Performance

Report

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| Name of service: | ValleyView Residence |
| Service address: | 3-5 Vernon Street COLLIE WA 6225 |
| Commission ID: | 7091 |
| Approved provider: | The Riverview Residence Collie (Inc) |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 16 September 2022 |
| Performance report date: | 10 November 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for ValleyView Residence (**the service**) has been prepared by Marek Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the 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; and
* the provider’s response to the assessment team’s report received on 11 October 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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.

Standard 2 Requirement (3)(a) and (3)(e)

* Review policies and procedures to ensure risks associated with diabetes, falls, continence and skin integrity are identified and effectively assessed and planned for.
* Review policies and procedures to ensure care and services are effectively reviewed for individual consumers and specifically for consumers who return from hospital or following incidents of falls and pressure injuries or changes to pain.
* Ensure staff are aware of and follow relevant policies and procedures.

Standard 3 Requirement (3)(a) and (3)(b)

* Review relevant policies and procedures in relation to managing nutrition and hydration, pain, skin integrity, wound management, continence management, medication management and specifically documenting alternatives trialled prior to the administration of as required medications and evaluating effectiveness.
* Review policies and procedures in relation to managing consumers with high impact or high prevalence risks associated with pressure injuries, choking, falls and diabetes
* Ensure staff are aware of and follow relevant policies and procedures.

Standard 4 Requirement (3)(b), (3)(c) and (3)(d)

* Review relevant policies and procedures in relation to services and supports promoting consumer’s emotional, spiritual, and psychological wellbeing and specifically for consumers who have impaired mobility and spend a significant portion of their time in their room and are at risk of being isolated.
* Review relevant policies and procedures in relation to services and supports for daily living and specifically in relation to consumers being supported to do things of interest.
* Review relevant policies and procedures to ensure services and supports, including preferences for emotional and needs goals and preferences for consumers to do things of interest, are identified, recorded, and effectively communicated.
* Ensure staff are aware of and follow, relevant policies and procedures.

Standard 5 Requirement (3)(c)

* Review relevant policies and procedures to ensure furniture, fittings and equipment are safe, clean, well maintained, and suitable for the consumer.
* Review monitoring processes to ensure furniture, fittings and equipment are regularly inspected and appropriately cleaned and maintained.
* Ensure staff are aware of and follow relevant policies and procedures.

Standard 7 Requirement (3)(c) and Requirement (3)(e)

* Review relevant policies and procedures to ensure relevant staff are competent in assessment and management consumers’ personal and clinical care needs in relation to impaired skin integrity, continence, pressure injuries, wounds and risks associated with choking, falls and diabetes
* Review relevant policies and procedures to ensure the work force is regularly assessed, monitored, and reviewed.
* Ensure staff are aware of and follow relevant policies and procedures.

Standard 8 Requirement (3)(d) and Requirement (3)(e)

* Review relevant policies and procedures to ensure staff are identifying incidents and using the incident management system to identify opportunities for improvement and managing and preventing incident.
* Review relevant policies and procedures to ensure effective oversight and management of high impact and high prevalence risks.
* Review relevant policies and procedures to ensure effective clinical governance of clinical issue identified in Standard 2 and Standard 3. In addition, relevant policies, and procedures to ensure a planned approach to reviewing medication used in the form of a restrictive practice.
* Ensure staff are aware of and follow relevant policies and procedures.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

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

Consumers confirmed staff overall treat them with dignity and respect and were aware of their identity, culture, and diversity. Staff interviewed were aware of individual consumer’s identity, culture, and diversity, and were able to describe cultural aspects of a consumers. This included for consumers who identified as Italian and First Nation.

Consumers interviewed are supported to exercise choice. Care planning documentation sampled contained information in relation to consumer choice and decision making. However, care planning documentation did not show the service supports consumers in maintaining relationships that are important for individual consumers.

Consumers are supported to take risks, which included for one consumer in relation to smoking and for another consumer who uses an electric scooter. For one consumer in relation to smoking, the service undertook a formal risk assessment to manage the relevant risk.

Documentation showed consumers are provided information through a range of formats and this included a copy of the care plan if requested, copy of the resident agreement and a copy of the Charter. In addition, a range of pamphlets, feedback forms, posters and information on notice boards was observed to be available to consumers.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in this Standard.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | Non-compliant |
| 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. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| 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. | Compliant |
| 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. | Non-compliant |

Findings

The Quality Standard is Non-compliant as two of the five Requirements have been assessed as Non-compliant.

**Requirement (3)(a)**

The Assessment Team recommended Requirement (3)(a) Not Met, as they were not satisfied the service was able to demonstrate 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 in relation to skin and pressure area care, pain management, nutrition, and hydration, falls and diabetes management. The Assessment Team provided the following evidence relevant to my finding:

* Consumer A did not have an assessment completed in relation to further injury to their skin and in relation to increasing pain and nutritional needs.
* In relation to Consumer B:
  + In the Assessment Team’s report under the Requirement – The consumer did not have their assessments and care plans completed in relation to risks associated with falls, wound care, and diabetes.
  + In the Assessment Team’s report under the Consumer outcome summary – The consumer returned to the service following a fall approximately three months prior to the Site Audit where they sustained a fracture to their hip. A month later the consumer sustained another fall and returned from hospital with a surgical repair of the same hip. A wound care plan was not developed in relation to the wound to their right hip. The consumer did have a falls management plan, but the strategies were generic. The consumer had a diabetic directive, which states staff are to notify the medical officer when their blood glucose levels (BGLs) are outside of the specified ranges. Other strategies were not documented to guide staff in the event of incidence of low or high BGLs.
* Consumer C did not have assessment and planning completed in relation to risks associated with skin care and diabetes management.
* Consumer D did not have a continence and skin assessment completed to identify risks associated with immobility and incontinence.
* Consumer E has not had a relevant assessment completed to identify risks associated with smoking, specifically in relation to physical and cognitive function.
* Consumer G entered the service one week prior to the Site Audit. The consumer is at risk of falls due to their visual impairment, has a history of refusal of care and has a diagnosed cognitive impairment. The consumer did not have a care plan to inform the delivery of safe and effective care and services in relation to their changed behaviours and risk falls.

The provider disagrees with the Assessment Team’s report. The provider’s response includes a continuous improvement plan demonstrating a range of improvements have been implemented, including reviewing the wound and pain assessment process, updating care plans, and ensuring paper-based documents are updated into the electronic care planning system. The following evidence was provided:

* Diabetic management care plan for Consumer B, dated five months prior to the Site Audit.
* In relation to Consumer C, diabetic management care plan, dated one week after the commencement of the Site Audit, and a skin pressure ulcer risk assessment and skin care directives, completed during the Site Audit.
* Explanation that Consumer D did have a continence care plan and assessment completed, however, it was in paper format and the care plan was further updated following discussion with the Assessment Team during the Site Audit. Assessment and planning records dated during and/or after the Site Audit were provided, in relation to skin pressure ulcer risk assessment, skin care directives and toileting assessment and plan.
* Cognitive assessment for Consumer E, dated one month prior to the Site Audit, which identifies the consumer as having a moderate cognitive impairment. In addition, a risk assessment was completed which showed prior to the Site Audit strategies to manage the consumer’s smoking related risks.
* Behaviour evaluation for Consumer G, dated during the Site Audit, identifying strategies to manage the consumer’s changed behaviours and falls risk assessment completed which identified the consumer at medium risk.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate 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.

In relation to Consumer A, I find the evidence demonstrates ineffective care review processes, which were assessment of further injury to the consumer’s skin and increasing pain and nutritional needs. I find this evidence is more aligned with Requirement (3)(e) in this Standard and as a result, it has therefore been considered under that Requirement.

In relation to Consumer B, I find the consumer did not have effective assessment and planning completed in relation to diabetes and wounds. I acknowledge that a diabetes management plan was completed prior to the Site Audit, which directed staff to notify the medical officer in the event of BGLs outside of the specified ranges. However, other strategies were not documented to guide staff in the event of low or high BGLs. In addition, a wound management plan was not developed to guide staff in providing safe and effective care in relation to the wound to the consumer’s hip. I have also noted in the Assessment Team’s evidence of falls management strategies being generic.

In relation to Consumer C, I find assessment and planning had not been undertaken in relation to skin integrity and diabetes. Evidence demonstrates the consumer’s diabetic management plan was not completed until after the Site Audit had concluded, and I have also noted other strategies were not documented to guide staff in the event of low or high BGLs. In addition, I have noted the skin pressure ulcer risk assessment and skin care directives were completed during the Site Audit and identified the consumer as being at high risk of a pressure injury, with corresponding strategies being completed at the time of the Site Audit.

In relation to Consumer D, I find assessment and planning had not been undertaken prior to the Site Audit, specifically in relation to managing the consumer’s continence and risks associated with impaired skin integrity. I have relied on evidence documented in the Assessment Team’s report indicating a relevant assessment and plan was not completed. I have noted a range of assessments and care planning documentation has been provided, which were dated as being completed during and/or after the Site Audit.

In relation to Consumer E, I find assessment and planning was not completed in relation to risks associated with smoking. This included a cognitive assessment which showed a moderate cognitive impairment and a risk assessment completed identifying strategies to manage the consumer’s smoking related risks. I have noted a physical function test such as a hand dexterity was not completed and consider this an area of improvement.

In relation to Consumer G, I find assessment and care planning was not completed in a timely manner to address relevant risks. A care plan to manage the consumer’s falls risk was not completed until one week after entering the service and identified the consumer as being a medium falls risk. In addition, the consumer did not have a behaviour care plan completed until one week after entering the service, despite having a diagnosed condition which can contribute to changed behaviours.

Based on the evidence documented above, I find the provider, in relation to the service, Non-compliant with the Requirement in this Standard.

**Requirement (3)(e)**

The Assessment Team recommended Requirement (3)(e) Not Met, as they were not satisfied the service was able to demonstrate care and services are reviewed regularly for effectiveness, and when circumstances changed specifically for three consumers in relation to falls, changes in skin integrity and following changes in personal care needs. The Assessment Team provided the following evidence relevant to my finding:

* Consumer A’s pain management, complex care needs, and personal care needs have not been reviewed following the consumer’s return from hospital. The consumer was admitted to hospital for increasing fatigue, pain, and irregular blood results. On return to the service, three months prior to the Site Audit, staff from the hospital identified the consumer with excoriation to their skin and an unstageable pressure injury to their left heel. A week later, the consumer’s right buttock area had deteriorated to an unstageable pressure injury. The consumer told the Assessment Team they were experiencing pain on two of the three days during the Site Audit.
* Consumer B’s pain and falls management, and increasing care needs have not been reviewed following multiple falls. Approximately three months prior to the Site Audit, the consumer sustained a fall and was found on the floor complaining of pain, resulting in a fractured hip, which required surgery. On return from hospital, the consumer’s care plan was not reviewed, including in relation to pain, skin and pressure area management. Documentation showed a pain assessment was not undertaken until approximately one month after the fall. Approximately five weeks after the first fall, the consumer experienced another fall, causing their wound to re-open and they were subsequently transferred to hospital. On return from hospital, the consumer’s care plan was not reviewed. The consumer’s current personal hygiene assessment states one partial assistance but the consumers’ mobility assessment states requires three staff to transfer with a slide sheet.
* Consumer C’s diabetes management plan has not been reviewed following an incident of low BGLs. The consumer’s diabetic management plan prior to the incident did not have specific directions, other than to notify the medical officer in the event of a low or high BGL. The consumer experienced low BGLs one month prior to the Site Audit and the consumer was transferred to hospital for treatment. The consumer returned to the service 5 days later, however, the consumer’s diabetic management plan was not reviewed to include other actions to undertake in the event of a low BGL other than to notify the medical officer. Records showed the service purchased a product to administer to the consumer following an incident of low BGL. The consumer’s skin and mobility assessment has not been reviewed following two falls.

The provider disagrees with the Assessment Team’s report. The provider’s response includes a continuous improvement plan demonstrating implementation of a process to ensure care plans are reviewed and updated following incidents or changes in a consumer’s condition. The following evidence was provided:

* Explanation that Consumer A’s information was updated on the clinical care system during the Site Audit in relation to their personal hygiene, toileting, continence, and skin.
* Explanation that Consumer B’s falls risk assessment was reviewed and remained current, and the consumer has not had any further falls. A falls risk assessment record was provided showing the consumer’s falls risk assessment was reviewed following the consumer’s return from hospital in relation to the second fall. Evidence was provided of the updated documents which showed the consumer’s personal hygiene assessment and care plan and activities of daily living assessment had been updated following the Site Audit. In addition, the acute pain management as part of record acute pain episode was completed after the end of the Site Audit to manage the consumer’s hip pain.
* Consumer C’s assessment and care planning documentation were reviewed and updated as required. Records were provided of the consumers assessment and care planning documentation completed after the Site Audit in relation to diabetes management.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate care and services are reviewed regularly for effectiveness and when circumstances change, in relation the three consumers following incidents of falls and low BGLs, and following changes in personal care, mobility and pain.

I find the service did not review Consumer A’s pain management and skin care needs following the consumer’s return from hospital. I have considered that the consumer was admitted to hospital with increasing pain and was discharged from hospital with new pressure injuries which did not result in a review of care and services in relation to pain and skin care.

I find the service did not effectively review Consumer B’s pain levels following their return from hospital on both occasions after sustaining a hip injury. In coming to my finding, I have noted the consumer sustained a significant injury on both occasions following both falls, and whist the Assessment Team’s evidence showed a pain assessment was completed approximately one month after the consumer’s first fall, a relevant assessment and management plan was not completed following the consumer’s second fall. In addition, I have also noted the time difference between the first fall and the completion of the pain assessment being approximately a month later. Finally, to support my view of ineffective review processes in relation to pain management, I have noted the service did complete a relevant acute pain management assessment and care plan which was dated after the Site Audit identifying a range of strategies to manage the consumer’s acute pain following the fall. In relation to ineffective falls review process, evidence was provided to demonstrate the consumer’s falls strategies were reviewed following the consumer’s second fall, however, evidence was not provided to demonstrate the consumer’s falls strategies were reviewed following the consumer’s first fall. In addition, in relation to ineffective review processes I have noted inconstancies in assessment and planning documentation in relation to the mobility assessment and personal hygiene assessment at the time of the Site Audit.

In relation Consumer C, I find the service did not review the consumer’s diabetic management plan following the consumer’s incident of low BGLs and developed relevant strategies. I have relied on the evidence which showed that whilst the service had purchased a product to administer to the consumer following the initial incident, a review was not completed, and information was not sought from the medical officer to guide staff in the event of actions to undertake in the event of a low BGL other than to notify the medical officer. I have noted the service has subsequently reviewed and updated the consumer’s diabetic management plan after the Site Audit.

Based on the evidence documented above, I find the provider, in relation to the service, Non-compliant with the Requirement in this Standard.

**In relation to all other Requirements**

Consumers and representatives confirmed discussions in relation to goals and preferences in relation to advance care planning and end of life care. Clinical staff provided examples of how goals and preferences were identified and recorded for consumers in relation to end of life care.

Overall consumers and representatives confirmed they are involved in assessment and planning. Staff were able to describe how they involve others such as allied health and medical staff as part of the assessment and planning process. Clinical staff were able to describe how they involve others in assessment and planning.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers which assists staff to deliver care and services in line with consumers’ preferences. Overall consumers and representatives confirmed outcomes of assessment and planning are regularly discussed with them. Staff confirmed they have access to the care plan electronically.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with Requirements (3)(b), (3)(c) and (3)(d).

# Standard 3

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| Personal care and clinical 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| 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. | Compliant |
| 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. | Compliant |
| 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

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

Requirement (3)(a)

The Assessment Team recommended Requirement (3)(a) Not Met, as they were not satisfied the service was able to demonstrate each consumer gets safe and effective personal and clinical care that optimises their health and well-being, is best practice and tailored to their needs. The Assessment Team provided the following evidence relevant to my finding:

* Consumer A did not receive care that was best practice or tailored to their needs in relation to personal hygiene, pressure area care, pain management and nutritional support.
  + The consumer lost significant weight in the 4 months prior to the Site Audit. The consumer was commenced on twice-daily nutritional supplements; however, records show the supplement is not being provided twice a day as ordered.
  + Six care staff said the consumer does not get out of bed due to their pain levels. The consumer was diagnosed at hospital with a terminal illness approximately four months prior. The consumers pain assessment and management plan were not reviewed following the consumer’s return from hospital.
  + The consumer returned to the service with an unstageable pressure injury and the skin assessment was not reviewed and pressure relieving devices were not implemented. Seven days later the consumer’s wound appears to be deteriorating and strategies were implemented including two hourly pressure area care and pressure relieving devices including air mattress and foot cradle.
* Consumer B has not received safe and effective care in relation to personal hygiene. The personal hygiene assessment had conflicting evidence with the personal hygiene assessment stating one partial assist and the mobility assessment stating 3 staff assist with slide sheet. Information and evidence in the Assessment Team’s report under Requirement (3)(b) in this Standard shows Consumer B’s wound was not monitored following surgery and the wound spontaneously re-opened and required medical treatment
* Consumer C has not received safe and effective clinical or personal care in relation to falls management, skin integrity, nutrition, and diabetes.
  + The consumer experienced two falls in the month prior and the incident form showed the falls management strategies were reviewed, however, they were generic.
  + Progress notes showed the consumer had a reddened painful area on their left side, however, no follow up action was undertaken. Ten days later, following a return from hospital in relation to low blood sugar levels the consumer had identified from hospital a stage one pressure injury. Wound charting measurements are generic and not accurately measured. A skin care management plan was not developed.
  + The consumer is incontinent but does not have toileting schedule.
  + The consumer has lost weight and is on supplements twice daily however the food intake chart does not show the supplements are provided twice daily and records show the consumer continues to lose weight.
* Consumer D is not receiving care tailored in relation to their continence needs. Staff used pillows as part of the consumers’ pressure area management around the consumer’s side.
* Information and evidence in the Assessment Team’s report under Requirement (3)(b) in this Standard shows Consumer K was administered 9 doses of psychotropic medications in the last three months prior to the Site Audit without having documented trialling of non-pharmacological interventions. Progress notes do not show the consumer was monitored or reviewed after administering the medication.

The provider disagrees with the Assessment Team’s report. The provider’s response includes a continuous improvement plan to demonstrate a consultant has been engaged to improve the skills shortage. The following evidence was provided:

* Acknowledged Consumer A’s care plan required some review and updating. However, the consumer receives effective personal hygiene, pain management and nutritional support. Evidence was provided, which shows four pain observations in the month of the Site Audit and as required pain medication administration records. The records showed one of the four medication administration records did not have their effectiveness of the intervention recorded and evaluated.
* Explanation that Consumer B received daily hygiene and the consumer’s care plan has been updated to reflect the consumers care needs.
* Explanation that Consumer C has received daily hygiene and grooming, and their care plan has been reviewed and updated to address issues raised. Bowel chart records were provided to show assistance provided with continence care.
* Explanation that Consumer D’s care plan has been updated to reflect appropriate strategies to manage their continence. The consumer’s pressure management strategies have been reviewed and the consumer now has an air mattress to manage their skin care risks.
* Assertion that the Assessment Team’s report is incorrect in relation to Consumer K, as 5 doses of the psychotropic medication were given in July and for 3 of the 5 medication administrations staff have documented alternatives trialled. Evidence of a medication report was provided which showed the administration of psychotropic medication on 7 occasions on an as required basis. I have noted on the medication chart 2 from the 7 medication administrations did not have the effectives of the medication administration documented.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being in relation to the management of nutrition and hydration, pain, skin integrity, wound management, continence management, medication management and specifically documenting alternatives trialled prior to the administration of as required medications and evaluating effectiveness.

In relation to Consumer A, I find the consumer did not receive best practice care in relation to nutrition, pain, and skin integrity. I have considered that the consumer is ordered twice daily nutritional supplements and records show the consumer is not being provided the supplements at the required frequency. I have also considered the consumer’s pain strategies have not been reviewed following return from hospital and being diagnoses with a terminal illness. Additionally, documentation shows pain treatment is not always evaluated from effectiveness, and 6 staff say the consumer is in pain. I have also considered the consumer’s skin care assessment and plan was not reviewed until 7 days after they returned from hospital and evidence showed their wound deteriorated during that time.

In relation to Consumer B, I find the consumer did not receive best practice wound care and optimal care in relation to personal hygiene. The consumer’s wound management plan was not developed to include goals and a treatment regime to support the effective management of the consumer’s hip wound. In addition, I have noted the conflicting evidence to guide staff practice in relation to the planned delivery of the consumer’s personal hygiene care needs.

In relation to Consumer C, I find the consumer did not receive best practice care to optimise their health and well-being. I have noted the consumer is experiencing weight loss and records show the consumer is not being provided nutritional supplements twice daily as recommended. In addition, I have noted the consumer had a pressure injury and measurements of the injury were not effectively recorded. In addition, I have noted strategies to manage the consumers falls were generic.

In relation to Consumer D, I find the consumer did not receive best practice care in relation to skin management and noted the service’s use of pillows when in bed. I acknowledge the consumer now has a pressure area mattress. In relation to continence management being tailored to the consumer’s needs, I have noted the service has since update the consumers continence assessment and management plan to guide staff practice.

I have considered that Consumer K was being administered as required psychotropic medication and there was no evidence indicating non-pharmacological strategies were trialled beforehand. In addition, staff were not documenting the effectiveness of the medication for 2 of the 7 medication administration records.

Based on the evidence documented above, I find the provider, in relation to the service, Non-compliant with the Requirement in this Standard.

**Requirement (3)(b)**

The Assessment Team recommended Requirement (3)(b) Not Met, as they were not satisfied the service was able to demonstrate effective management of high impact or high prevalence risks for consumers in relation to managing pressure injuries, falls, diabetes, choking and medications used in the form or restrictive practices. The following evidence was provided relevant to my finding:

* Consumer A experienced three episodes of choking with the first episode approximately three months prior to the Site Audit and the consumer was not referred to a speech pathologist for review until the third episode had occurred. In addition, the service did not undertake a swallowing assessment or ensure relevant swallowing strategies were developed.
* Consumer B’s wound was not monitored following surgery and the wound spontaneously re-opened and required medical treatment. The consumer has a diabetic directive which instructs staff to undertake a BGL three times a week. However, staff have not followed this directive consistently with zero records in the month of the Site Audit and one records in the month prior to the site audit.
* Consumer C experienced two falls in two days and the consumer’s falls strategies were not reviewed. In addition, the consumer experienced a low BGL event and the strategies in the diabetic management plan did not provide sufficient guidance of actions to undertake in the event of a low blood sugar level and the consumer was transfer to hospital.
* Consumer D did not receive effective wound management and the pressure injury deteriorated. In the month prior, the consumer was identified with a stage one pressure injury. A wound care treatment plan was commenced including washing and applying barrier cream. Over the next three weeks the documentation shows the wound as getting bigger and smaller and wound sizes or a measuring device is not used when assessing the wound. Wound photos indicate the wound to be worsening with blisters developing. The care plan did not contain a skin care regime or goals of care in relation to the wound. In addition, the consumer did not have a continence care plan.
* Consumer J developed a pressure injury to their sacrum in the month prior to the Site Audit and wound documentation does not clearly record the dimensions of the wound. Progress notes record the wound as deteriorating two weeks later. The consumer’s skin, pain and pressure injury risk assessment were not reviewed. The consumer was observed to be lying on their back with no pressure relieving devises and feet pushing into the foot end of their bed.
* Consumer K was administered 9 doses of psychotropic medication in the three months prior to the Site Audit without having documented trialling of non-pharmacological interventions. Progress notes do not show the consumer was monitored or reviewed after administering the medication.

The provider disagrees with the Assessment Team’s report. The provider’s response includes a continuous improvement plan demonstrating a range of improvements were implemented, including developing a high-risk register. The following information and evidence were provided relevant to my finding.

* Consumer A’s choking episode occurred the week prior to the Site Audit. The consumer was referred to a speech pathologist with a review being completed three days following the choking episode. The progress notes recorded the diet texture and had not been updated to reflect the recent dietitian discharge summary.
* Consumer B’s wound re-opened as a result of a fall and the wound did not require dressing prior to the fall. Evidence showed following the second fall, an incident form was completed. Wound assessment, monitoring and treatment charts were not provided.
* Consumer C’s falls strategies were reviewed by clinical staff at the time as the physiotherapist was away and a review by the physiotherapist was completed approximately two weeks later. In relation to the consumer’s diabetic management, evidence was provided of an updated care plan containing actions to undertake in the event of a low blood sugar level. The updated diabetic care plan was dated after the Site Audit.
* Consumer D’s wound was reviewed following the Site Audit and acknowledge from the initial photos that it did appear to be consistent with a pressure injury. However, on further examination it is more consistent with incontinence dermatitis.
* In relation to consumer J, the service has contacted the provider of the wound management program to amend the documentation system and support the monitoring of wounds. The consumer’s skin assessment and pressure relieving care plan were updated during the Site Audit. The wound subsequently healed, and the service is in the process of ordering further pressure relieving devices.
* In relation to Consumer K, the Assessment Team’s report is incorrect, with 5 doses of the psychotropic medications given in July and for 3 of the 5 medication administrations staff have documented alternatives trialled. Evidence of a medication report was provided which showed the administration of psychotropic medication on 7 occasions on an as required basis. I have noted on the medication chart 2 from the seven medication administrations did not have the effectives of the medication administration documented.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to pressure injuries, choking, falls, and diabetes.

In relation to Consumer A, I have considered the consumer experienced three episodes of choking and their choking risk was not effectively managed. To support my view, I have noted the time between the initial choking episode and the review undertaken by the speech pathologist, in addition to the evidence which does not demonstrate the service had reviewed the consumer’s swallowing strategies following the initial and second choking episode.

In relation to Consumer B, evidence was not provided to demonstrate the wound was assessed and a management plan developed and followed. I accept the evidence indicating the wound re-opened following the fall and have noted the wound was reviewed by a nurse following the fall with the subsequent transfer to hospital for further medical review. These deficits are aligned with Standard 3 Requirement (3)(a) in relation to best practice care. I have noted the consumer has a diabetic directive and the service has not effectively monitored and managed the consumer’s risk associated with diabetes. I have relied on the evidence which shoes the directive instructs staff to undertake a BGL three times a week. However, staff have not followed this directive consistently, with zero records in the month of the Site Audit and one record in the month prior to the site audit.

In relation to Consumer C, I find the service did not manage the consumer’s risks associated with diabetes. In particular, I have relied on the evidence which showed the consumer experienced an episode of low BGLs and the diabetic management plan did not provide sufficient guidance of actions to take in the event of a low blood sugar level. In relation to managing the consumers falls risk, I have noted the consumer had two subsequent falls in close proximity to support my view of ineffective falls management.

In relation to Consumer D, I find the consumer’s pressure injury was not effectively managed. In coming to my finding, I have noted the consumer was initially identified with a pressure injury which did not result in the development of a skin care regime and treatment goals. In addition, I have noted the Assessment Team’s evidence showing the consumer did not have a continence care plan completed to guide staff whilst noting the service has subsequently indicated the wound appears more consistent with incontinence dermatitis.

In coming to my finding for Consumer J, I have noted the consumer did not receive effective management of their pressure related risks. I have relied on the evidence which showed the consumer had a pressure injury to their sacrum with ineffective monitoring of the wound and evidence to support the wound had deteriorated since initially being identified. In addition, I have noted strategies were not reviewed for effectiveness following the initial identification of the wound.

In relation to my finding for Consumer K, I find the service did not demonstrate they were effectively ensuring staff are documenting the strategies trialled prior to the administration of the as required psychotropic medication. In addition, staff were not documenting the effectiveness of medication administered for 2 of 7 occasions. I find these deficits are more closely aligned with Standard 3 Requirement (3)(a) in relation to care that is best practice and have been considered under that Requirement.

Based on the evidence documented above, I find the provider, in relation to the service, Non-compliant with the Requirement in this Standard.

**Requirement (3)(f)**

The Assessment Team recommended Requirement (3)(f) Not Met, as they were not satisfied the service was able to demonstrate referrals to individuals, other organisation and providers of other care and services were timely for four consumers. The Assessment Team provided the following evidence relevant to my finding:

* Consumer A experienced three choking episodes and was not referred to a speech pathologist for recommendations on safe swallowing strategies. The consumer declined in mobility and was not referred to a physiotherapist to develop a safe mobility plan. A physiotherapy assessment was provided showing the consumer was hospitalised and two months later the assessment was completed. Evidence was presented in the consumer outcome summary which showed the consumer was reviewed 7 days after returning to the service in relation to their pain.
* Consumer B experienced a fall and experienced immediate pain and was not referred to the medical officer in a timely manner.
* Consumer C was not referred to the physiotherapist in a timely manner when deterioration in the consumer’s mobility was identified.
* Consumer D was not referred back to a physiotherapist when staff noted the consumer’s hand splint was not fitting correctly. The Assessment Team observed staff fitting the splint and the consumer moaned and the splint was observed to be loose.

The provider disagrees with the Assessment Team’s report. The provider’s response includes a continuous improvement plan demonstrating a range of improvements have been implemented, including developing a high-risk register, engaging a dietitian, and reviewing referral processes. The following evidence was provided relevant to my finding.

* The response states, the clinical team has access to a range of clinical personnel which include physiotherapists, speech pathologists, podiatrists, palliative care team and medical officers.
* Evidence for Consumer A which showed a referral was completed to the speech pathologist following an episode of choking a week prior.
* Evidence to show Consumer B was assessed by a nurse at the time of the fall and experienced mild pain. The consumer was reviewed later in the day with increased pain and the medical officer was contacted and unavailable. The service contacted the medical officer later in the day and the consumer was transferred to hospital.
* The physiotherapist was on leave and Consumer C was reviewed when they returned with evidence showing the review was completed approximately two weeks later.
* Consumer D’s chronic pain management care plan outlines the use of the hand splint and the assessment made by the Assessment Team that the consumer was in pain is incorrect.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was on balance able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services.

In coming to my finding for Consumer A and overall effective referral processes, I have noted the consumer had multiple episodes of choking and I acknowledge a referral was made following an episode of choking which occurred in the week prior to the Site Audit. However, I have considered this evidence under Requirement (3)(b) in Standard 3 Personal and clinical care, as the consumer had multiple episodes of choking which were ineffectively managed over a period of time. In relation to referring the consumer for a safe mobility plan, I have noted the evidence which showed the consumer was reviewed by the physiotherapist and have noted the period of time following the consumers discharge from hospital. I have also noted the consumer was reviewed 7 days after returning from hospital in relation to the consumer’s pain.

In coming to my finding for Consumer B and effective referral processes, I have noted the service had contacted the medial officer on the day of the consumer’s fall on multiple occasions and the consumer was subsequently transferred to hospital.

In coming to my finding for Consumer C, I have noted that whilst the service undertook a referral to review the consumer in relation to falls and mobility, this review was approximately two weeks following the time of the incident. This has been considered as part of my finding for Requirement (3)(b) in Standard 3 Personal care and clinical care, as the core deficit relates to ineffective management of Consumer C’s risk of falls.

In coming to my finding for Consumer D, I have noted six months prior to the Site Audit, the service had engaged a physiotherapist who reviewed the consumer and made recommendations in relation to a medical device to treat the consumer’s condition. Whilst I acknowledge the Assessment Team’s evidence indicating that the splint did not fit appropriately, I accept the evidence form the provider indicating this was a once off occurrence.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with the Requirement in this Standard.

**In relation to all other Requirements in this Standard**

Consumers and representatives were satisfied with processes to support end of life needs. One representative was satisfied with the delivery of end-of-life care for their family member. The service has access to specialised equipment to support the delivery of palliative care. Documentation viewed confirmed the delivery of end-of-life care for one consumer.

Representatives confirmed staff contact them when consumers deteriorate. Care staff interviewed were aware of consumers who had deteriorated. Clinical deterioration is discussed at monthly clinical meetings.

Most sampled consumers’ care planning documentation contained information to support sharing of consumers information. Care staff have access to consumer information through information contained on whiteboards and in consumer care plans. Representatives interviewed reported regular staff know the consumer’s and their preferences.

Policies and procedures support antimicrobial stewardship and effective processes to prevent and control infections. Staff described how they minimise the spread of infections. The service has an outbreak management plan to guide staff in the event of an outbreak and maintains records of staff vaccinations.

Based on the evidence documented above, I find the provider, in relation to the service Compliant with Requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in this Standard.

# Standard 4

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| Services and supports for daily living | |  |
| 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Non-compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Non-compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

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

**Requirement (3)(a)**

The Assessment Team recommended Requirement (3)(a) Not Met, as the Assessment Team were not satisfied the service was able to demonstrate they provide effective services and supports that meet consumers’ needs and preferences and optimise their heal and quality of life including independence. The Assessment Team provided the following evidence relevant to my finding:

* Three consumers said they were bored, don’t like the activities and have nothing to do.
* Ten consumer records showed they did not have an assessment and care plan for culture and lifestyle.
* Consumers’ documented preferences included setting the table for meals, knitting, singalongs, newspapers, sports, these had not been included in the activity planners.
* The Assessment Team observed limited activities provided to consumers who were in bed.

The provider disagrees with the Assessment Team’s report. The provider’s response included a continuous improvement plan demonstrating implementation of a range of improvements, including reviewing the lifestyle activity program and implementing an electronic system to monitoring the provision of lifestyle activities. The following evidence was provided:

* Records of the activity spreadsheets for consumers which shows the preferences for a range of consumers.
* The response indicates the service is reviewing the processes for recording activities attended for individual consumers.
* The response describes the activity calendar being developed following the review of the activity spreadsheet preferences which occurs on a monthly basis.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response I have come to a different view and find the service was able to demonstrate 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.

In coming to my finding, I have considered the deficits identified by the Assessment Team and specifically in relation to the feedback of consumers being bored, not liking the activities, and having nothing to do as being more closely aligned with Requirement (3)(c) in this Standard and specifically doing this of interest. In my finding of compliance, I have considered the evidence presented in Requirement (3)(d) in Standard 1 Consumer dignity and choice which showed two consumers were supported to maintain their independence, quality of life and well-being. This included for one consumer who uses an electric scooter and for another consumer who chooses to smoke.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with the Requirement in this Standard.

**Requirement (3)(b)**

The Assessment Team recommended Requirement (3)(b) Not Met, as the Assessment Team were not satisfied the service demonstrated consumers who are bed bound and spend the majority of time in their room have their emotional well-being met. The Assessment Team provided the following evidence relevant to my finding:

* Consumer A was observed to be in bed on four days during the Site Audit. The consumer said they felt lonely. The consumer’s expression of interest form records the consumer fears being on their own and this was confirmed with the representative. Information from the consumer’s expression of interest form was not transcribed into the electronic care planning system to inform other staff.
* Three other consumers were observed to be lying in bed in their bedrooms. The service was not able to demonstrate emotional or psychological support was being provided for the three consumers.
* Staff do not identify consumer’s emotional, spiritual, or psychological needs via assessments. Ten consumer files did not have these needs identified and goals developed.
* Consumer F said they feel lonely and would like someone to talk to. Records showed the consumer does not have a care plan which identifies their emotional, social, religious, or psychological needs or preferences.

The provider disagrees with the Assessment Team’s report. The provider’s response included a continuous improvement plan demonstrating implementation of a range of improvements, including ensuring all lifestyle assessments including emotional spiritual and psychological information is documented in the electronic documentation system and will be available to relevant staff. In addition, the service will review the activities in areas that house consumers with cognitive impairment. The following evidence was provided:

* Consumer A is often out of their room and management said they observed them during Site Audit to be out of their room.
* The response indicated group-based activities are recorded. In addition, a selection of group-based bus outing records were provided.
* Disputed the relevance of the observation of the three consumers to be lying in bed in their bedrooms and noted the Assessment Team’s report of no impact.
* An example of an assessment was provided which showed for one consumer identified as lying in their bed during the Site Audit by the Assessment Team, the consumer’s preferences were recorded in relation to spiritual preferences and a personal and a social profile assessment was developed.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being, specifically for consumers who have impaired mobility and spend a significant portion of their time in their room.

In coming to my finding, I have relied on the evidence which showed for consumer A, the consumer’s preferences were not followed in relation to the consumer not wanting to be alone and I noted the consumer said they felt lonely. I have considered the conflicting evidence where management said Consumer A was observed to be out of their room during the Site Audit and the Assessment Team’s evidence indicating the consumer was in their room during the Site Audit. I have relied on the documented evidence provided in the response which did not show the consumer was regularly supported to be with others according to their preferences to support their emotional and psychological wellbeing. In addition, I have considered the evidence which showed Consumer F felt lonely and relevant evidence to demonstrate this was not addressed through care planning and delivery of services.

I have considered the evidence for the three consumers who were observed to be lying in bed in their bedrooms and noted an assessment was provided for one of the consumers identified, which had a range of preferences in relation to spiritual and social history. However sufficient evidence to demonstrate a relevant care plan was developed addressing the consumer’s emotional, spiritual, and psychological wellbeing was not provided to support service delivery.

Based on the evidence documented above, I find the provider, in relation to the service, Non-Compliant with the Requirement in this Standard.

**Requirement (3)(c)**

The Assessment Team recommended Requirement (3)(c) Not Met, as they were not satisfied the service was able to demonstrate it supports and assists consumers who are not mobile to do things of interest. The Assessment Team provided the following evidence relevant to my finding:

* The Assessment Team observed 4 consumers to be immobile and staff confirmed the consumers are in their room 24 hours per day. During the Site Audit, the Assessment Team did not observe the consumers attending any activity. All 4 consumers did not have information about their activities or interests recorded in a care plan.
* Staff showed a spreadsheet of the activities offered for individual consumers however were not able to demonstrate individual preferences had been considered or provided.
* Examples were provided of consumers who leave the service and are engaged in the community.
* One of 4 consumers said they felt lonely and bored.
* Consumer F said there is nothing to do other than the bus outings and feels bored.

The provider disagrees with the Assessment Team’s report. The provider’s response includes a continuous improvement plan to demonstrate implementation of a range of improvements, including recording the provision of one-to-one activities for consumers who are bed bound. The following evidence was provided:

* The three consumers identified in the Assessment Team’s report are not moved out of their room due to their clinical issues.
* Activities involving one-to-one activities are not currently recorded and this improvement has been recorded on the continuous improvement plan.
* A copy of the activity planner for consumers at the service was provided.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate services and supports for daily living assist each consumer to do things of interest, specifically for four consumers who spend the majority or all of their time in their room.

In coming to my finding, I have considered the evidence which did not show each consumer is supported to do things of interest. I have considered the feedback from one consumer who said they were bored. I have also considered the spreadsheet provided which showed a range of activities preferences recorded for individual consumers. However, on review of the activity planner, I noted of the 4 consumers identified by the Assessment Team, 2 were not on the planner. For the 2 which were on the planner, one consumer was recorded for a selection of activities to be provided and the other consumer did not have any activities recorded to be provided. In relation to Consumer F, I have noted the consumer’s feedback of feeling bored and having nothing else to do. I have also viewed the activity planner spreadsheet which shows the consumer has planned a range of activities which includes bus outings. However, records demonstrating the provision of activities, or an evaluation was not provided. I have considered the evidence which showed the service does schedule bus outings and evidence documented in the Assessment Team’s report showing some consumers participate in their community outside the service environment.

Based on the evidence documented above, I find the provider, in relation to the service, Non-compliant with the Requirement in this Standard.

**Requirement (3)(d)**

The Assessment Team recommended Requirement (3)(d) Not Met, as they were not satisfied the service was able to demonstrate information in relation to consumers’ social, emotional and lifestyle needs which are identified on entry are effectively communicated and transferred into the electronic documentation system. The Assessment Team provided the following evidence relevant to my finding:

* A review of 10 consumer files showed all 10 did not have a current assessment or care plan for culture and lifestyle, social and emotional needs or services and supports required.
* Consumer E’s Expression of interest application form for residential entry showed the consumer likes music, gardening, and pets. This information has not been recorded in a care plan or assessment.
* Lifestyle staff said sometimes activities are cancelled due to staffing.

The provider disagrees with the Assessment Team’s report. The provider’s response includes a continuous improvement plan demonstrating implementation of a range of improvements, including scheduling fortnightly meetings to ensure lifestyle plans and activities are being delivered and ensuring lifestyle plans are entered onto the electronic documentation system.

* The response indicated the service has sufficient and consistent staffing.
* The activity planner spreadsheet for Consumer E was provided. This showed no activities identified for the consumer.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response I find the service was not able to demonstrate Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

In coming to my finding, I have noted Consumer E’s Expression of interest application form for residential entry showed the consumer likes music, gardening, pets. However, the activity planner spreadsheet for Consumer E provided showed no activities identified. In addition, I have considered the Assessment Team’s information which showed for 10 consumers, a current assessment or care plan for culture and lifestyle, social and emotional needs or services was not developed.

Based on the evidence documented above, I find the provider, in relation to the service, Non-compliant with the Requirement in this Standard.

**In relation to all other Requirements in this Standard**

In relation to all other Requirements in this Standard, staff could describe how they refer consumers external organisations. Care plans reflected involvement of referrals to allied health, audiologists, and medical specialists.

Most consumers said they were satisfied with the variety of quantity of meals. Documentation showed consumers have their preferences and relevant dietary information recorded to support service delivery. Staff described how meal services are a standard agenda item at monthly consumer meetings. Observations of the meals service indicated a positive dining experience.

Most consumers said they were satisfied with the variety of quantity of meals. Consumers interviewed were satisfied with the taste and presentation of meals.

Equipment provided to consumers is generally well maintained. Staff were able to describe how they ensure hazards and equipment which requires repair is reported on. Observations showed service equipment to be safe clean and well maintained.

Staff described how meal services are a standard agenda item at monthly consumer meetings. Observations of the meals service indicated a positive dining experience.

Based on the evidence documented above, I find the provider, in relation to the service Compliant with Requirements (3)(a), (3)(e), (3)(f) and (3)(g) in this Standard.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Non-compliant |

Findings

The Quality Standard is Non-compliant as one of the three Requirements have been assessed as Non-compliant.

**Requirement (3)(c)**

The Assessment Team recommended Requirement (3)(c) Not Met, as they were not satisfied the service had a system in place to ensure equipment was safe, well maintained, and suitable for the consumer. The Assessment Team provided the following evidence relevant to my finding:

* The Assessment Team observed a pressure relieving air mattress to be deflated. This was addressed during the second day of the Site Audit.
* Staff were not aware if appropriate chairs were available for consumer who are not mobile.
* A report completed approximately one year prior showed 40 out of 90 items required attention, repair, or replacement. This included shower chairs, hoists, and electric beds. All items were marked with a tick indicating the items were addressed.
* Management said the maintenance service contract is cancelled. The service was not able to demonstrate a maintenance schedule had been implemented following the report completed in the year prior.
* Twelve items were marked in relation to faulty brakes for eight consumer rooms. The Assessment Team checked the beds and identified they were not working effectively in 2 rooms. Management said the brakes on the beds were fixed at the time and they will review again.
* Two hoists were marked as due for service five months prior to the Site Audit.
* Maintenance staff advised how they use the electronic maintenance system when undertaking repairs and addressing hazards.

The provider disagrees with the Assessment Team’s report. The provider’s response includes a continuous improvement plan demonstrating implementation of a range of improvements, including implementing a preventative maintenance scheduled. The following evidence was provided:

* The air mattress had deflated during the morning of the Site Audit and had been addressed by maintenance staff in the afternoon.
* The brakes for the two electric beds are effective.
* All consumers are assessed and have comfort chairs recommended by the physiotherapist.
* All beds with defects are being replaced based on a set schedule.
* No incidents impacting consumers have been identified as a result of faulty equipment.
* An internal audit was provided dated approximately two weeks after the Site Audit showing 8 actions for a range of items, which included electric beds and shower chairs. Faults ranged from brakes not working correctly and faulty controllers and seats.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response I find the service was not able to demonstrate furniture and equipment are safe, clean, and well maintained.

In coming to my finding, I have relied on the evidence which showed the service did not have an effective process to monitor the furniture and equipment, such as beds, hoist lifters and shower chairs, to ensure they were appropriately maintained. I have relied on the evidence from the observations made by the Assessment Team in relation to hoist lifters being overdue for a service and evidence in the audits and the Assessment Team’s observations showing the beds were not operating in a safe manner. I have also placed weight and considered the risks associated with beds, shower chairs and hoist lifters if not appropriately maintained to individual consumers as part of my finding.

Based on the evidence documented above, I find the provider, in relation to the service, Non-compliant with the Requirement in this Standard.

**In relation to all other Requirements**

Majority of consumers said they find the service environment welcoming and easy to navigate. Consumer rooms were observed to be personalised.

The service environment was observed to be overall safe and comfortable. The garden was observed to be well maintained. In addition, the communal areas were observed to be clean and well maintained. Consumers were observed to be moving freely throughout the service environment.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with Requirements (3)(a) and (3)(b) in this Standard.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

`Findings

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

Consumers and representatives are supported to provide feedback and make complaints. Feedback and complaints can be provided verbally, through feedback forms or electronically. Documentation viewed showed the service is identifying and capturing feedback.

Consumers confirmed they are aware of advocates and other methods for resolving complaints. A range of pamphlets were observed to be available to consumers to support feedback mechanisms and advocacy services. Staff described how they assist consumers to access advocates and language services to resolved complaints.

Consumers and representatives said their feedback and complaints are addressed. Senior managers action feedback, which is tracked electronically. Documentation showed feedback is recorded and addressed.

Consumers and representatives were satisfied their feedback is used to improve the quality of care and services. Feedback is reviewed monthly at the Board meeting. Examples were provided of improvement’s which included reviewing the provision of meal services and reviewing staffing levels.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in this Standard.

# Standard 7

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| Human resources | |  |
| 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

The Quality Standard is Non-compliant as two of the five Requirements have been assessed as Non-compliant.

**Requirement (3)(c)**

The Assessment Team recommended Requirement (3)(c) Not Met, as the service was not able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles, specifically in relation to the assessment and management of pain, skin care and falls management.

* Staff were unable to describe how they transfer two consumers and were advised to use their continence aids.
* Deficits in clinical assessment, review and management processes for consumers identified in the Assessment Team’s report in relation to pain, skin, diabetes, and falls management.

The provider disagrees with the Assessment Team’s report. The provider’s response includes a continuous improvement plan to demonstrate implementation of improvements, including reviewing staff practices and skills. The following evidence was provided relevant to my finding:

* Confirmed the practice of two consumers using their continence aid when they need to go to the toilet as being part of managing the consumer’s pain and staff respecting the consumers’ choice in this.
* Evidence of training records provided to staff.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles specifically in relation to assessment, planning and delivering effective care and services for consumers in relation to diabetes, nutrition, and hydration, falls and skin care and management.

In coming to my finding, I have considered deficits identified in Standard 2 Ongoing Assessment and planning with consumers and Standard 3 Personal care and clinical care. This included deficits in the assessment and management of consumers with pain, diabetes, falls and skin care which was reflected in the relevant Requirements.

Based on the evidence documented above, I find the provider, in relation to the service, Non-compliant with the Requirement in this Standard.

**Requirement (3)(d)**

The Assessment Team recommended Requirement (3)(d) Not Met, as they were not able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. The following evidence was provided relevant to my finding:

* The Assessment Team saw evidence of an effective onboarding and mandatory training process but no process for identifying and addressing ongoing training and professional development of staff.
* The service was unable to demonstrate a coordinated plan for training, education, and support in relation to the deficits identified by the Assessment Team in relation to pain and skin assessment, management of pressure injuries, pain, falls and wounds.

The provider disagrees with the Assessment Team’s report. The provider’s response includes a continuous improvement plan to demonstrate implementation of improvements, including reviewing the training schedule. The following evidence was provided relevant to my finding:

* A record showing the service provides an annual mandatory training in a range of topics and stated the training has been implemented for 2 years. This includes training on range of clinical and non-clinical topics including manual handling, foods safety, duty of care, pain management, nutrition and hydration and dysphagia and swallowing.
* Further records of other training in relation to managing consumers with Dementia.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and find the service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards.

In coming to my finding, I have considered the evidence which showed an effective onboarding and mandatory training process. In addition, the service implemented training for staff outside of the normal mandatory training schedule. I have considered the service has a process to identify training needs from the evidence of the mandatory training schedule which contained training on a range of topics. I have however, noted deficits in staff competency and monitoring and review processes which have been considered under Requirement (3)(c) in this Standard.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with the Requirement in this Standard.

**Requirement (3)(e)**

The Assessment Team recommended Requirement (3)(e) Not Met, as they were not satisfied the service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Regular monitoring to identify knowledge and skills deficits to drive ongoing professional developments was not demonstrated. The Assessment Team provided the following evidence relevant to my finding:

* The service does have a process to identify and manage issues of poor behaviour and attitude and this is monitored through feedback and observations of staff practice. Evidence showed performance improvement plans were submitted.
* Management said two months prior to the Site Audit, a process commenced where registered staff meet with senior staff to identify further learning. This appears to not have been effective in identifying deficits in staff knowledge and skills.
* The service does not have an effective process for undertaking regular performance assessment of care and allied health staff. Management said there is no formal process, and this is undertaken ad-hoc through monitoring feedback and general observations. This appears to not have been effective in identifying deficits in staff knowledge and skills.

The provider disagrees with the Assessment Team’s report. The provider’s response includes a continuous improvement plan demonstrating implementation of improvements, including implementing an annual assessment and review of staff performance. The following evidence was provided:

* Recognised documentation processes need to be improved; however, this is not reflective of clinical skills.
* The Assessment Team’s statement that the process of reviewing the performance of staff started two months prior is incorrect. Registered staff undergo annual professional development as part of their registration.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response I find the service was not able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken for all staff.

In coming to my finding, I have noted the service has reactive processes and systems in place to address performance related matters for all staff in the event of feedback or observations of poor behaviour and practice. However, in coming to my finding I have noted the service was not able to demonstrate regular assessment, monitoring and review of each member of the workforce. To support my view, I have noted the Assessment Team’s evidence which showed management were not regularly assessing and monitoring care workers and allied health staff. In addition, evidence was not provided in the response to demonstrate an effective process exists to monitor all staff based on a set schedule and has been occurring prior to the Site Audit.

Based on the evidence documented above, I find the provider, in relation to the service, Non-compliant with the Requirement in this Standard.

**In relation all other Requirements in this Standard.**

The services has processes to ensure the workforce is planned to support the delivery of care and services. Staffing levels are reviewed regularly and allocations consider the mix of staff. Processes support planned and unplanned leave. Consumers and representatives said they are mostly satisfied with the mix and level of staff.

All consumers and representatives stated they found the majority of staff to be kind and caring. Observations of staff practices showed compassionate and respectful behaviours towards consumers.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with Requirements (3)(a), (3)(b) and (3)(d) in this Standard.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| 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. | Compliant |
| 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. | Non-compliant |
| 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. | Non-compliant |

Findings

The Quality Standard is Non-compliant as two of the five Requirements have been assessed as Non-compliant.

Requirement (3)(c)

The Assessment Team recommended Requirement (3)(c) Not Met as they were not satisfied the organisation was able to demonstrate effective information systems, specifically in relation to ensuring all members of the workforce have access to information that helps them in their roles. The service was able to demonstrate effective organisation wide governance in relation to continuous improvement, finance, workforce, regulatory compliance, and feedback. The Assessment Team provided the following evidence relevant to my finding:

In relation to information management:

* The service uses 27 electronic systems.
* The electronic care development system is in development.
* Staff have access to care plans and electronic records via an electronic system.
* Care plans were not effective in directing staff as staff were unclear in relation to the management of consumers in relation to pain, pressure injuries, continence and lifestyle activities. In addition, 10 consumers did not have activity preferences documented.

In relation to continuous improvement:

* The plan for continuous improvement contained 15 improvements and actions identified from audits and a range of other monitoring processes.

In relation to financial governance:

* The finance committee meets monthly and monitors and reviews financial expenditure. Processes support the financial expenditure based on consumer acuity and staffing levels.

In relation workforce governance:

* The service has a system in place to ensure the right number and mix of staff and rosters and allocations are based on the needs of consumers.

In relation to regulatory compliance:

* The reporting of incidents under the Serious Incident Response Scheme (SIRS) were reported within legislative time frames. In addition, the service maintains a police clearance register.

In relation to feedback and complaints

* The organisation has an open disclosure policy and processes to identify and action feedback.

The provider disagrees with the Assessment Team’s report. The provider’s response includes a continuous improvement plan demonstrating implementation of a range of improvements, including updating policies, procedures, and care plans.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and find the service was able to demonstrate effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

In coming to my finding, I have considered the Assessment Team’s evidence and specifically in relation to information management. In my finding of compliance, I have noted the service has an electronic documentation system and process to capture and record information. In addition, I have considered the evidence presented in relation to deficits in information management are more closely aligned and have been reflected in Standard 2 Ongoing assessment and planning with consumers, Standard 3 Personal care and clinical care and Standard 4 Services and supports for daily living. In addition, I have considered the Assessment Team’s evidence showing effective governance processes for areas other than information management.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with the Requirement in this Standard

**Requirement (3)(d)**

The Assessment Team recommended Requirement (3)(d) Not Met, as they were not satisfied the organisation was able to demonstrate the risk management system was effective in managing high impact high prevalence risks associated with the care of consumers and the risk management system did not ensure all relevant incidents were being identified, reported and actioned. The organisation was able to demonstrate effective systems and processes in relation to supporting consumers to live the best life they can and identifying and responding to abuse and neglect of consumers. The following evidence was provided relevant to my finding:

In relation to managing high impact or high prevalence risks associated with the care of consumers:

* The daily handover document identifies consumers at risk of falls, pressure injuries, choking and changed behaviours. However, the handover sheet for Consumer C was not consistent with the consumer’s mobility and transfer needs.
* Deficits in the management of consumers in relation to high impact and high prevalence risks associated with consumers and risks associated with pressure injuries, choking, falls, and diabetes.

In relation to managing and preventing incidents, including the use of an incident management system:

* Consumer A experienced a choking episode three months prior to the Site Audit and an indent form was not completed. The consumer experienced a further two episodes of choking documented in the progress notes without incident forms being completed. In addition, all incidents in relation to pressure injuries for Consumer A were not logged in the incident management system
* Consumer I experienced a fall, and an incident form was completed. The incident fall did not demonstrate if the environment, and specifically the bed was a possible contributing factor.
* Incident forms not being completed for consumers with pressure injuries.

In relation to identifying and responding to abuse and neglect of consumers:

* Staff have undertaken training in relation to identifying and responding to abuse and neglect of consumers.

In relation to supporting consumers to live the best life they can:

* Staff gave examples of how the organisation supports consumers to live the best life they can and provided examples of one consumer who chooses to smoke and another consumer who uses an electric scooter. The consumer who chooses to smoke had a risk assessment completed, however, the consumer who uses an electric scooter did not have a relevant assessment completed.

The provider disagrees with the Assessment Team’s report. The provider’s response includes a continuous improvement plan demonstrating implementation of improvements, including developing a risk register to provide effective oversight. The following evidence was provided relevant to my finding:

In relation to managing high impact or high prevalence risks associated with the care of consumers:

* A process has been implemented to ensure relevant assessments are updated and reflective of consumers’ needs, goals, and preferences

In relation to supporting consumers to live the best life they can:

* The consumer who chooses to smoke has been supported to undertake the relevant risk with a risk assessment completed. The consumer who uses the electric scooter has a low potential risk associated with its use. Documentation showed the consumer has minimal cognitive impairment and did not require risk assessment completed, however, the service has subsequently completed a risk assessment.

In relation to managing and preventing incidents, including the use of an incident management system:

* In relation to Consumer A, the choking episode occurred the week prior to the Site Audit. The consumer was referred to a speech pathologist with a review being completed three days following the choking episode. The progress notes recorded the diet texture had not been updated to reflect recent dietitian discharge summary.
* The fall related incident involving Consumer I was in relation to the consumer misjudging the bed and not an issue with the brake mechanism of the bed.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the organisation was not able to demonstrate effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers and managing and preventing incidents, including the use of an incident management system. I find the organisation was able to demonstrate effective risk management systems and practices in relation to supporting consumers to live the best life they can and identifying and responding to abuse and neglect of consumers.

In coming to my finding of ineffective incident management systems, I have relied on the evidence which showed Consumer A experienced three episodes of choking without relevant incident forms being completed and remained on the same diet until being reviewed by a speech pathologist. I have also noted the Assessment Team’s evidence which indicated incident forms have not been completed for all newly acquired pressure injuries. In relation to consumer I, I have noted the service did complete and incident form following a fall and have accepted the evidence which indicates this was in relation to the consumer misjudging the bed and not an issue with the brake mechanism of the bed.

In coming to my finding of ineffective risk management systems in relation to managing high impact or high prevalence risks, I have noted the deficits identified in Requirement (3)(b) in Standard 3 personal care and clinical care. Specifically, I have noted the role of effective governance systems in the management of high impact and high prevalence risks. I have also noted the evidence involving Consumer A in relation to ineffective incident management of the consumer’s risk of choking to further support my view.

In coming to my finding in relation to supporting consumers to live the best life they can. I have noted the organisation supports consumers to undertake risks and has processes to manage consumer who choose to take risks. I have relied on the evidence which evidenced that the service was aware of relevant risks involving both consumers and had undertaken a risk assessment for one consumer. In relation to the consumer using the electric scooter and not completing a risk assessment. I have noted the evidence presented by the Assessment Team did not indicate the consumer’s risk was not being appropriately managed.

In coming to my finding in relation to identifying and responding to abuse and neglect of consumers, I have noted the service provides staff regular training. In addition, I have noted to support my finding the evidence documented in Requirement (3)(c) in this Standard in relation to the effective reporting of SIRS incidents and the organisations compliance with relevant legislation.

Based on the evidence documented above, I find the provider, in relation to the service, Non-Compliant with the Requirement in this Standard.

**Requirement (3)(e)**

The Assessment Team recommended Requirement (3)(e) Not Met, as they were not satisfied the organisation was able to demonstrate an effective clinical governance framework in relation to personal and clinical care

* The organisation has a range has a range of clinical policies and procedures in place, and undertakes audits and monthly reports, which detail trends on clinical issues and incidents. However, the clinical governance system was not effective in identifying deficits identified by the Assessment Team in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal care and clinical care.
* The service has a policy and procedures to support open disclosure. Consumers and representatives sampled were satisfied with open disclosure processes.
* Clinical staff and documentation supported effective processes in relation to infection control and open disclosure.
* One representative was satisfied with the management of restraint and was informed of the associated risk.
* Some care files showed the medication used in the form of restraint had been reviewed by the medical officer, there was no overarching mechanism to ensure all consumers were having their medication reviewed regularly. One consumer who had prescribed an as required medication used in the form of restraint did not have it ceased, despite it not being administered.

The provider disagrees with the Assessment Team’s report. The provider’s response included a continuous improvement plan demonstrating implementation of improvements, including reviewing staff competency and reviewing the medication management system.

* The organisation will be reviewing their audit process to ensure compliance with the Quality Standards.
* The organisation’s medication system generates reports to support staff in the monitoring of restrictive practices.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response I find the service was not able to demonstrate an effective clinical governance framework and specifically in relation to effective assessing and managing clinical issues including pain, falls, choking, wounds, skin integrity, nutrition and hydration and diabetes.

In coming to my finding, I have considered the clinical deficits in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal care and clinical care. I have considered the responsibility of effective clinical governance and oversight required to ensure compliance with the Quality Standards. Whilst I acknowledged the organisation has a range of audits and monitoring processes, this has not been effective. In addition, in relation to minimising the use of restraint, whilst I recognise some consumers had their chemical restraint reviewed, evidence of a formal planned process was not demonstrated. I recognise the organisation has commenced reviewing their clinical monitoring processes to ensure compliance with the Quality Standards.

In relation to open disclosure and antimicrobial stewardship the evidence indicates effective clinical governance and oversight.

Based on the evidence documented above, I find the provider, in relation to the service, Non-Compliant with the Requirement in this Standard.

**In relation to all other Requirements in this Standards**

Consumers are engaged and supported in the development, delivery and evaluation of care and services. The organisation has a consumer directed model of care where consumers are involved in the assessment, planning and service provision within the organisation. The organisation has a community advisory committee which is engaged to provide feedback on a range of topics on behalf of consumers.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services. The Board has a range of skill and are accountable for the delivery of safe and quality care and services. A range of reports are provided to the Board which includes clinical and non-clinical data to support oversight.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with Requirements (3)(a), (3)(b) and (3)(c) in this Standard.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)