St Simeon Village

Performance Report

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**Commission ID:** 0374

**Provider name:** Serbian Orthodox Diocese Aged Care and Education Property Fund

**Site Audit date:** 21 March 2022 to 23 March 2022

**Date of Performance Report:** 24 April 2022

# Performance report prepared by

E Woodley, 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) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | 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) | Compliant |
| Requirement 3(3)(g) | 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) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | 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 19 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 Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Most consumers interviewed by the Assessment Team considered 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 interviewed confirmed that their personal privacy is respected, and their information kept confidential.

However, the Assessment Team found that while staff interactions are generally respectful, there is a lack of understanding about cultural safety and diversity. A diversity plan has been developed recently providing an overall understanding of diversity. However, no staff training had been undertaken in cultural safety and diversity.

Some consumers are not supported to be as independent as they prefer, and their choices are not always supported. Management and staff were generally able to explain how consumers are supported to take risks and have provided risk assessments for two consumers to do so. However, risk assessments have not been reviewed or updated in care plans.

Information is not always provided to each consumer in a way that is easy to understand and enables them to exercise choice. Most consumers at the service are from a Serbian background and some have a little English however there is a lack of clear information about their related needs and communications aids are not used by staff. Some documentation is provided to consumers only in English and some brochures only in Serbian.

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

The Assessment Team found the service did not demonstrate that care and services are culturally safe for some consumers. Most consumers at the service are from Serbia or other East European countries, and these consumers interviewed said that generally their culture is respected. However, staff do not always tailor care and services to meet the cultural needs of non-Serbian speakers at the service. For example, one consumer and two representatives who are not Serbian said activities run and television programs on are usually in Serbian which these consumers do not understand. Staff are generally respectful of consumers, however information regarding consumer cultural needs are not clearly identified for staff to provide culturally safe services to all consumers.

The approved provider’s response to the Site Audit report includes some additional information regarding services and supports available for the identified non-Serbian speaking consumers. The approved provider’s response includes some clarifying information regarding consumer care documentation and staff interviewed by the Assessment Team, and demonstrated staff training in relation to this requirement had occurred prior to the Site Audit.

At the time of the Site Audit, the service demonstrated that generally, care and services were culturally safe for sampled consumers.

I find this requirement is Compliant.

### 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 the service has some processes in place to enable consumers to exercise choice in relation to the day-to-day care and services they receive, however this information is not always documented in consumer files. While the service had identified several consumers who do not want their family involved in their care and can make their own decisions, this was not identified in their care documents. Several consumers did not feel that they receive effective supports to exercise choice and independence. For example, consumers did not feel supported to go to outdoor areas with staff support, make decisions about social leave, and that care and medications are explained to them by staff.

The approved provider’s response demonstrates that for consumers who do not want their family involved in their care, this is identified in their care documentation. The approved provider’s response includes some additional information regarding the consumers identified in the Site Audit report. However, this did not demonstrate that consumers are supported to exercise choice and independence including to make decisions about their own care and the way care and services are delivered.

The service demonstrated that generally consumers can make decisions about when others should be involved in their care, and make and maintain relationships of choice. However, at the time of the Site Audit, the service did not demonstrate each consumer is supported to exercise choice and independence to make and communicate decisions about their own care and the way care and services are delivered.

I find this requirement is Non-compliant.

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

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

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

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

The Assessment Team found that information is not provided to each consumer in a way this is easy to understand and enables them to exercise choice. There is inconsistency in the way information is translated for use by consumers and representatives. A significant number of consumers at the service use a language other than English and key documents are provided mainly in English. Other documentation and information is provided to consumers and representatives in Serbian only. However, staff were able to provide some examples of how they assist consumers to understand information to support them to exercise choice.

The approved provider’s response to the Site Audit report includes some additional information regarding services and supports available for the identified non-Serbian speaking consumers to enable them to exercise choice. The approved provider’s response identifies that key documents are available in a variety of languages, and other avenues are used for consumers and representatives to ensure information is provided to them in a clear way.

Overall, the approved provider demonstrated information provided to each consumer is current, accurate and timely, and communicated in a way that is generally clear, easy to understand and enables them to exercise choice.

I find this requirement is Compliant.

### 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.

Overall, consumers interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed said staff keep them well informed about issues related to the care of the consumers, and they are provided with a copy of the consumer’s care plan.

While the service demonstrates it involves consumers in planning processes, the outcomes of assessment and planning is not provided in a format that can be easily understood.

The Assessment Team found assessment and planning processes do not ensure that risks to the consumer’s health and well-being are considered, identified, and incorporated into care planning documentation. The service did not demonstrate that appropriate assessment and planning is undertaken in response to incidents, changes in the consumer’s condition, and in relation to end of life needs and preferences. Consumer’s clinical care and services are not routinely reassessed particularly when incidents impact on the consumer’s well-being.

The Quality Standard is assessed as Non-compliant as four 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 did not have effective systems to ensure that risks to the consumer’s health and well-being are considered, identified and incorporated into care planning documentation. For three consumers, comprehensive assessment and planning was not undertaken on admission to the service, in accordance with the service’s procedures. Interim care plans had not been developed for consumers to inform safe and effective care and services. For consumers sampled by the Assessment Team, assessment and planning did not inform effective end of life care, wound and pressure injury management, and/or falls risk. While the service has policies and procedures in relation to assessment and planning of care and services, these do not provide a structured approach or guidance on how assessments should be prioritised.

The approved provider’s response states that the current electronic care planning system in use at the service is not user-friendly and lacks key care assessments. The service is implementing a new electronic care planning system to address this gap. The approved provider’s response details some clarifying information including that some care documents were not available to the Assessment Team during the Site Audit and the service was unable to get comprehensive information from some consumer representatives to help inform assessment/care planning. The admission assessment document included in the approved provider’s response provides some structure to initial assessment and planning, however it was not demonstrated this was consistently followed.

The service did not demonstrate that assessment and planning considered risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services.

I find this requirement is Non-compliant.

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

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

The Assessment Team found the service did not demonstrate that assessment and planning consistently identifies and addresses consumer’s current needs, goals and preferences. This included in relation to wound care, pain assessment and monitoring and mobility for consumers with a change in their condition or following a hospital admission. The Assessment Team found that basic information about consumer’s end of life planning and their wishes is generally undertaken. However, for two consumers, assessment and planning did not address their needs, goals and preferences regarding palliative and end of life care. For one of these consumers, end of life crisis medications were commenced without discussion with the consumer’s representative or authorisation of the medical officer, despite the care plan stating the consumer would like their representative involved in all aspects of end of life care. While the service has an advanced care planning policy to guide assessment and planning in relation to end of live care, this was not followed for two consumers identified by the Assessment Team.

The approved provider’s response includes some information demonstrating consultation with consumers and their representatives regarding palliative and end of life care. For some consumers who experienced a change in care needs following a hospital admission, the approved provider’s response demonstrates some assessment and planning was undertaken to identify and address the consumer’s needs, goals and preferences.

The service did not demonstrate that assessment and planning consistently identified and addressed consumer’s current needs, goals and preferences including in relation to advanced care planning and end of life planning.

I find this requirement is Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

### Requirement 2(3)(d) 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 outcomes of assessment and planning were not effectively communicated. The electronic care planning document is not in an easy to read format and it is difficult to determine the current care needs, goals and preferences of the consumer. Most consumers and representatives who were asked by the Assessment Team said they have received copies of the consumers care plans. However, some representatives interviewed by the Assessment Team indicated the outcomes of assessment and planning were not communicated effectively to them. This included in relation to end of life care and falls management. One representative was not aware of how the service is managing the consumer’s risk of further falls.

The approved provider’s response includes additional information about the communication of the outcomes of assessment and planning to consumers and representatives. For the representative who was not aware of how the service is managing the consumer’s risk of further falls, the approved provider demonstrated the consumer’s care plan was given to the representative. However, this did not demonstrate the outcomes of falls prevention assessment were effectively communicated to the representative.

The approved provider acknowledges that the care plan format may be difficult to understand and the service is implementing a more user-friendly electronic care planning system to address this.

While a copy of the care and service plan is provided to consumers and representatives, the service did not demonstrate the outcomes of assessment and planning are effectively communicated to the consumer and/or representative.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that consumer’s clinical care and services are not routinely reassessed, particularly when incidents impact on the consumer’s well-being, needs or preferences. A review of sampled consumer’s clinical documentation demonstrated consistent deficiencies in the reporting of incidents, investigation process, and identification of strategies to minimise the risk of reoccurrence. This includes in relation to falls, bruising, and pressure injuries. One representative interviewed said they were not satisfied with how the service managed their consumer after a fall, and were not aware of how the service is managing the consumer’s risk of further falls.

The approved provider’s response demonstrates that for one consumer who experienced a fall and one consumer who developed a pressure injury following a hospital admission, their care and services were reviewed to identify the impact on their care needs and strategies to minimise risk. However, this was not consistent for all consumers identified in the Site Audit report.

At the time of the Site Audit, the service did not consistently demonstrate 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.

I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumers interviewed by the Assessment Team generally provided positive feedback about their personal and clinical care and services. Consumers indicated they have access to medical officers and other health professionals. However, some consumers and representatives interviewed felt there were aspects of care that could be improved.

The Assessment Team found the service did not demonstrate that each consumer gets effective care, including in relation to skin and wound care, restrictive practices, monitoring processes, incident management and assessment and planning processes which impact on the delivery of care. High impact or high prevalence risks associated with the care of each consumer are not consistently monitored or minimised.

There is limited monitoring of consumers whose condition is deteriorating and lack of follow up to ensure that interventions which may prevent ongoing deterioration are developed, implemented, and monitored. The service does not have systems to capture information and implement care that meets the goals and preferences of consumers nearing the end of their life.

The service has a fragmented consumer care planning documentation system which does not support the delivery of effective quality of care that meets the consumer’s needs, goals and preferences.

However, the service undertakes timely and appropriate referrals to other individuals and providers of other care and services when required. The service generally demonstrated that infection related risks are minimised through practices to promote appropriate antibiotic prescribing, practices to reduce the risk of increasing resistance to antibiotics, and precautions to prevent and control infection.

The Quality Standard is assessed as Non-compliant as five 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 the service did not demonstrate each consumer gets effective care that is best practice, tailored to their needs and optimises their health and well-being. Issues were identified in relation to skin and wound care, restrictive practices, clinical monitoring processes, and incident management which impacts on the safe and effective delivery of care. For example, for two consumers the service did not demonstrate effective pain and wound monitoring and management, or the timely identification of infection for one of these consumers. For another consumer, the Assessment Team found limited assessment and monitoring of the consumer’s deteriorating condition, bruise, and pain. Some representatives interviewed raised concerns with the personal and clinical care provided to their consumer.

The approved provider’s response included information that demonstrated, in general, restrictive practice processes implemented at the time of the Site Audit were appropriate and tailored to the consumer’s needs and preferences.

The approved provider’s response provided some additional information regarding wound management for consumers identified in the Site Audit report. However, this information did not demonstrate wound monitoring and maintenance of skin integrity were best practice. The approved provider demonstrated the additional administration of pain relief medication for one consumer. However, did not demonstrate pain assessment and monitoring to ensure effectiveness and to optimise their well-being.

The service did not demonstrate each consumer consistently receives safe and effective clinical care that is best practice, tailored to their needs, and optimises their health and well-being.

I find this requirement is Non-compliant.

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

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

The Assessment Team identified that high impact or high prevalence risks associated with the care of each consumer are not consistently identified, monitored, or managed effectively. For one consumer, comprehensive clinical assessment was not completed after episodes of slurred speech and following a fall. This consumer had two falls within 24 hours with limited incident investigation or management completed to prevent risk of further falls. The Assessment Team identified gaps in clinical monitoring of high risk areas for two consumers including fluid balance restriction, weight, blood glucose levels (BGL), and blood pressure.

The approved provider’s response demonstrates that weight, BGL and blood pressure monitoring was completed appropriately for two consumers identified in the Site Audit report.

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

I find this requirement is Non-compliant.

### 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 that the needs, goals, and preferences of consumers nearing the end of life are recognised and addressed, or that their comfort is maximised. For two consumers, assessment and planning did not address their needs, goals and preferences regarding palliative and end of life care. For one consumer who passed away at the service, a palliative care plan was not developed until the consumer passed away. The Assessment Team found limited documentation regarding the delivery of end of life care and monitoring for this consumer including no pain monitoring and limited mouth, eye or other comfort care. While this consumer’s representatives requested for the consumer to be seen by a priest at the end of their life, this was not recorded anywhere other than the case conferences notes, and the consumer was not seen by a priest prior to their passing.

In their response the approved provider identified additional information regarding the consumer identified in the Site Audit report who passed away at the service, including that the consumer was reviewed by palliative care specialists prior to their passing. The approved provider states that the priest was notified, however was unable to attend the service.

The service did not demonstrate that the needs, goals, and preferences of consumers nearing the end of life are recognised and addressed, and effective monitoring occurs to ensure their comfort is maximised.

I find this requirement is Non-compliant.

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

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

The Assessment Team found the service did not demonstrate that deterioration in the condition of consumers is recognised and responded to in a timely manner. There is limited monitoring of consumers whose condition is deteriorating and lack of follow up to ensure that interventions which may prevent ongoing deterioration are developed, implemented, and monitored. This includes assessed increase in depression, weight loss and loss of appetite, infection, and general clinical deterioration. Some representatives interviewed by the Assessment Team expressed concern with the service’s timely identification and management of deterioration or change in condition of consumers.

The approved provider’s response includes some additional information regarding the management of some consumers who experienced deterioration. However, this did not demonstrate that for the sampled consumers identified in the Site Audit report, deterioration or change in their condition was recognised timely manner and responded appropriately.

I find this requirement is Non-compliant.

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

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

The Assessment Team found the service has a fragmented consumer documentation system in place, which makes it difficult for staff to locate and record consumer information. Review of consumer documents by the Assessment Team identified they were not reflective of the consumer’s current health needs, goals and preferences. Assessments and care plans were not up to date and at times had conflicting information. Monitoring charts are not completed or not completed consistently. Incidents reports are not routinely completed and investigated to determine a cause. For one consumer, the Assessment Team found conflicting information regarding their dietary needs from their representative’s feedback, specialist review, and in care documents.

In their response, the approved provider acknowledges the gaps in the current care documentation system and identifies the service is implementing a new electronic care documentation system to address this.

The service did not demonstrate information about the consumer’s condition, needs and preferences is accurately documented and effectively communicated within the organisation.

I find this requirement is Non-compliant.

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

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

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found that the service demonstrated infection related risks are minimised through practices to promote appropriate antibiotic prescribing, practices to reduce the risk of increasing resistance to antibiotics and precautions to prevent and control infection. Clinical staff demonstrate knowledge of antimicrobial stewardship and described actions to support this. The service has a range of measures in place to prevent and control infection.

# STANDARD 4 NON-COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Some consumers interviewed by the Assessment Team said they get safe and effective services for daily living, however others did not. It was not demonstrated that staff support consumers to optimise their independence, well-being, and quality of life.

Some consumers and representatives interviewed provided feedback about consumers being supported to participate in the community, to have relationships and to do things of interest to them. However, others provided feedback about a lack of support for these things to occur. Observations show a lack of support for many of the consumers to engage in activities of choice.

The Serbian culture and the Serbian Orthodox religion are evident throughout the service. Most consumers said their spiritual beliefs are supported. However, the service has not demonstrated that supports for daily living promote each consumer’s psychological well-being.

Consumers and representatives generally said there is effective communication within the organisation. Staff have knowledge of the consumers in relation to the services and supports for daily living however, the care plan documentation of some of the consumers sampled have limited information. There is evidence the service has made links with organisations and individuals to ensure consumers have access to a range of services.

Consumers provided positive feedback about the meals provided and they are happy with the quality of the meals offered. The service provides opportunities for consumers to give feedback about the food, and the feedback is used to adjust the meals to reflect the consumers’ needs and preferences.

Consumers, staff, and management interviewed and observations by the Assessment Team demonstrated that equipment used to support consumer lifestyle activities, catering, cleaning, and laundry services are clean, well maintained and fit for purpose.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) 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.*

Most consumer and representative feedback received by the Assessment Team was positive regarding safe and effective services for daily living including laundry, hairdressing, meal service and activities. However, some consumers and representatives, particularly English-speaking consumers, provided negative feedback that activities generally do not engage consumers that do not speak Serbian to optimise their quality of life. Two representatives raised concern regarding support provided to consumers who may be at risk of isolation to optimise their well-being and quality of life. Some of the care documentation reflects detailed and current information about the services and supports the consumer needs to help them do the things they want to do and there is evidence in the progress notes that this occurs. However, this was not consistent for all consumers sampled. The service was unable to demonstrate that consumers are involved in the development of the lifestyle program.

The approved provider’s response includes some additional information regarding services and supports available for consumers identified in the Site Audit report, including English speaking consumers. The approved provider’s response also outlines some further information regarding how the lifestyle program and activity schedule is developed.

The service did not demonstrate that each consumer receives 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

I find this requirement is Non-compliant.

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

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

Most consumers interviewed by the Assessment Team said their spiritual beliefs are supported. However, the service did not demonstrate that supports for daily living promote each consumer’s emotional and psychological well-being. The Assessment Team found that for one consumer who is diagnosed with depression and had a significant deterioration in their psychological wellbeing, the service did not demonstrate they have promoted the consumer’s emotional wellbeing or provided support in line with their psychological needs. One consumer’s spiritual end of life preferences were not fulfilled at the end of their life.

The approved provider’s response identifies some emotional services and supports identified for the consumer’s identified in the Site Audit report. For the consumer diagnosed with depression, the approved provider’s response demonstrates involvement from the geriatrician and medical officer in the consumer’s care, and some strategies to provide emotional and psychological support have been identified. The approved provider states that for the consumer who passed away, the priest was notified, however was unable to attend the service.

While the approved provider identified some services and supports available to consumers to promote their well-being, this was not consistent or effective for sampled consumers to promote their emotional, spiritual and psychological well-being.

I find this requirement is Non-compliant.

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

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

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

Most consumers and representatives interviewed by the Assessment Team provided feedback about consumers being supported to participate in the community, to have relationships, and do things of interest to them. However, others provided feedback about a lack of support for these things to occur. Care planning documents do not consistently demonstrate individual assessment and planning in relation to consumer’s interests and how the service supports them in relation to this.

The approved provider’s response includes some additional information regarding the consumer’s identified in the Site Audit report, including how they are supported to participate in the community and do things of interest. While not all services and supports for daily living optimised consumer’s independence, well-being and quality of life, I have considered this in my assessment of Standard 4, Requirement 4(3)(a).

Overall, the service demonstrated that consumers are supported to participate in their community, have social and personal relationships, and do things of interest to them.

I find this requirement is Compliant.

### Requirement 4(3)(d) Compliant

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

### 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 Assessment Team also examined relevant documents.

Overall, consumers interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Most consumers interviewed were satisfied the service is safe, clean, and well maintained.

There are elements of the service environment which are welcoming, and the environment is clean, and tidy throughout. The communal spaces for activities and socialisation are relaxed and comfortable. Whilst the service has limited way finding aids, consumers and representatives interviewed were familiar with the service and were able to navigate their way around the service.

The service environment was observed by the Assessment Team to be safe and generally clean, well maintained, and comfortable. There are systems in place for the cleaning and maintenance of the service environment.

The service has systems in place to ensure that furniture, fittings, and equipment are safe, clean and well maintained. Documentation reviewed identified that furniture and equipment had been maintained regularly. Consumers said they have no concerns with the furniture and equipment and the equipment available to them meets their needs.

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 Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Most consumers interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. The service has information available for consumers and representatives to provide feedback and make complaints, and staff were able to describe what they do when they receive feedback.

The service has information available about advocates, language services and other methods for raising and resolving complaints. However, the service did not demonstrate they actively involve advocacy and language services to improve consumer opportunities to raise and resolve complaints. Whilst staff are available who can speak the same language as most of the consumers and can assist the consumer when they need assistance, it does not provide an independent person outside the service who can translate for the consumer.

The service’s complaints register is incomplete and does not demonstrate an effective complaints management system in operation at the service. The service was unable to demonstrate appropriate action or investigation is undertaken in response to feedback and complaints, or that open disclosure is always used when things go wrong.

Service management and one consumer were able to identify some improvements made as a result of consumer feedback or complaints. However, the documentation reviewed by the Assessment Team showed very few improvements made as a result of consumer driven complaints or feedback. Overall, it was not demonstrated feedback and complaints are used on an ongoing basis to improve the quality of care and services.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

Feedback from some representatives interviewed by the Assessment Team was that appropriate action and open disclosure was not taken in response to complaints or incidents. One representative was not notified by the service of the details of their consumer’s incident that led to hospital transfer and said the service had not apologised. Another representative said an apology was given in response to a complaint about their consumer’s clinical care, and while their concerns were followed up initially, some issues around clinical care remain. The Assessment Team found the service’s complaints register did not include all complaints raised through various avenues.

The approved provider’s response includes some additional information about how the representatives identified in the Site Audit report were kept informed and involved in the care of their consumer. However, this did not demonstrate that open disclosure was followed or that the incident and complaint were used to improve the quality of care.

The approved provider’s response included the service’s 2021 and 2022 complaints register, which identified most of the complaints and feedback raised through various avenues.

While the approved provider demonstrated that most complaints are recorded and action is taken, the service did not demonstrate that open disclosure was used in response to one incident, and one complaint did not lead to sustained improvement for the consumer’s care.

I find this requirement is Non-compliant.

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

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

Service management and one consumer were able to identify limited improvements made as a result of consumer feedback or complaints. Documentation reviewed by the Assessment Team showed very few improvements made as a result of consumer driven complaints and feedback. The service did not demonstrate feedback and complaints are used on an ongoing basis to improve the quality of care and services.

The approved provider’s response demonstrated some further examples of consumer feedback and complaints being used to improve the quality of care and services, in particular the quality of meals provided at the service and workforce planning changes. The approved provider’s response included the service’s 2021 and 2022 complaints register, which identified complaints and feedback raised through various avenues.

The service demonstrated some improvements to services driven by consumer feedback. However, the service did not demonstrate effective trending or analysis of consumer and representative complaints and feedback, and that feedback consistently drives continuous improvement and changes to the quality of care and services.

I find this requirement is Non-compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall, consumers interviewed by the Assessment Team felt that staff were kind, caring and respectful however they did not consider that there were enough staff to meet consumer’s needs. Whilst the service has a system to plan its workforce, it is not effective in enabling the delivery and management of safe and quality care. Call bell records reviewed by the Assessment Team identified some long delays in response times.

Consumer and representative feedback, and documentation reviewed, indicate that the service has a system to provide mandatory and competency-based training to staff however, training is not always effective, and staff are not always supported by the service to deliver the outcomes required. Deficiencies in Standards 2 and 3 of the Quality Standards indicate that mandatory and competency training is not effective to optimise the health and well-being of consumers.

Documentation reviewed identified that the service has a system for undertaking staff appraisals on a regular basis and performance management as necessary.

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

Some consumers interviewed by the Assessment Team felt there was sufficient staff at the service, however other consumers and representatives interviewed did not. Several consumers or representatives raised issues with staffing levels impacting on call bell response times, consumers being supported with services and supports for daily living, and clinical care. Call bell response times were reviewed by the Assessment Team and demonstrated that wait times above ten minutes have been increasing since December 2021 to March 2022. Management advised the Assessment Team there were no unfilled shifts over the three months prior to the Site Audit. Vacant shifts were filled by casual staff, by staff working longer hours/double shifts or by the management team.

The approved provider’s response includes additional information regarding workforce planning, including changes to the roster implemented since the Site Audit. The approved provider also identifies that the service is upgrading their call bell system, as the current system had not been recording data correctly.

While the service has implemented some improvements to the number and mix of the workforce, at the time of the Site Audit, the workforce deployed did not enable the delivery and management of safe and quality care and services.

I find this requirement is Non-compliant.

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

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

### Requirement 7(3)(c) 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 gaps in the service’s systems to ensure staff have the required qualifications and competencies to effectively perform their roles. The service did not have an appropriately trained infection prevention and control (IPC) lead based onsite in line with Department of Health requirements. The service did not have documented core competencies/capabilities for different roles, but the education coordinator was able to describe training provided for different roles such as medication administration for staff. Staff orientation procedures did not ensure staff are sufficiently trained prior to commencement in their roles. Gaps identified by the Assessment Team during the Site Audit, particularly in relation to Standards 2 and 3 indicated not all staff had the required knowledge to effectively perform their roles.

The approved provider’s response provides clarifying information regarding the IPC lead for the service, including that an additional registered nurse has been enrolled in the course. The approved provider also identifies that the service has competency skill assessments for each role, with 35% of staff having completed the required skill assessment competencies for 2022.

The service did not demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

I find this requirement is Non-compliant.

### Requirement 7(3)(d) Compliant

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

The service demonstrated that most staff had completed mandatory training in the 12 months prior to the Site Audit. However, the Assessment Team identified limited additional training and training needs analysis to identify additional training required for staff. The Assessment Team found the service’s orientation program for new staff does not include mandatory training requirements and this is not included on the orientation checklist. During the Site Audit the education coordinator commenced an induction folder for implementation with new staff.

The approved provider’s response demonstrated additional training and a training/ education analysis has been completed prior to the Site Audit. While this training had not always been effective in ensuring staff had the required knowledge to effectively perform their roles, I have considered this in my assessment of Standard 7, Requirement 7(3)(c).

At the time of the Site Audit, the service demonstrated the workforce is trained, equipped and supported to deliver the outcomes required by the Quality Standards.

I find this requirement is Compliant.

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

*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).

While most consumers and representatives interviewed generally thought the service was well run, the organisation was unable to demonstrate that consumers are being engaged in ongoing development, delivery and evaluation of care and services. While board members generally promote a culture of safe, inclusive and quality care and services, reports to the board do not provide sufficient information to enable them to be accountable in their decision making.

Organisation wide governance systems are in place, however, were not demonstrated to be effectively implemented at the service in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

The service did not demonstrate it has effective risk management systems and practices in place to manage high impact or high prevalence risks associated with the care of consumers. Quality monitoring of consumers identified at increased risk relating to clinical care has not been adequate. Deficits were identified in the organisation’s understanding of some aspects of the Quality Standards regarding regulatory compliance.

The service has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint, and open disclosure. However, this clinical governance framework has not ensured that consumer’s clinical needs are assessed or that clinical needs are met.

The Quality Standard is assessed as Non-compliant as four 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 the service did not demonstrate that consumers are being engaged in the overall development, delivery and evaluation of care and services at the organisational level. The service was able to provide some examples of how consumers are involved in the development and delivery of their own care and services and how they can provide feedback and complaints to the service. However, monthly reports to the board include some consumer complaints but mostly relate to complaints communicated through external organisations. The service’s strategic plan and diversity plan did not include information regarding the service actively involving consumers in the development, delivery and evaluation of care and services or how it would support consumers in that engagement.

The approved provider’s response identifies some decisions regarding care and services driven by consumers. The approved provider’s response states that all complaints are included in reporting to the board and the service’s strategic plan and diversity plan is currently under review.

While the service demonstrated consumers are consulted in the delivery of their own care and services, and can provide feedback to the service, the service did not demonstrate consumers are engaged in the development, delivery and evaluation of care and services at the organisation level and are supported in that engagement.

I find this requirement is Non-compliant.

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

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

The organisation has a statement of commitment to promote a culture of safe, inclusive and quality care and services and has some systems to identify compliance issues in relation to this. Management were able to identify some improvements to care and services driven by the board. However, the Assessment Team found the organisation’s governing body is not always provided with sufficient information for them to be effectively involved in, or accountable for, the planning, delivery and evaluation of care and services at this service and its accountability for quality of care and services. Reporting to the board does not include any trending of clinical indicators or comments and complaints for the board to review and provide feedback or make recommendations. There is no formal system for communication from the board to staff and consumers regarding the Quality Standards.

The approved provider’s response details further information regarding reporting of clinical indicators and complaint trends to the board, and how the board communicates and engages with consumers, representatives, and staff. The approved provider’s response also includes improvements implemented since the Site Audit to the board meeting agenda and reports to better inform the board.

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

I find this requirement is Compliant.

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

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

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

While the organisation has governance systems, the Assessment Team found these had not all been implemented effectively at the service. The organisation’s information management system did not provide sufficient, consistent or readily available information for staff and management to perform their roles effectively. The Assessment Team identified some gaps in the organisation’s continuous improvement systems including documenting, trending and analysis of areas for improvement and ongoing non-compliance with the Quality Standards. Gaps were identified in the service’s regulatory compliance systems including some incidents that may have required reporting under the serious incident response scheme (SIRS). Workforce governance systems were not demonstrated to be effective in ensuring the workforce deployed is competent and knowledgeable to effectively perform their roles and enables the delivery and management of safe and quality care and services.

The approved provider acknowledges that the current electronic care planning system has gaps, and the service is implementing a more user-friendly system to address this. The approved provider also identified some further information regarding the incidents identified by the Assessment Team that may have required reporting under the SIRS, and regarding the service’s continuous improvement processes.

The service did not demonstrate the organisation wide governance systems implemented at the service were consistently effective in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

I find this requirement is Non-compliant.

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

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

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

The organisation has some risk management systems and practices in place at the service. The organisation has a risk management policy and procedures and a new risk management plan. While the organisation has recently developed a high impact and high prevalence risk policy, the service did not demonstrate a register to identify high impact and high prevalence risks to consumers was in place, and the Assessment Team identified gaps in the identification and management of these risks. Sampled documentation demonstrated consistent deficiencies in the reporting of incidents, investigation process, and identification of strategies to minimise the risk of reoccurrence.

The approved provider’s response demonstrated a risk register was in place at the time of the Site Audit. However, this was not demonstrated to be effective in identifying and managing all high impact or high prevalence risks associated with the care of consumers. The approved provider’s response demonstrated some incident investigated occurred at the time of the Site Audit, however this incident management system was not consistently undertaken or effective to manage and prevent incidents.

The service did not demonstrate effective risk management systems were implemented including to manage high impact or high prevalence risks associated with the care of consumers, and manage and prevent incidents, including the use of an incident management system.

I find this requirement is Non-compliant.

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

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

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

The Assessment Team found the service has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint, and open disclosure. The service has clinical policies and procedures to guide management and staff to deliver safe and quality clinical care. Some staff interviewed by the Assessment Team had been educated regarding the policies and were generally able to provide examples of their relevance to their work. However, this framework has not consistently been effective in ensuring all consumers receive safe and effective clinical care, as the Assessment Team identified gaps in Standards 2 and 3 of the Quality Standards. The Assessment Team identified that open disclosure was not consistently used in response to incidents and complaints.

While the service has a clinical governance framework in place, this was not demonstrated to be effective in ensuring safe and effective clinical care, and that open disclosure is consistently used in response to complaints and incidents. However, the service generally demonstrated clinical governance was effective in relation to antimicrobial stewardship and minimising the use of restraint.

I find this requirement is Non-compliant.

# Areas for improvement

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

### Requirement 1(3)(c)

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

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

The approved provider must demonstrate:

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

### Requirement 2(3)(a)

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

The approved provider must demonstrate:

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

### Requirement 2(3)(b)

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

The approved provider must demonstrate:

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

### Requirement 2(3)(d)

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

The approved provider must demonstrate:

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

### Requirement 2(3)(e)

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

The approved provider must demonstrate:

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

### Requirement 3(3)(a)

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

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

The Assessment Team found the service did not demonstrate each consumer gets effective care that is best practice, tailored to their needs and optimises their health

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Consumer pain appropriately assessed, managed and monitored to optimise their health and well-being.
* Wound management for consumers is timely, best practice and optimises their health and well-being.

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed.
* Interventions to minimise high impact and high prevalence risks are reviewed for effectiveness.

### 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.*

The approved provider must demonstrate:

* The needs, goals and preferences of consumers nearing the end of life are recognised and addressed in a timely manner.
* End of life care and monitoring of consumers at the end of their life maximises the consumer’s comfort.

### Requirement 3(3)(d)

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

The approved provider must demonstrate:

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

### Requirement 3(3)(e)

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

The approved provider must demonstrate:

* Information about the consumer’s condition, needs and preferences is documented effectively to ensure it is communicated to staff and others responsible for the consumer’s care.

### 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.*

The approved provider must demonstrate:

* Services and supports for daily living meet each consumer’s needs, goals and preferences, and optimise their independence, health, well-being and quality of life.
* Consumer’s needs, goals and preferences regarding services and supports for daily living are identified and documented to facilitate staff understanding.

### Requirement 4(3)(b)

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

The approved provider must demonstrate:

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

### Requirement 6(3)(c)

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

The approved provider must demonstrate:

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

### Requirement 6(3)(d)

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

The approved provider must demonstrate:

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

### Requirement 7(3)(a)

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

The approved provider must demonstrate:

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

### Requirement 7(3)(c)

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

The approved provider must demonstrate:

* Staff are competent and have the knowledge required to effectively perform their roles. This includes Department of Health requirements for the service to have an IPC lead onsite.
* Systems to monitor staff competencies are effective in ensuring staff have the required knowledge to perform their roles on an ongoing basis, and ensuring all staff have completed required competencies.
* Orientation processes are effective in ensuring new staff are competent and have the knowledge required to effectively perform their roles.

### Requirement 8(3)(a)

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

The approved provider must demonstrate:

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

### Requirement 8(3)(c)

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

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

The approved provider must demonstrate:

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

### Requirement 8(3)(d)

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

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

The approved provider must demonstrate:

* The service has implemented effective risk management systems and practices to manage the high impact or high prevalence risks associated with the care of consumers.
* The service has an effective incident management system to manage and prevent incidents.

### Requirement 8(3)(e)

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

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

The approved provider must demonstrate:

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