The Alexander Aged Care Centre

Performance Report

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**Commission ID:** 3516

**Provider name:** Premier Aged Care Pty Ltd

**Site Audit date:** 8 March 2022 to 11 March 2022

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

# Performance report prepared by

David Lee, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant**  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 6 April 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall sampled consumers considered they are respected, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers and representatives stated staff are respectful, value their culture and diversity and make them feel valued as individuals.
* Consumers described how the service supports them to attend social activities. Consumers provided feedback about culturally important activities, independence, maintenance of relationships, privacy and how the service enables them to make informed choices.
* Representatives expressed satisfaction with how the service ensured ongoing relationships were maintained with consumers during the COVID-19 restriction.
* Staff and management described individualised support for consumers and how consumers’ culture influenced the delivery of care and services.
* Staff demonstrated knowledge and understanding of individual consumers’ key relationships and the support they provide to enable consumers to maintain contact with family and friends outside of the service.
* Care plans identify support to maintain relationships and identify others the consumer wishes to be involved in their care.

The Assessment Team observed staff were treating consumers with dignity and respect and understood the consumers’ individual choices and preferences.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall sampled consumers considered they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives stated care and services are planned around what is important to them and care delivery is tailored to their needs.
* Representatives interviewed described how they are consulted in consumer assessments and care plans. Representatives stated that nursing staff consider the consumer’s risks and changes to the consumer’s health needs, to ensure the care is safe and is tailored.

Staff demonstrated an awareness of sampled consumers’ care needs, including end of life care planning. Clinical staff described how care is guided by end of life pathway. Staff described how they provide information to consumers and representatives following changes to consumers’ health conditions or assessment by allied health or medical practitioners.

Care planning documents reviewed were individualised and specific to each consumers’ risks, health and well-being. Consumers’ risks were identified, assessed and documented in care plans.

Care planning documents demonstrated that consumer partnership is ongoing and part of assessment and care planning. Consumers and representatives have access to their care plans.

However, the service was unable to demonstrate that consumers’ care and services are effectively reviewed when their needs change or incidents occur.

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

## Assessment of Standard 2 Requirements

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

The service was unable to demonstrate that changes in consumers’ needs or incidents are always effectively recorded and actioned, with the service not consistently considering further assessments following an incident. For example:

* During the audit, one consumer with a high falls risk, reported a fall to the Assessment Team and was observed sitting on the floor and calling out for help. Following the fall, the consumer was assisted back to their bed by staff after the Assessment Team raised the alert. The Assessment Team reported by the end of the visit, a falls risk assessment tool (FRAT) was not completed, a pain assessment had not commenced, progress notes did not demonstrate assessment was conducted by a health professional, neurological observations were not performed and the representative had not been notified.
* A second consumer who experienced seventeen falls in four months lives with behavioural and psychological symptoms of dementia (BPSD) and was reviewed by Dementia Support Services in November 2021 to manage an increase in responsive behaviours of restlessness and physical agitation. Whilst the representative reported that staff effectively manage the consumer’s responsive behaviour, the Assessment Team found the support plan did not include the recommended strategies from Dementia Support Services.

The Approved Provider’s response provided the following:

* In relation to the first consumer, the response notes the consumer’s behaviour was perceived by the Assessment Team as a fall. The consumer’s behaviour has been assessed by the service stemming back to October 2019, with the progress notes and care plans reflecting this activity as a behaviour.
* In relation to the second consumer, the response notes the recommendations from Dementia Support Service were relayed verbally to care staff and not in writing. The consumer’s Behaviour Support Plan has been updated following the audit.

I have reviewed all the information provided and find this requirement is Non-compliant as the Approved Provider was unable to demonstrate care and services plans are up-to-date and meet the consumer’s current needs. In relation to the first consumer, the service did not review care and service regularly to effectively support the consumer when they were experiencing the behaviour described by the provider in their response. In relation to the second consumer, care plans were not up-to-date to ensure care and service aligned with recommended strategies by Dementia Support Service to meet the consumer’s current needs.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The majority of consumers and representatives sampled considered they receive personal and clinical care that is safe and right for them. For example:

* Consumers and representatives described how changes in consumers’ health are identified and responded to by the service.
* Consumers and representatives expressed satisfaction with timely referrals, by the service, to other health professionals.

Care documents are available to staff and other health professionals, through an electronic system, providing adequate information to support consumers’ care needs. End of life care needs are documented in end of life pathways and guide staff with consumer’s care needs.

However, the service did not adequately demonstrate that clinical care delivery is best practice, particularly in the management of restrictive practices.

The service did not effectively manage risks associated with consumers’ clinical care, in particular in relation to falls and specialised nursing needs.

The service did not demonstrate the effective implementation of practices to minimise infection related risks.

The Quality Standard is assessed as Non-compliant as three 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 evidence the service is not delivering best practices in relation to restrictive practices. The Approved Provider had not consistently identified, monitored or reviewed the use of restrictive practices.

In relation to the use of psychotropic medication.

The Assessment Team reviewed planning documentation and identified where psychotropic medications are prescribed, the process of identification and monitoring did not occur according to regulatory requirements. Files reviewed, medication charts and the psychotropic register did not evidence the service identifying psychotropic medications as chemical restrictive practices. Documentation reviewed did not demonstrate informed consent from the representatives. The Assessment Team found whilst the progress notes demonstrated as required psychotropic being used as a last resort, regular review of the prescribed psychotropic medication is not always consistent. For example:

* One consumer who lives with dementia is prescribed multiple psychotropic medications on a regular and as needed basis. A review of progress notes showed that one of the psychotropic medications prescribed for agitation on an “as required” basis was reviewed once in the last 7-8 months, not reflecting best practice. I acknowledge the consumer has a behaviour support plan in place and the behaviour charting was last completed in August 2021. However, it is not evident if behaviour charting was completed on a regular basis to ensure it was the least restrictive form and was for the shortest period of time to prevent harm to the consumer or another person.
* A second consumer who has a diagnosis of dementia is prescribed psychotropic medication including antiepileptic for regular use. There were no records the consumer had a diagnosis of epilepsy. Further, the progress notes showed the consumer has been reviewed twice in the past ten months by a medical practitioner which is not aligned with a best practice approach. I acknowledge the consumer has a behaviour support plan in place and the behaviour charting was last completed in May 2021. However, it is not evident if behaviour charting was completed on a regular basis reflecting best practice, to ensure the use of the antiepileptic medication is used as a last resort and in the least restrictive form, for the shortest period of time, to prevent harm to the consumer.

The Assessment Team found evidence the service is not delivering best practices in relation to the use of a low-lying bed. For example:

* A consumer lives with Behavioural and Psychological Symptoms of Dementia (BPSD). The consumer is a high fall risk with unsteady balance and ambulates with the use of a frame and with staff assistance. The Assessment Team noted the consumer has been prescribed an as-needed psychotropic medication and observed the consumer on a low-lying bed during the audit. The consumer’s restrictive practices care plan, mobility care plan and behaviour support plan did not demonstrate the consumer had in place a low-lying bed. Clinical staff reported the consumer is able to get out of the low-lying bed, but with great difficulty, with the representative stating they have not received information about the low-lying bed.

Consumers prescribed psychotropic medications as a chemical restraint are not monitored and reviewed regularly for safety and efficacy, nor is informed consent for chemical restraints consistently recorded. The nursing staff interviewed did not demonstrate an awareness of consumers subject to chemical restraint. The Assessment Team also provided evidence that assessment and monitoring of mechanical restraint, had not been undertaken.

The Approved Provider’s response provided the following:

* The response notes the service identifies chemical restraint and other psychotropic medications prescribed to consumers by regularly auditing the medication charts by experienced registered nurses. Once identified consumers’ medications are listed on the psychotropic register and monitored according to best practice. The service receives monthly reports from the dispensing pharmacist with quarterly benchmarking. The response notes January and February’s COVID-19 outbreak by the facility, staffing shortage and the loss of two staff prevented the correct documentation from commencing.
* In relation to the first consumer, the response notes the use of when required psychotropic medication was ceased in December 2021 and the consumer has been stable since this medication was ceased. The consumer has been transferred to the Memory Support Unit to allow closer supervision by care staff.
* In relation to the second consumer, the response notes the antiepileptic medication is considered a chemical restraint and the consumer’s medical practitioner has reviewed the medication and reduced the dosage, with a cease date in early April 2022.
* In relation to the third consumer, the response notes the low-lying bed assessed by a physiotherapist was put in place as a fall prevention strategy and not as a restraint. The care plan indicates the consumer requires staff assistance for mobility, transfers, bed mechanics, sitting and standing. The service’s recent National Quality Indicator Program restraint assessment shows the consumer no longer requires the use of a low-lying bed. The Approved Provider disputes sections of the Assessment Team’s report as the low-lying bed was not replaced immediately. The response notes management subsequently investigated the use of the low lying bed and deemed it was no longer required as a falls prevention strategy and replaced it with a bed of normal height.

I have considered all the information provided and I find this requirement is Non-compliant. Whilst acknowledging the impact of the COVID-19 pandemic on the service and consumer’s assessment and care planning post audit, the service was unable to demonstrate that consumers receive safe and effective clinical care, particularly in relation to chemical and mechanical restraints. Restrictive practices are not identified and managed to optimise consumers’ health and wellbeing.

### 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 could not demonstrate that it consistently monitored or analysed high-impact risks associated with the care of each consumer particularly as it relates to falls, in-dwelling catheters, or choking risks.

Falls have not been managed effectively.

* One consumer with a high fall risk reported a recent unwitnessed fall to the Assessment Team during the site audit. The consumer had fallen out of bed and had requested help. Prior to completing the site audit the Assessment Team noted the fall had not been documented and the consumer was not assessed by clinical staff. The Assessment Team also noted neurological observation had not been recorded and monitoring or assessment of pain post-fall was not evident in progress notes. Clinical and care staff interviewed did not identify the consumer as a high fall risk, describing how the consumer frequently rolls out of bed.

Indwelling catheters have not been managed effectively.

One consumer with urinary retention has a long-term indwelling catheter (IDC). The consumer’s care plan contained specific instructions on the care and maintenance of the consumer’s IDC which was reviewed in December 2021. The IDC care plan specifies instructions including the size of the IDC, weekly changes of catheter bags, catheter to be changed every eleven weeks and the IDC site to be cleaned with warm soapy wash during showers. The care plan details how staff are to monitor signs of urinary tract infections.

The Assessment Team noted the consumer’s catheter was last changed 13 weeks and one day after the last insertion. The Assessment Team drew evidence from the consumer’s hygiene charts which demonstrated the consumer received a wash from 2 March to 11 of March 2022, which was not in line with the consumer’s care plan.

The consumer was prescribed two courses of antibiotic medication in January 2022 and February 2022 for confirmed urinary tract infections. The registered nurses stated how the consumer’s catheter is only changed by a nurse in charge and stated training for IDC changes had not been provided.

Choking risks are not managed effectively.

* One consumer who lives with diabetes is provided with meal assistance by staff. The consumer’s swallowing assessment indicates the consumer is to be seated upright for any oral intakes and also to remain upright for at least 30 minutes post meals to reduce the risk of choking. The Assessment Team observed in their report under requirement 7(3)(a) staff provided meals to some consumers whilst they were laying down in bed.
* One consumer is provided meal assistance. As a result of their decreased oral intakes and ongoing weight loss, they have been seen by a dietician and speech pathologist. The consumer’s swallowing assessment indicates the consumer needs to be seated upright for all meals to reduce the risk of choking. The Assessment Team observed, during the site audit, staff providing meal assistance to the consumer while they were lying down. The Assessment Team also observed staff providing the consumer with overflowing spoonful’s of food at a time.

The Approved Provider’s response includes the following.

* In relation to the first consumer, the response notes the consumer’s behaviour of rolling out of bed was perceived by the Assessment Team as a fall. The response notes the consumer’s dignity of risk and choice form has been completed. The consumer’s behaviour has been assessed by the service stemming back to October 2019, with the consumer’s progress notes and care plans reflecting this activity as a behaviour.
* In relation to the second consumer, the response notes the consumer’s IDC was changed sixteen days after the due date. The response notes the service was managing its second COVID-19 outbreak and had staffing constraints. The consumer was washed between the dates stated and the consumer prefers a shower every second day. The consumer’s IDC site is cleaned regardless of whether the consumer had a shower or a wash. The Approved Provider noted that some consumers refuse a wash from time to time and their choice is also adhered to.

The response notes there were no medical indications to suggest a later IDC change date would cause any harm to the consumer or the IDC change was required on the scheduled date. The consumer’s IDC site is cleaned regularly, with the consumer’s care plans identifying the consumer at risk of developing urinary tract infections. As a result of the electronic system, the catheter bag changes were carried out but not documented in the system.

Since the audit, education has been provided to staff on the use of the electronic system. Management has identified a gap in IDC management and this has now been added to the education calendar with the Clinical Care Coordinator providing ongoing education in catheter management to staff.

* In relation to the consumers with choking risk, the response notes a memo was sent to all staff on meal assistance protocols following the audit. Staff education toolbox sessions on meal assistance have been included in the education calendar.

I have considered all the information provided. I find this requirement is Non-compliant. I acknowledge the impact of the COVID-19 pandemic on the service and the staff education post-audit, to manage high impact risks associated with the care of each consumer. At the time of the audit, the service was unable to demonstrate the organisation delivers personal and clinical care in line with assessments, care and service plans, particularly with a consumer whose behaviour was perceived by the Assessment Team as a fall. The approved provider was unable to demonstrate that catheters are maintained in line with their catheter care plan or choking risks are effectively managed to deliver safe clinical care.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found the service did not demonstrate effective strategies to minimise infection-related risks through standard precautions and other infection prevention strategies. Specifically, the Assessment Team observed multiple and frequent instances of staff failing to comply with the effective use of face masks. Additionally, the Assessment Team noted there was a lack of equipment available to clean high touch point areas and shared equipment. For example:

* The Assessment Team observed a care staff with their mask pulled down to their mouth whilst assisting a consumer with their meal. The Assessment Team observed several staff members and visitors with their masks worn inappropriately.
* The Assessment Team observed several staff using shared equipment and computers without cleaning the areas with disinfectant to minimise the spread of infection. The Assessment Team acknowledges the responsiveness of the service’s management team to address the Assessment Team’s concerns. However, the improvements made are still in the process of being implemented and at this time have not been tested for effectiveness.

The Approved Provider submitted the following information in their response.

* The response notes that all service staff have undergone Personal Protective Equipment (PPE) training as a mandatory requirement with a theory component (infection control) as well as a practical component. The response notes during each COVID-19 outbreak refresher PPE training sessions were conducted at the beginning of each shift. However, the service is unable to provide training records. The response notes that disinfectant wipes are readily available and replaced by the care staff or cleaning staff when it is required, with PPE stock easily accessible to staff.

I have considered all the information provided. I find this requirement is Non-compliant as the Approved Provider was unable to demonstrate minimisation of infection related risk due to inadequate staff infection prevention practices.

# STANDARD 4 NON-COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Sampled consumers interviewed indicated there are minimal activities to keep them occupied, and most consumers have a low understanding of the English language. The Assessment Team observed most consumers remaining in their rooms through the audit and did not have activities to engage or stimulate them. Limited support was observed for consumers with cognitive and physical impairments and language barriers, demonstrating that consumers are not engaged and stimulated in accordance with individualised strategies.

Consumers interviewed were upset and emotional when asked about their emotional wellbeing, indicating they were lonely. The service was unable to demonstrate how consumers’ emotional well-being is maintained. The majority of the consumers were observed in their rooms, sitting by themselves without any stimulation or asleep.

Consumers and representatives provided balanced feedback around meals and snacks provided, including quality and quantity of food. Consumer's dietary needs and preferences are not always considered, and consumers are not always provided with a choice of meal options.

Some sampled consumers considered that they get the services and supports for daily living that are important for their health and wellbeing and that enable them to do the things they want to do. For example:

* Consumers and their representatives expressed satisfaction around consumers' needs and preferences being communicated effectively to staff and others, allowing for the delivery of their care.
* The service supports consumers to participate in activities both within the service and the external community. The service engages the support of individuals, other organisations and providers of other care and services to meet consumers' needs.
* The service equipment provided is safe, suitable and well maintained. Staff have access to appropriate equipment when needed and describe how they report equipment faults. The maintenance staff described the process for cleaning and servicing equipment, including emergency maintenance.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) 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 that each consumer received effective services and supports to optimise their independence, health, well-being and quality of life. For example:

* One consumer who is unable to walk, is in bed for the majority of the day and has little grasp of English. The consumer described how the staff attend to their hygiene needs. The consumer commented on how staff switch on the television, however, the remote is out of their reach, and they are unable to understand what is being played. The Assessment Team noted that staff entered the consumer’s room, and adjusted the consumer’s bed to allow the consumer to reach their meals, with very few interactions occurring. The consumer’s roommate describes how staff do not ask the consumer to attend activities and the consumer’s roommate will not attend, so the consumer is not left alone in the room.
* Another consumer who requires assistance to move around the facility describes how staff assists them to relocate from their bed or chair. The consumer describes how they are left all day in the chair. The consumer expressed how lonely they are, as they cannot understand or communicate in English.

The lifestyle staff described how difficult it is to support all the consumers with activities, especially when consumers do not attend. The Lifestyle staff stated they do not have time to know the consumers intimately, due to the limited time they are able to spend with the consumers. The lifestyle staff acknowledges the majority of consumers do not leave their rooms or speak English.

Staff indicated they try to support consumers to attend activities but find it difficult as the consumers do not want to leave their rooms and they cannot understand what is being communicated to them.

The Assessment Team observed consumers sitting in their rooms, staring out at the window and did not observe any in-room activities being provided to any of the consumers during the audit. The Assessment Team found the service activity calendar is a mirror copy of the previous week and does not align with consumers' leisure assessments.

The Approved Provider submitted the following information.

* The response notes consumers are encouraged to participate in activities offered by the service. The service offers other activities if a consumer chooses not to participate in these group activities such as Greek TV, Greek movies and radio. Consumers also have access to telephones and Wi-Fi in their rooms and the service offers a written Greek translation service. Cue cards are also available at the nurses’ station. The cue cards are to help staff and consumers translate their holistic needs.
* The response notes the service actively seeks volunteers to engage with the consumers. Education is being provided to care staff on activities specific to cultural needs. The service is in the process of seeking a suitable replacement Lifestyle Coordinator who ideally can converse in Greek, with the Lifestyle department focused on improved interactions with consumers.

I have considered all the information provided. I find this requirement is Non-compliant as the Approved Provider was unable to demonstrate for the two consumers, that they receive services and support meeting the consumers’ needs, goals, and preferences to optimise their well-being and quality of life. Staff are unable to describe how they work with consumers to help them do as much as they can for themselves and maintain their independence and quality of life.

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

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

The Assessment Team found the service did not demonstrate that each consumer’s emotional, spiritual and psychological well-being is supported*.* Consumers expressed dissatisfaction with their emotional wellbeing, indicating they were lonely. The Assessment Team observed during the site audit the majority of the consumers were observed in their rooms, sitting by themselves without any stimulation or asleep. Five consumers sampled expressed loneliness at the service.

* One of these consumers indicated the service previously had a variety of activities with participation from all consumers. The consumer describes how this has changed. Consumers now remain in their room, rarely talk to anyone and those that participate in activities can not engage. The consumer expressed loneliness at the service.
* A second consumer requires assistance with balance and expressed sadness and loneliness at the service. The consumer indicated there are no activities of interest at the service and anyone to talk to. The consumer has been unable to walk as a result of staff being busy, which has resulted in the consumer staying in their room.

The Assessment Team found care plan and leisure assessment document activities of interest to the consumers, people that are important to them, and the spiritual connections they want to maintain. The Assessment Team noted that no information was found around emotional support and how the service can assist when consumers feel low.

Staff reported they are aware that consumers are lonely and sad, and if they have the time, they would sit with them or take them for a walk. Staff described how hard it is to talk to consumers that do not speak English as they are unable to understand and provide assistance.

The Approved Provider submitted the following information.

* The response notes the service encourages consumers to leave their rooms and join in activities, with the most recent buffet lunch provided as an example. The service has scheduled education on emotional support for staff and strategies to overcome communication barriers.
* The response notes the service provides books written in Greek and English and puzzles with Lifestyle staff provide colouring pages, pencils and other activities to utilise in their rooms or the communal spaces.

I have considered all the information provided. I find this requirement is Non-compliant as the Approved Provider was unable to demonstrate that each consumer feels connected and engaged in meaningful activities that promote each consumer’s emotional well-being and quality of life. Consumers expressed sadness and loneliness at the service and indicated there are no activities of interest and anyone to talk to.

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

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

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

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

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

### Requirement 4(3)(e) Compliant

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

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

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

The Assessment Team found the service did not demonstrate that meals are varied to support consumers’ meal preferences or choices on meal options. For example:

* One consumer indicated the food at the service is not good and the service does not get the meals right no matter what has been ordered.
* Non-English speaking consumers described how they are not provided with a choice of meals. Meals are delivered to their room, and they eat what is provided.
* One consumer is a vegetarian. Although the consumer is known to be vegetarian they are still provided with meals containing meat. The consumer describes how they eat around meat if it is on their plate. The consumer describes how they are never asked about their meal preferences and if a menu were to be provided, they would not be able to understand it as it is written in English. The Assessment Team observed the kitchen's dietary matrix (whiteboard), which did not identify the consumer’s dietary requirements regarding meat.
* One consumer who is diabetic, with ischemic heart disease, depression and obesity requires a diabetic diet and insulin at breakfast to manage diabetes. The Assessment Team found the dietary matrix did not identify this consumer as diabetic or any other diabetic consumers at the service. The chef was unaware the service has over 13 consumers that have diabetes. However, meals are diabetic approved and reviewed by the dietitian.

The Assessment Team tried to observe lunch, however, only consumers in the Memory Support Unit (MSU) were eating at the dining table with the remaining consumers being served meals in their rooms.

The Assessment Team noted the service has over thirteen diabetic consumers. Staff prepare meals and snacks on-site from a four-week rotating menu, and consumers are provided with additional snacks. A food safety program is in place. A vegetarian consumer is receiving meat with their meals.

The Assessment Team found consumers are not supported to make choices around menu options, and where choices are made, they do not align to the consumers' texture specifications. Management was unable to evidence any food focus meeting to support consumers by providing feedback on the menu.

The Approved Provider submitted the following information.

* The response notes consumers who are not receiving personalised menus are offered meal choices for lunch and dinner, with the service Greek speaking Food Service assistants consulting with consumers on their choice of menu preferences. Dietary Matrix identifies all consumers on modified diets, with a full audit in mid-March 2022 which identified all consumers were being provided with their correct dietary textures.
* The response notes the Chef attends Resident meetings to gain feedback and consult with consumers. Menu tasting for consumers was held in March 2021 to plan for the winter menu and to gain feedback and trial meals to cater to the large Greek consumers. Dietitian feedback in October 2021 ahead of the Summer Menu outlined recommended changes and consumer preferences after consultation with the consumers and families.

I have considered all the information provided. I find this requirement is non-compliant. The Approved Provider was unable to demonstrate that meals meet consumers’ nutrition preferences, particularly for a vegetarian consumer who received meat as part of their meals and Non-English speaking consumers who are not provided with a choice of meals.

### 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 the equipment. The team also examined relevant documents.

Overall most sampled consumers considered they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* Consumers and representatives stated the service is welcoming, safe and optimises the consumers’ sense of belonging and independence. Consumers described how they feel at home and the service is clean and well maintained.
* Consumers and representatives described how consumers have access to safe and clean equipment.

The Assessment Team observed the service environment to be welcoming with a variety of shared communal areas which have suitable furniture arranged to support access and socialisation. The Assessment Team observed consumers and representatives moving freely throughout the service, both indoors and outdoors.

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 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall most sampled consumers considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives described how they could provide feedback regarding care and services and felt safe and confident to do so. Consumer stated they have been made aware and have access to advocates and language services if they wish to raise a concern.
* Consumers and representatives felt that changes were made at the service in response to complaints and feedback.
* The service demonstrated they have implemented a variety of ways to encourage and support stakeholders to provide feedback. This includes information on external advocacy and complaints services available in the reception area.

Staff interviewed demonstrated an understanding of open disclosure. Staff described the service’s complaints and escalating process. Staff also described how they support and encourage consumers to raise any concerns and support those who have difficulty communicating.

The Assessment Team reviewed feedback documentation and noted feedback and complaints are registered, reviewed and monitored to ensure actions are taken.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall sampled consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers and representatives generally expressed that staff are kind, caring and gentle when providing care.
* Consumers and representatives indicated that staff know what they are doing. Staff have the required qualifications and knowledge to effectively perform their roles.

The Assessment Team noted the workforce is recruited to specific roles requiring qualification, credentialing and competency with orientation programs undertaken for all new recruits.

However, Staff interviewed indicated that regular reviews are not undertaken to monitor and review performance, and management could not evidence how they monitor and ensure staff performance.

The Assessment Team noted that medication competencies for nursing and medication endorsed care staff were not completed and monitored. The Assessment Team also noted gaps in the monitoring of mandatory staff training.

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) Compliant

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

While the Assessment Team found this requirement not met I have come to a different view.

I find the deficits identified in the Assessment Team’s report relate to consumers’ receiving safe and effective services and support for daily living, consumers’ emotional well-being, and care regularly reviewed in line with the consumers’ needs. Therefore, I have considered these under Standards 2 and 4.

The Assessment Team noted two consumers with choking risks being provided meal assistance while laying down. I have considered this under requirement 3(3)( b).

Management also discussed the recruitment drive for a suitable replacement Lifestyle Coordinator.

The Approved Provider’s response includes the following:

* Consumer Care plans are being updated to accurately reflect consumers’ choices.
* Evidence of ongoing commitment to recruitment and use of agency staff to maintain adequate staffing levels.

I have reviewed all of the information provided and on balance I find this requirement Compliant. Whilst there have been staffing difficulties during the COVID-19 outbreak which presented challenges and impacted on care delivered to consumers, as identified in Standards 3 and 4, and there are staff performance and educational issues identified under Standard 7, overall the Approved Provider has demonstrated an ongoing commitment to recruitment and use of agency staff to maintain adequate staffing levels.

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

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

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) 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 the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. For example:

* Registered nurses stated they have not been provided with training to manage indwelling catheters. Staff interviewed reported training on open disclosure, antimicrobial stewardship and restrictive practices have not been undertaken.
* The Assessment Team found there is no process of monitoring and managing medication competencies to ensure staff are assessed and deemed competent prior to undertaking medication rounds.

The Approved Provider submitted the following information in their response.

* The service provided evidence that staff were consulted on their training needs for 2022, with ongoing IDC management training not a mandatory requirement. However, the service identified a gap in IDC management and this has been added to the education calendar, with the Clinical Care Coordinator who will provide ongoing education in catheter management to staff.
* The response notes the service receives an auto-generated weekly report for mandatory training modules. An education and competency tracker is updated weekly to enable the service to monitor and ensure compliance as part of the service’s Plan for Continuous Improvement. Theory components are completed by staff prior to commencement with Practical Manual Handling sessions scheduled with the Physiotherapy Team on a monthly basis with the registration of attendance.

I have considered all the information provided. I find this requirement is Non-compliant as the Approved Provider was unable to demonstrate the workforce is recruited, trained, equipped and supported to deliver care and services, particularly as it relates to staff supporting consumer’s with their IDC care and with consumers’ clinical and personal care.

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

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

Staff members indicated that regular reviews are not undertaken to monitor and review performance, and management could not evidence how they monitor and ensure staff performance.

Newly appointed staff stated they had not received feedback from their supervisors, buddy shift staff member or management on their performance.

The Assessment Team reported that management was unable to evidence that performance appraisals were undertaken or how they monitor and ensure all staff completed their probation period.

The Approved Provider submitted the following information.

* The response notes probationary meetings are scheduled for each staff member on commencement. When a staff is successful in their probationary period, an annual appraisal meeting is scheduled at the probationary meeting. The response also notes the service’s recent time restraints and transitional workforce has made maintaining a formal structure challenging and verbal communication of support to the staff and their achievements have been implemented.

I have considered all the information provided. I find this requirement is Non-compliant as the Approved Provider was unable to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall sampled consumers considered the organisation is well run and they can partner in improving the delivery of care and services.

The service showed how they involve consumers and representatives in the development, delivery and evaluation of care and services. This includes an annual survey to determine consumers’ experiences, incidents, and compulsory reportable incidents. The information captured is fed into the service continue improvement plan and internal audits to monitor and review performance against the quality standards throughout the year.

The service also demonstrated they have a range of other governance measures in place. This includes policies and procedures relating to open disclosure, SIRS, complaints management, cultural diversity, compulsory reporting and clinical governance policy.

The service demonstrated the organisation’s risk management framework. Risks are reported, escalated and reviewed by management at the service level and the senior management team. The service demonstrated components of the risk management system including incident reports, audits, meetings with consumers, representatives and staff. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers.

The service demonstrated governance framework includes clinical care. There are processes in place to manage antimicrobial stewardship, minimise restraint use, and manage open disclosure.

However, the service was unable to demonstrate effective review and management of antimicrobial stewardship and restrictive practices.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Compliant

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

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

### Requirement 8(3)(d) 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 this requirement not met. I have come to a different view. The Assessment Team presented evidence related to the deficits identified in Requirement 3(3)(b) in relation to the management of consumer’s risk and clinical care of an indwelling catheter (IDC) and falls.

The Assessment Team noted the service has an organisation’s risk management framework. Risks are reported, escalated and reviewed by management at the service level and the senior management team. The service demonstrated components of the risk management system including incident reports, audits, and meetings with consumers, representatives and staff. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers.

The organisation provided a documented risk management framework, including policies describing how:

* High impact or high prevalence risks associated with the care of consumers is managed.
* The abuse and neglect of consumers are identified and responded to.
* Consumers are supported to live the best life they can.
* Incidents are managed and prevented.

Staff described how incident reporting and audits inform their practice with the education provided when needed.

Management described daily reviews of incidents and progress notes to identify consumers at risk or following an incident or fall.

The Assessment Team found the organisation uses an electronic incident reporting system that automatically emails management of all incidents. These are reported up as needed to relevant management team members.

On balance, I find this requirement is 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 did not demonstrate service-wide identification review and management of restrictive practices and antimicrobial stewardship. For example:

* Management does not collect, analyse and benchmark clinical indicator data for infections and use of antibiotics.
* The Assessment Team found the service does not identify and analysed monthly data in relation to infections and usage of antibiotics.
* Management was unable to evidence recent clinical data and the last report was generated in November 2021 prior to the outbreak at the service.
* Management acknowledges gaps in chemical restrictive practices.

The Approved Provider submitted the following information.

* The response notes regular meeting schedules, monthly reporting and auditing processes have resumed to standard business practices since April 2022, post COVID-19 outbreaks. Antimicrobial Stewardship is discussed through quarterly MAC and nurses’ meetings.
* The response notes the service identifies chemical restraint and other psychotropic medications prescribed to consumers by regularly auditing the medication charts by experienced registered nurses. Once identified these consumers’ medications are listed on the psychotropic register and monitored according to best practice, with the monthly report received from the dispensing pharmacist.

I have considered all the information provided. On balance, I find this requirement is Non-compliant as the Approved Provider was unable to demonstrate effective clinical governance and management of restrictive practice and antimicrobial stewardship.

# 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 consumers’ care and services are reviewed when their circumstances change or incidents impact on their needs and goals.
* Ensure staff complete consumers’ required monitoring and review documentation.
* Introduce internal processes to monitor the accuracy of consumers’ assessment, care planning and review documentation.
* Ensure all consumers who require restrictive practices, including chemical restraint, are assessed, have records of informed consent, and are monitored and reviewed as required.
* Introduce internal processes to monitor the provision of consumer’s clinical care particular in relation to restrictive practice.
* Ensure all consumers’ clinical risks and in particular risks associated with challenging behaviours, falls and indwelling catheters are managed safely and effectively.
* Implement ongoing monitoring of staff PPE use, hand hygiene practices and other infection prevention strategies.
* Ensure all consumers’ services and support are effective to optimise consumers’ independence, health, well-being and quality of life.
* Ensure all consumers’ services and supports promote emotional, spiritual and psychological well-being.
* Introduce internal processes to monitor the provision of services to support consumers’ emotional well-being and quality of life.
* Ensure all consumers’ meals meet consumer’s nutrition preferences.
* Introduce internal processes to monitor the provision of consumer’s meal particular in relation to dietarian requirements and personal nutritional preferences.
* Ensure staff are trained and supported in their roles to deliver consumer outcomes.
* Ensure regular assessment, monitoring, review and documentation of the performance of each member of the workforce.
* Ensure effective governance processes to monitor and minimise the use of restrictive practices, including chemical restraint.
* Ensure regular effective antimicrobial stewardship governance management is occurring to prevent, manage and control antibiotic use.