, completing a clinical risk matrix, and supporting all consumers to participate in a comprehensive care review. Additionally, the service has employed a nurse advisor to oversee planned improvements, and a number of other support personnel have been allocated to the service.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate each consumer receives safe and effective care that is tailored to their needs and optimises their well-being. Therefore, I find the service is non‑compliant with this requirement.

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

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

The Assessment Team found the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found the service does not consistently manage high impact or high prevalence risks, including specialised nursing care and falls management.

Specialised nursing care needs including insulin dependent diabetes, catheter care and oxygen management are not managed safely and in accordance with directions. A consumer was not administered regular insulin on 20 occasions during a four-week period, and another consumer’s high blood glucose levels were not monitored within the required timeframes, nor were incident reports made in relation to missed doses of insulin.

For two consumers with cardiac care needs, the service did not demonstrate they are actively monitoring oxygen saturation levels. One of these consumers has only had oxygen levels monitored on three occasions since November 2021.

Post fall review processes do not demonstrate safe care or adequate consideration of risks. In January 2022 a consumer had an unwitnessed fall when staff left them unattended in the shower. Despite the consumer later complaining of a headache and taking blood thinning medication, they were not transferred to hospital as required by policy.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 3. Nominated actions include staff training on more than 20 clinical areas, completing a clinical risk matrix, and supporting all consumers to participate in a comprehensive care review. Additionally, the service has employed a nurse advisor to oversee planned improvements, and a number of other support personnel have been allocated to the service.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate effective management of high impact or high prevalence clinical risks. Therefore, I find the service is non‑compliant with this requirement.

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

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

The Assessment Team found the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found the service did not demonstrate that consumers nearing the end of their lives have their wishes recognised and their comfort maximised. End of life care planning for one consumer commenced in October 2021, however no end of life charting has been completed in relation to monitoring pain, and providing oral care. The service is not currently providing any regular or as needed pain relief, with administration of analgesia last occurring on 10 January 2022. A review of care documentation demonstrated pain charting was last completed for this consumer on 6 October 2020. There is no further documentation in relation to this consumer’s palliative care needs. Clinical and care staff provided conflicting accounts as to whether this consumer was palliative or not.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 3. Nominated actions include staff training in more than 20 clinical areas, completing a clinical risk matrix, and supporting all consumers to participate in a comprehensive care review. Additionally, the service has employed a nurse advisor to oversee planned improvements, and a number of other support personnel have been allocated to the service.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate the needs or preferences of consumers nearing the end of life are recognised and addressed. Therefore, I find the service is non‑compliant with this requirement.

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

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

The Assessment Team found the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found the service did not demonstrate they act in a timely manner in relation to deterioration or change to consumer’s health. For example:

* A consumer who suffered significant injuries resulting from a fall, including a lump on their head was transferred to hospital approximately 15 hours after the fall.
* A consumer with a fracture reported discomfort on 3 December 2021, however no further assessment was undertaken until 9 December 2021. Pain monitoring and charting did not occur for this consumer.
* A consumer was reviewed by a wound specialist on 14 March 2022, however their recommended treatment has not been implemented and the consumer’s wound chart and care plan has not been updated to reflect the recommendation.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 3. Nominated actions include staff training in more than 20 clinical areas, completing a clinical risk matrix, and supporting all consumers to participate in a comprehensive care review. Additionally, the service has employed a nurse advisor to oversee planned improvements, and a number of other support personnel have been allocated to the service.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate it recognises and responds to change or deterioration in consumer condition. Therefore, I find the service is non‑compliant with this requirement.

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

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

The Assessment Team found the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found the service did not demonstrate all consumer information is updated with current status, risks or condition. Handover information does not consistently inform staff or include risks such as pain, chemical restraint or skin integrity changes. Information such as wound photographs and pressure injury staging documentation, shared to inform consultant review, are not consistently labelled or accurate. Consumer file review demonstrated assessments and care plans do not always contain sufficient information to guide staff. For example:

* Sampled respite consumer care plans do not address all care needs.
* Restraint documentation is not completed, and behaviour support care plans do not inform staff how to minimise chemical restraint.
* Sampled staff said they rely on the handover sheet to provide them with key information, however sampled handover sheets did not consistently inform staff of key consumer needs and known risks.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 3. Nominated actions include supporting all consumers to participate in a comprehensive care review. Additionally, the service has employed a nurse advisor to oversee planned improvements, and a number of other support personnel have been allocated to the service.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate consumer condition, needs and preferences are adequately documented and communicated. Therefore, I find the service is non‑compliant with this requirement.

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

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

The Assessment Team found the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found timely referrals are not consistently occurring. When a review by allied health professionals occurs, their recommendations have not been implemented or consistently documented in sampled consumer care plans. Due to changing dietary preferences, the family of one consumer advocated for a speech pathologist consultation for more than a month. One family had to arrange for a private physiotherapist for a consumer.

Sampled representatives are dissatisfied with consumer access to medical officers and allied health. One representative explained that nursing staff ask the family to telephone the doctor because they have other people to care for.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 3. However, the plan for continuous improvement does not contain any planned action specific to this requirement.

At the time of the site assessment, the service did not demonstrate timely external referrals. Therefore, I find the service is non‑compliant with this requirement.

### 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 service has an antimicrobial stewardship policy. Management said staff are aware of minimising antibiotic use, described how the service minimises the use of antibiotics, and monitors usage through monthly reports. However, the Assessment Team found the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found the service did not demonstrate they are implementing or maintaining strategies to minimise the risk of infection. Equipment is not readily available for staff practice, is not suitable for infection control and is not appropriately located. Staff practice is not consistently minimising the risk of infection occurring or in line with best practice.

The Assessment Team observed practices that do not consistently promote infection control. For example:

* Staff were not always wearing personal protective equipment correctly. For example, on each day of the assessment contact, staff from a range of services were consistently observed wearing their mask sitting below their nose, including when attending consumers.
* Staff repeatedly place consumer bedding on the floor when making beds.
* Staff were observed using shared equipment, including lifting and standing machines without sanitising between consumers. There were no disinfectant wipes in the equipment storage room.
* The hand hygiene station inside and outside the Memory Support Unit did not contain hand sanitiser during the assessment.

During interviews with the Assessment Team, the Infection Prevention and Control lead did not demonstrate a knowledge of the service’s Outbreak Management Plan or where to find relevant information.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 3. However, other than planned infection control training for staff, the plan for continuous improvement does not contain any other action specific to this requirement, nor when infection control training will occur.

At the time of the site assessment, the service did not demonstrate minimisation of infection related risks. Therefore, I find the service is non‑compliant with this requirement.

# STANDARD 4 NON-COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The purpose of this site assessment was to assess the service’s performance against a number of requirements that were previously found non-compliant.

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall Quality Standard is assessed as non‑compliant.

The Quality Standard is assessed as non-compliant as four requirements have been assessed as non-compliant. My reasons for finding non‑compliance are explained below under each of the relevant requirements.

## 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 the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found sampled consumers and representatives provided feedback around the lack of stimulating activities to support consumer needs, goals and preferences. They said this limits consumer participation and well-being. Care staff and lifestyle staff stated that due to staff shortages, staff are unable to spend quality time with consumers to support their needs, goals and preferences.

The Assessment Team reviewed sampled consumer participation records and noted minimal engagement. Most activities listed in consumer participation charts included instances of personal care, meal assistance, receiving mail and newspaper deliveries, call bell assistance and completing a ‘resident of the day’ review. Consumers in the Memory Support Unit were observed to be unengaged most of the time.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for requirements under Standard 4. However, there is little specified for this requirement other than a ‘comprehensive program’ will be developed tailored to individual residents.

At the time of the site assessment, the service did not demonstrate consumers receive safe and effective services and supports for daily living. Therefore, I find the service is non‑compliant with this requirement.

### 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 the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found that while some consumers are supported to participate in community activities, overall, consumers and representatives are not satisfied with how the service supports consumers to do the things that are of interest to them, including a married couple being unable to share a room, and other consumers who are mostly confined to their room. Staff stated that due to staff shortages, they could not support consumers to do the things of interest to them. Lifestyle staff stated they assist with meals, collect trays, serve consumers and support care staff when asked. They acknowledged this takes time away from activities.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for requirements under Standard 4. However, there is little specified for this requirement other than a ‘comprehensive program’ will be developed tailored to individual residents.

At the time of the site assessment, the service did not demonstrate consumers receive services and supports to do things of interest. Therefore, I find the service is non‑compliant with this requirement.

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

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

The Assessment Team found the majority of sampled consumers provided negative feedback in relation to meals. The service was unable to demonstrate how consumer meal choices and preferences are considered to ensure suitable quality meals are provided to consumers. When updated or changed, consumer dietary needs and preferences are not always communicated to kitchen staff. For example, information does not accurately reflect a consumer’s textured meal requirements.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for requirements under Standard 4. Nominated actions include the service consulting with consumers in relation to dietary choices and preferences, food focus groups are already underway, and based on not previously receiving consumer feedback in relation to this requirement, the service will review opportunities to receive feedback. Staff training in relation to food and catering services is also planned.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate it provides suitable meals. Therefore, I find the service is non‑compliant with this requirement.

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

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

While not previously non-compliant with this requirement, the Assessment Team found the service did not demonstrate suitable and clean equipment is consistently provided to support consumer care and lifestyle needs. For example:

* A non-ambulant consumer has an air mattress to reduce the occurrence of pressure injuries, however on one day of the visit, assessors noticed the mattress was turned off and no explanation was provided as to why it was turned off.
* A consumer requiring bariatric equipment did not have access to this equipment.
* Consumers who have trouble eating independently have not been assessed or provided with equipment to maintain their independence, including plate guards or lipped plates. The Assessment Team observed that as a result, consumers could not consume their meal and had difficulty eating.
* Care staff were observed working without having a device to alert them to call bells. Staff said there were not enough devices and devices were often broken.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for requirements under Standard 4. However, there is little specified for this requirement other than a ‘comprehensive program’ will be developed tailored to individual residents.

At the time of the site assessment, the service did not demonstrate equipment provided is safe and suitable. Therefore, I find the service is non‑compliant with this requirement.

# STANDARD 5 NON-COMPLIANTOrganisation’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

The purpose of this site assessment was to assess the service’s performance against a number of requirements that were previously found non-compliant.

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall Quality Standard is assessed as non‑compliant.

The Quality Standard is assessed as non-compliant as one requirement has been assessed as non-compliant. My reasons for finding non‑compliance are explained below under the relevant requirement.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

While not previously non-compliant with this requirement, the Assessment Team found the service is not clean in all areas. While consumers were observed to move freely indoors and outdoors, consumers and representatives expressed dissatisfaction with the cleanliness of the living environment. Cleaning staff said due to staff shortages not all areas are cleaned daily. Assessment Team observations included:

* One consumer’s toilet was observed with dry faeces.
* Floors were ‘sticky’ when walking on them.
* The Memory Support Unit had flies in the communal area on each day of the assessment.
* The dining room tables were not cleaned after mealtimes, food could still be observed on table and chairs.
* Chairs were stained.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take in relation to this requirement. Nominated actions include implementing additional cleaning services, and additional recruitment and audits of the home are planned.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate the environment is clean, well maintained and comfortable. Therefore, I find the service is non‑compliant with this requirement.

# 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

The purpose of this site assessment was to assess the service’s performance against a number of requirements that were previously found non-compliant.

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall Quality Standard is assessed as non‑compliant.

The Quality Standard is assessed as non-compliant as three requirements have been assessed as non-compliant. My reasons for finding non‑compliance are explained below under each of the relevant requirements.

## Assessment of Standard 6 Requirements

### 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.*

While not previously non-compliant with this requirement, the Assessment Team found the service did not demonstrate all consumers and representatives have been made aware of advocacy services or other methods for raising and resolving complaints. Most consumers and representatives were not aware of external complaints mechanisms.

Management said there is a poster and brochures in the entry foyer. ‘Resident and representative’ meetings minutes sampled indicated discussion was held around internal complaint processes, but no reference was made to external avenues consumers can pursue to raise complaints.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 6. The plan states residents and representatives are not aware of feedback processes, and nominates action including providing this information to consumers and representatives through the care consultation process.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate consumers were aware of external complaint and advocacy services. Therefore, I find the service is non‑compliant with this requirement.

### 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 the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The service does not demonstrate action is taken in relation to complaints and feedback. Consumers and representatives said their feedback is not actioned. An open disclosure process has not been consistently implemented when things go wrong.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 6. Nominated actions include staff training on open disclosure and feedback and complaints and that information gathered through the consultation process will further inform existing processes that are in place to ensure feedback is responded to. In addition, feedback trends will be communicated at resident meeting forums.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate open disclosure always occurs when things go wrong or that complaints are adequately responded to. Therefore, I find the service is non‑compliant with this requirement.

### 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 the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. Feedback is still not used to improve care and services. Consumers and representatives said when they have raised concerns they have not been actioned by the service and the same issues reoccur.

A review of the complaints register demonstrates verbal complaints raised including feedback from ‘resident’ meetings are not logged in the service’s complaints system. The Assessment Team also noted issues raised externally with the Commission have not been resolved and the issues continue to impact consumers. For example a complaint made to the Commission in relation to monitoring limb fractures has not been used to improve care. An action plan was implemented by the service, however the Assessment Team found actions have not been fully implemented and noted deficits continue to occur. In addition, previous complaints regarding a lack of cleanliness at the service have not been addressed.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 6. Nominated actions include staff training on open disclosure and feedback and complaints, and that information gathered through the consultation process will further inform existing processes that are in place to ensure feedback is responded to. In addition, feedback trends will be communicated at resident meeting forums.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate open disclosure always occurs when things go wrong or that complaints are adequately responded to. Therefore, I find the service is non‑compliant with this requirement.

# 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

The purpose of this site assessment was to assess the service’s performance against a number of requirements that were previously found non-compliant.

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall Quality Standard is assessed as non‑compliant.

The Quality Standard is assessed as non-compliant as four requirements have been assessed as non-compliant. My reasons for finding non‑compliance are explained below under each of the relevant requirements.

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found consumers and representatives expressed dissatisfaction with staffing levels. Their feedback included that the service does not have enough staff and staff are run down and always rushed.

Staff stated there is not enough staff and it affects their ability to provide safe and quality care and services. For example:

* Consumers are washed not showered.
* Consumers are not transferred and taken out of their room, especially when two staff are required and there is only one staff member working in the unit.
* Consumers who require two staff to assist with transfers are frequently transferred by one staff member.
* Consumers are not monitored and supervised as required or needed.
* Consumer call bells are not responded to in a timely manner.

Review of the roster supported that staffing numbers and mix do not support safe and quality care.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 7. Nominated actions include a number of actions to minimise the risk of insufficient staff and a comprehensive staff education plan.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate their workforce enabled safe and effective care delivery. Therefore, I find the service is non‑compliant with this requirement.

### 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 the service did not demonstrate they have effectively actioned previously identified deficits in this requirement, The Assessment Team found most consumers and representatives said regular staff are competent, however agency and new staff are not aware of all of their needs. The workforce is recruited to specific roles requiring a qualification, credentialing or competency. However, the service did not demonstrate this has consistently occurred. Staff said agency staff are not always competent. In addition, mandatory medication competencies have not been completed.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 7. Nominated actions include a number of actions to minimise the risk of insufficient staff, a comprehensive staff education plan and orientation and onboarding for new starters.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate their workforce perform their roles effectively. Therefore, I find the service is non‑compliant with this requirement.

### 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 the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found management were unable to demonstrate how staff training and education needs are met. Education programs exist, however management was unable to demonstrate evidence of how staff educational needs are effectively monitored and supported. The orientation of agency and new staff through handover is not effective and places consumers at risk.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 7. Nominated actions include a number of actions to minimise the risk of insufficient staff, a comprehensive staff education plan and orientation and onboarding for new starters.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate the workforce is recruited and trained to deliver required outcomes. Therefore, I find the service is non‑compliant with this requirement.

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

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

The Assessment Team found the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found the service was unable to demonstrate regular assessment, monitoring and review of the performance of each staff member is undertaken. Management acknowledged deficits identified at the last audit in relation to monitoring staff performance have not been rectified. Staff appraisals have not been completed as required by the organisation.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 7. However, none of the nominated actions specifically relate to addressing deficits identified in this requirement.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate regular assessment and monitoring of staff performance. Therefore, I find the service is non‑compliant with this requirement.

# 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

The purpose of this site assessment was to assess the service’s performance against a number of requirements that were previously found non-compliant.

The Quality Standard is assessed as non-compliant as five of the five specific requirements have been assessed as non-compliant. My reasons for finding non‑compliance are explained below under each requirement.

## 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 the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found sampled consumers and their representatives indicated that they are not engaged in developing, reviewing, and updating care and services. Management said monthly ‘resident and representative’ meetings are held. Concerns raised through the meeting feed into the feedback and complaints register, which informs the continuous improvement plan.

However, the service did not demonstrate improvements have been made as a result of feedback received. Concerns raised in meetings, are not recorded in the complaints register for monitoring and actioning. The Assessment Team reviewed meeting files for 2021 and 2022 and noted that six resident and representative meetings were held. Additionally, a review of the complaints register for the period showed concerns raised in the meetings were not recorded on the complaints register and did not inform improvement items in the continuous improvement plan.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 8. Nominated actions include compiling and reviewing quality benchmarking data to identify risks and identify improvement opportunities and the Board’s Quality Safety Committee have introduced an additional monthly meeting.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate consumers are engaged and supported to contribute to the delivery and evaluation of care and services. Therefore, I find the service is non‑compliant with this requirement.

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

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

The Assessment Team found the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found the governing body does not effectively promote a culture of safe, inclusive and quality care. Tools used for monitoring are not effective in informing the Board of current trends and data. Internal review processes identified a number of issues, which the Assessment Team noted the service has not resolved.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 8. Nominated actions include compiling and reviewing quality benchmarking data to identify risks and identify improvement opportunities and the Board’s Quality Safety Committee have introduced an additional monthly meeting.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate the governing body is effectively promoting a culture of safe, inclusive, and quality care and services. Therefore, I find the service is non‑compliant with this requirement.

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

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

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

The Assessment Team found the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found the organisation was unable to demonstrate organisation-wide systems to support the delivery of safe and effective care. Staff acknowledge they do not have the right tools to perform their duties effectively. Continuous improvement practices do not incorporate all areas of improvement identified through various forums. Workforce governance practices are ineffective in supporting safe, quality care to consumers, and feedback and complaints are not actioned.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 8. Nominated actions include compiling and reviewing quality benchmarking data to identify risks and identify improvement opportunities and the Board’s Quality Safety Committee have introduced an additional monthly meeting.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate effective organisation wide governance systems. Therefore, I find the service is non‑compliant with this requirement.

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

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

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

The Assessment Team found the service did not demonstrate they have effectively actioned previously identified deficits in this requirement, The Assessment Team found that while there is a risk framework for identifying high impact and high prevalence risks and abuse or neglect of consumers, it is not effective. Issues identified at the last audit have not been rectified. The Assessment Team noted ongoing and new deficits in falls management, wound care, and pain and medication management. Further deficits in areas of high risk including multiple areas of specialised nursing care, demonstrate governance at the service is not effective. The organisation provided a documented risk management framework, however, the Assessment Team noted it is not effective. Staff are not adequately trained and supported to provide specialised nursing care to consumers and consumers are not living the best life they can.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 8. Nominated actions include compiling and reviewing quality benchmarking data to identify risks and identify improvement opportunities and the Board’s Quality Safety Committee have introduced an additional monthly meeting.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate effective risk management systems and practices. Therefore, I find the service is non‑compliant with this requirement.

### 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 the service did not demonstrate they have effectively actioned previously identified deficits in this requirement. The Assessment Team found the service did not demonstrate they are minimising the use of restrictive practices, particularly chemical restraint. Environmental and physical restraint has not been consistently identified. Management and clinical staff could not demonstrate how they effectively manage consumers who are potentially subject to chemical restraint. The service does not fully understand or apply its policy and procedure to support the minimisation of chemical restraint. There are no appropriate authorisations or care plans to guide staff in its use. The service has not consistently implemented open disclosure in the event of an incident.

In their response to the Assessment Team report, the approved provider submitted a plan for continuous improvement to address deficits identified in the report. The plan nominates a number of actions the service has taken, or plans to take and nominated actions are the same for each requirement under Standard 8. However, none of the nominated actions specifically relate to addressing deficits identified in this requirement.

While I note the remedial action taken and/or planned by the service since the site assessment, at the time of the site assessment, the service did not demonstrate an effective clinical governance framework. Therefore, I find the service is non‑compliant with this requirement.

# Areas for improvement

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

* Ensure consumer personal hygiene preferences, including daily showers, are facilitated.
* Ensure consumer privacy is maintained when attending to clinical and personal care needs.
* Ensure requests from couples to share a room are facilitated.
* Ensure respite consumers receive effective assessment and care planning.
* Ensure consumer pain relief is safe and effective and consider both pharmacological and non-pharmacological strategies to prevent reoccurrence of pain and breakthrough pain.
* Ensure physical restrictive practice is identified, assessed and monitored.
* Ensure consumers receive safe and effective wound and pressure injury care.
* Ensure advance care planning is completed for all consumers.
* Ensure information from other care providers, including allied health professionals, is updated in consumer care plans.
* Ensure consumer representatives are included in assessing and reviewing consumer care needs.
* Ensure consumer representatives are contacted after an incident occurs.
* Ensure consumers and representatives are aware they may request a copy of consumer care plans.
* Ensure deterioration of consumer condition is recognised and responded to in a timely manner.
* Ensure ineffective strategies are identified and recognise when reassessment or new interventions are required.
* Ensure chemical restrictive practice is identified and minimised and that consent is obtained.
* Ensure effective behaviour charting and management for consumers who exhibit challenging behaviours.
* Ensure diabetic consumers receive safe and effective diabetes care.
* Ensure consumers with a catheter receive safe and effective catheter care.
* Ensure consumers, where relevant, receive safe and effective oxygen management.
* Ensure palliating consumers receive safe and effective palliative care.
* Ensure consumer care plans and handover information is accurate, up-to-date and contains sufficient detail regarding individual consumer care needs.
* Ensure timely referrals to external health care providers.
* Ensure staff practice and equipment availability minimises the risk of transmission of infection.
* Ensure relevant staff are familiar with the service’s Outbreak Management Plan.
* Ensure suitable activities are available to consumers, including in the Memory Support Unit.
* Ensure consumers are supported to leave their rooms and pursue things of interest to them.
* Ensure consumers are provided with meals of suitable quality.
* Ensure consumer equipment is suitable and clean.
* Ensure the living environment is clean.
* Ensure consumers and representatives are aware of external advocacy, language services and complaint avenues.
* Ensure appropriate action is taken in relation to complaints and feedback.
* Apologise when things go wrong.
* Ensure feedback and complaints are used to inform improvement of care and services.
* Ensure there are sufficient staff at the service to deliver activities of daily living and personal and clinical care.
* Ensure the workforce has the competency required to perform their roles.
* Ensure the workforce is trained and supported to deliver required outcomes.
* Ensure regular assessment and review of workforce performance.
* Ensure consumers are engaged in the delivery and review of care and services.
* Ensure concerns raised at meetings are captured on the feedback register and that these concerns inform improvements to care and services.
* Ensure the governing body promotes and is accountable for the delivery of safe and effective care and services.
* Ensure effective governance and risk management systems are in place at the service.
* Ensure an effective clinical governance framework minimises the use of restraint and ensures open disclosure occurs when things go wrong.