Australian Government
Aged Care Quality and Safety Commission

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# Aged Care Quality and Safety Commission

## Final Assessment report
## Category 6
## Renewal of registration audit

## Coolamon Shire Council

| | |
|---|---|
| Residential care home | Allawah Lodge |
| Residential care home ID | ARCH-03874 |
| Audit dates | 8/05/2026-18/06/2026 |
| Assessment report date | 3/08/2026 |

### Acknowledgement of Country

The Aged Care Quality and Safety Commission acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, water and community. We pay our respect to their Elders past, present and emerging, and extend that respect to all Aboriginal and Torres Strait Islander peoples

# 1. Scope and approach

This audit was conducted as part of the Aged Care Quality and Safety Commission (Commission) audit methodology process. The scope of this audit was limited to the following Aged Care Quality Standards (Quality Standards):

- Quality Standard 1: The Individual
- Quality Standard 2: The Organisation
- Quality Standard 3: The Care and Services
- Quality Standard 4: The Environment
- Quality Standard 5: Clinical Care
- Quality Standard 6: Food and Nutrition
- Quality Standard 7: The Residential Community

The following information has been considered in preparing this final assessment report:

- the documents and records you submitted
- interviews with your management, governing body members and senior management, workers (employees, agency, subcontractors), and others
- observations of the residential care home environment and delivery of care and services as appropriate
- interviews with older people or their supporters
- information we have about you as an organisation or person and your residential care homes
- provider response to the preliminary assessment report received on 27 July 2026
- review of other materials as relevant.

This final assessment report is split into 2 sections:

- **executive summary:** this provides an overview of the auditee and audit, as well as findings at a Quality Standards level
- **detailed findings:** this provides the findings of the audit at an Outcome level, including evidence to support any non-conformance with the Quality Standards.

The findings in this report have been rated using the following rating scale:

| Rating | Description |
|---|---|
| **Conformance** | The provider **has** demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard and deliver person-centred quality care. |
| **Minor non-conformance** | The provider **has** demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard, but some gaps are identified.<br><br>Identified gaps are **not systemic** and **do not present high risk**. In this context:<br>• **not systemic** means the gap only affects a minor part of the whole system or process (relevant to the Outcome/Quality Standard)<br>• **do not present high risk** means the gap does not present significant risks or immediate consequences to the health, safety and wellbeing of older people or workers. |
| **Major non-conformance** | The provider **has not** demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard and is likely to present significant risks to older people and workers.<br><br>The provider needs to carry out significant actions to conform with an Outcome/Quality Standard and/or the identified risks posed to older people is high. |

| | |
|---|---|
| **Out of scope/ not applicable** | The Quality Standard/Outcome is out of scope for the audit or not applicable to the provider due to the nature of services provided. |

## 2. Executive summary

Coolamon Shire Council is a local government authority operating a single category 4 and 5 care delivery location and a single category 6 residential care home from Coolamon, New South Wales. The Council is governed by a Mayor, Deputy Mayor and elected Councillors, while the aged care service operations are overseen by the General Manager and Executive Manager (Corporate and Community Services). Allawah Lodge has 33 approved residential beds.

As part of this audit, the audit team conducted various evidence gathering activities at Allawah Lodge, to assess the provider's conformance with the Quality Standards. Evidence gathering included the provider and residential care home  interviews.

Number of provider representatives interviewed: 4

Number of governing body representatives interviewed: 4

Number of senior management representatives interviewed: 4

Number of interviews conducted with the care delivery location:

Management: 1

Workers: 10

Older people: 4

Supporters: 3

## Experience of older person

Older people and their supporters provided positive feedback about the care and support provided at Allawah Lodge. Older people said aged care workers are caring and treated them with dignity and respect. They confirmed they are included in the design and implementation of care, especially through regular meetings with management and representatives from the Council. Older people described the premises as warm and welcoming. The said they enjoyed the meals and dining experience at the service.

## Experience of aged care worker

Aged care workers confirmed they receive the training they need to provide person-centred, safe care and support to older people. Workers said they are able to provide feedback to management and are involved in regular meetings discussing the operation of the service and areas for improvement. Aged care workers confirmed they have the necessary supplies and equipment required to effectively perform their roles. Workers said the provider promotes a positive workplace culture at Allawah Lodge.

## Audit ratings

Table 1: audit rating summary

| Quality Standard | Audit rating |
|---|---|
| Quality Standard 1:  The Individual | **Conformance** |
| Quality Standard 2: The Organisation | **Minor non-conformance** |
| Quality Standard 3: Care and Services | **Minor non-conformance** |
| Quality Standard 4: The Environment | **Conformance** |
| Quality Standard 5: Clinical Care | **Conformance** |
| Quality Standard 6: Food and Nutrition | **Conformance** |
| Quality Standard 7: The Residential Community | **Conformance** |

Overall, based on the evidence considered, the audit found that Coolamon Shire Council can establish, implement, monitor and continuously improve governance arrangements, systems and processes for delivering safe and quality care.

Across the Quality Standards audited, 28 Outcomes were rated as conformance. The provider has demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard and deliver person-centred quality care.

Across the Quality Standards audited, 5 Outcomes were rated as minor non-conformance. The provider has demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard, but some gaps are identified.

Identified gaps are not systemic and do not present high risk. In this context not systemic means the gap only affects a minor part of the whole system or process (relevant to the Outcome/Quality Standard) and the gap does not present significant risks or immediate consequences to the health, safety and wellbeing of older people or workers.

Provider response and Assistant Director Audit assessment

This assessment report has been finalised incorporating the provider's response to the preliminary assessment report.

The provider agreed with all non-conformances presented in the preliminary assessment report and shared additional information on remedial actions planned and implemented in response.

The Assistant Director Audit's assessment of the provider's response led to the Assistant Director Audit re-confirming all minor non-conformances.

# 3. Performance summary by Quality Standard

## Quality Standard 1: The Individual

| **Quality Standard 1: The Individual** | **Conformance** |
|---|---|
| **Older person's expectation** | I have the right to be treated with dignity and respect and to live free from any form of discrimination. I make decisions about my funded aged care services, with support when I want or need it. My identity, culture and diversity are valued and supported, and I have the right to live the life I choose. My organisation or person understands who I am and what is important to me, and this determines the way my funded aged care services are delivered. |
| **Outcome** | **Rating** |
| **1.1 Person-centred care** | **Conformance** |
| **1.2 Dignity, respect, and privacy** | **Conformance** |
| **1.3 Choice, independence, and quality of life** | **Conformance** |
| **1.4 Transparency and agreements** | **Conformance** |

**1.1 Person-centred care:**

The provider has policies and procedures to foster the provision of person-centred care to older people, including in relation to understanding and supporting diversity. The governing body and senior management described the provider's person-centred care philosophy. The aged care workforce receive training in the provision of culturally safe, trauma aware, and healing informed care and service delivery. Care and services are planned and provided collaboratively with older people and their supporters, considering their life experiences, backgrounds, and individual identities. Older people reported feeling safe, respected and valued as individuals. Aged care workers demonstrated a strong understanding of the older people they support, including their personal preferences, histories

and care needs. Older people were observed to maintain social and personal connections of their choice, both within the residential care home and in the community, aligning with information in care and services plans.

**1.2 Dignity, respect and privacy:**

The provider has policies, procedures, and job descriptions outlining how aged care workers are to treat older people with dignity, respect, and with emphasis on quality of care. Roles and responsibilities for aged care workers in preventing and responding to abuse and neglect are clearly set out in policies and procedures, including respecting older people's rights under the Statement of Rights. Management described how personal privacy, dignity, and choice are embedded in policies and care and services plans and how aged care workers are provided training in this regard. Older people reported aged care workers treat them with dignity and respect and maintain the confidentiality of their personal information. Aged care workers consistently demonstrated an understanding of older people's rights and described how they provide care in a respectful and dignified manner, including seeking consent before providing personal care and knocking before entering an older person's room. Observations confirmed that aged care workers interacted with older people in a kind and dignified manner, which corroborated with the feedback provided by older people.

**1.3 Choice, independence and quality of life:**

The provider has several policies in place to ensure older people and their supporters receive information in a timely manner. The governing body and senior management described using formal and informal methods of communication, and strategies implemented to modify and adapt verbal and written communication to meet older people's needs. Information regarding supporting older people to access advocates and other supports to assist with decision-making is detailed in the policies. Interviews with older people and supporters, and observations of the care environment, confirmed that older people exercise independence in decision-making, including choices related to lifestyle activities, mobility, and meals. Review of care documentation confirmed that preferences for care and services are recorded and there is informed consent for medical treatment and medication where required. Aged care workers demonstrated understanding of supporting older people's choice, including promoting independence and encouraging participation in the activities they wish to undertake.

**1.4 Transparency and agreements:**

There are detailed policies and procedures in place for service agreements. These include providing time for older people and their supporters to consider what services are best suited for them. The documents set out clear steps for invoicing care and services. The senior management confirmed the systems and processes in place for invoicing, billing, and reconciliation of accounts, including disputing charges. There is an established admission process to provide older people necessary information and time for consideration before entering into an agreement for their care and services. Older people and supporters confirmed that monthly fee statements are timely, accurate and easy to understand. Management reported, and documentation corroborated, that changes to agreed fees are communicated prior to taking effect and that there is a process for raising any fee concerns.

## Older person experience

Older people expressed satisfaction with their ability to make decisions regarding their care and services such as when they went out, faith services they wanted to attend, timing of their personal care, and who and where they visited. Most older people reported feeling safe, respected and that aged care workers had a detailed level of personal understanding about them. Older people said they are treated with dignity and kindness and are supported to make informed decisions about their care and services, either on their own, or with the assistance of their nominated decision-maker on matters important to them. In relation to agreements, fees and invoices older people said information was clear and easy to understand and they were given adequate time to make decisions.

## Quality Standard 2: The Organisation

| Quality Standard 2: The Organisation | Minor non-conformance |
|---|---|
| **Older person's expectation** | The organisation is well run. I can contribute to improvements to funded aged care services. My provider and aged care workers listen and respond to my feedback and concerns. I receive funded aged care services from aged care workers who are knowledgeable, competent, capable and caring. |

| Outcome | Rating |
|---|---|
| **2.1 Partnering with individuals** | **Conformance** |
| **2.2 Quality, safety and inclusion culture** | **Conformance** |
| **2.3 Accountability, quality system and policies and procedures** | **Conformance** |
| **2.4 Risk management** | **Conformance** |
| **2.5 Incident management** | **Conformance** |
| **2.6 Complaints and feedback management** | **Minor non-conformance** |
| **2.7 Information management** | **Conformance** |
| **2.8 Workforce planning** | **Minor non-conformance** |
| **2.9 Human resource management** | **Minor non-conformance** |
| **2.10 Emergency and disaster management** | **Conformance** |

**2.1 Partnering with individuals:**

The provider's governing body and senior management provided various examples of meaningfully and collaboratively partnering with older people to inform organisational priorities and continuous improvement. Review of documentation identified regular engagement with older people through formal meetings and via feedback channels. Older people and their supporters said they are treated as

partners in care provision by aged care workers and management. Older people said their backgrounds, culture, diversity and faith are respected. Older people are provided opportunities for feedback via various meetings regularly facilitated by the service. Changes and improvements to service delivery are communicated with older people via the meetings.

**2.2a Quality, safety and inclusion culture to support aged care workers to deliver quality care:**
The provider operates a governance committee to assess, discuss and evaluate quality and safety of care provision for older people. The governing body and senior management explained their role in engagement with the workforce to ensure safe, quality care for older people and provided examples of this in practice. Aged care workers confirmed they are encouraged to report and log any events that may affect their health, safety and wellbeing. Records show worker incidents, including near misses, are recorded and management acts to reduce risks that may impact safety. Regular meetings with aged care workers are held, allowing them to provide feedback about service delivery and acknowledging areas for continuous improvement of older people's care. Workers confirmed they have access to support mechanisms to promote their emotional and psychological safety.

**2.2b Quality, safety and inclusion culture to support individuals:**
The provider operates a governance committee to assess, discuss and evaluate quality and safety of care provision for older people. Formal and informal feedback from older people is used to shape and improve services. The governing body described how strategic and business planning considers organisational and operational risks and prioritises the safety, health, and wellbeing of individuals. Management confirmed cultural awareness training with aged care workers, including competency assessments, are an ongoing priority to ensure older people with diverse backgrounds receive informed care and support. Older people said they are supported within an inclusive culture, including promotion of multiple faith-based activities. Older people and supporters described care that ensures physical and psychological safety. Workers described older people's backgrounds and strategies used to ensure inclusivity. Care documents identified older people's culture, diversity and background are assessed to foster care that is specific to their needs.

**2.3 Accountability, quality system and policies and procedures:**

The provider has established various policies and procedures to guide the workforce in the provision of safe and effective care and service delivery. Senior management described the systems and processes in place to monitor quality and drive continuous improvement. Review of documentation such as continuous improvement plans, audits, and meeting minutes identified oversight and monitoring of the provider's operations. Management described how incidents, complaints, and risks are assessed and used to improve the service. The continuous improvement plan shows how information about quality of care is used to change systems and processes. Aged care workers confirmed policies and procedures are available and accessible to guide them in providing safe care for older people. Minutes from various worker meetings demonstrated use of worker feedback in designing, planning and provision of quality care for older people.

**2.4 Risk management:**

The provider has established a risk management register and maintains oversight of risks through various clinical governance and management meetings and processes. The governing body and senior management described how risks to individuals and operations are identified through various sources and actively managed. Older people and their supporters confirmed workers provide support that reduces risks when completing activities of daily living. Aged care workers described how risks for older people, the workforce, premises and equipment are recognised, recorded and acted on by management. Records demonstrated care-related risks and organisational risks are documented and strategies are used to reduce risks and minimise potential or actual harm to older people, aged care workers and others.

**2.5 Incident management:**

The provider has an incident management policy in place. Whilst procedures for reporting and incident management are in place for residential aged care, this was identified as an improvement action for community services. Centralised electronic management systems are used to capture incidents, hazards, or near misses. The governing body and senior management described their roles and responsibilities for the oversight and effective management of incidents. Older people described how aged care workers and

management respond to incidents involving their personal or nursing care. Older people and supporters confirmed they receive information about incidents, including apologies when things go wrong. Management explained open disclosure principles and records indicate how this is practised for relevant incidents. Aged care workers described how they report incidents, and training they receive in incident management. Records showed incidents such as falls, medicines errors and wounds are recorded and strategies put in place to prevent recurrence.

**2.6a Complaints and feedback management for aged care workers:**

The provider has a grievance management policy and complaints management procedure in place; however, these documents do not capture processes to ensure all feedback and complaints received from workers via various avenues are acknowledged, recorded, and resolved. Review of continuous improvement plans did not identify worker feedback being used as a source for implementing improvements. Whilst senior management described how the workforce is supported to make complaints and give feedback, they acknowledged no systems and processes are currently in place to consistently document this and to demonstrate actions taken in response to inform continuous improvement.

**2.6b Complaints and feedback management for individuals:**

The provider implements a complaints handling procedure and feedback registers are established for both residential and community aged care services. An open disclosure policy applies to residential aged care and is being adapted as an improvement action for the community aged care services. Senior management described how feedback and complaints are gathered and responded to, including the application of open disclosure in responding to all complaints. Management described their responsibility for managing older people's feedback and complaints. Older people and their supporters confirmed they feel comfortable raising feedback or complaints. Aged care workers explained how feedback is acknowledged and escalated to management for action. Documents and records show feedback and complaints from older people and supporters is analysed and used to improve systems and processes at the residential care home.

**2.7 Information management:**

The provider has policies in place for privacy and records management. Several electronic systems are used to capture, store, and manage information and are accessible to aged care workers and others involved in the care of the older person. Senior management described who has access to the systems and how informed consent for information use is obtained and managed. Older people and supporters confirmed consent is sought for the storage and handling of confidential personal information. Aged care workers described the systems used to record information about older people, how to access data and their obligation to ensure confidentiality. Observation of shift handovers between workers demonstrated how older people's information is shared in line with the provider's policy.

**2.8 Workforce planning:**

The provider implements a workforce strategy which includes aged care residential and community services. Position descriptions are available that set out the qualifications, knowledge, skills, and experience required for aged care workers, including management. Roster management processes are in place to ensure sufficient workers are available and deployed to meet older people's needs and measures to meet mandatory care and nursing minutes. Senior management provided examples of implementing recruitment and retention strategies for aged care workers, including a specific focus on increasing and upskilling the registered nursing workforce.

**2.9 Human resource management:**

The provider has policies, procedures, and systems in place to ensure aged care workers are skilled and competent in their roles, including holding the relevant qualifications and receiving appropriate training and supervision. However, there are no established processes to ensure aged care workers engaged through agencies for the residential care home or associated providers engaged in community services are suitably trained and qualified, and meet worker screening requirements. Additionally, there are no established processes to ensure annual assessments of the suitability of responsible persons are conducted as per legislative requirements.

**2.10 Emergency and disaster management:**

e provider has a policy and plan for business continuity plan using a whole of government approach which reference aged care residential and community services. The governing body stated the business continuity plan includes maintenance of aged care services during emergencies and natural disasters, including mass infectious outbreaks such as pandemic planning. The governing body and senior management described measures in place to ensure emergency and disaster management planning and risk management. Aged care workers confirmed they are trained in emergency management procedures, for example how to respond in the event of a fire. Records showed workers complete practice scenarios as part of emergency preparedness, including evacuation drills. Observation of the premises demonstrated necessary emergency signage and equipment for fire safety.

## Older person experience

Older people and supporters said they could raise feedback and complaints about their care with management, and that appropriate action would be taken. They described how their feedback contributes to improvements to care and service delivery. Older people described aged care workers as having the knowledge and skills to provide safe care and support.

## Detailed findings of non-conformance

| **Outcome 2.6a: Complaints and feedback management for aged care workers** | **Minor non-conformance** |
|---|---|

The audit identified the following issues for improvement with the establishment and implementation of systems and processes for the management of complaints and feedback for aged care workers.

While aged care workers confirmed they can raise complaints directly with management and these are responded to, there is no system for consistently documenting, collating, analysing, and responding to worker complaints. Evidence is not recorded for evaluating effectiveness of continuous improvements based on any worker feedback.

**Provider response and Assistant Director Audit assessment:**

The provider acknowledged the audit findings and advised a staff feedback register is being implemented to support consistent documentation and response to worker feedback. A copy of the feedback register was not provided. No supporting information was submitted to demonstrate established processes to allocate a staff member responsible for collating worker feedback, updating the register, and conducting regular review to ensure feedback is responded to in a timely and appropriate manner. The provider's continuous improvement plan captures a planned completion date of 31 August 2026 against this action item. Planned improvements will require time to be embedded within the service's processes and to demonstrate their sustainability and effectiveness. Based on the above, the Assistant Director Audit finds this outcome rating remains as minor non-conformance.

| **Outcome 2.8: Workforce planning** | **Minor non-conformance** |
|---|---|

The audit identified the following issues with the establishment and implementation of processes for workforce planning, specifically in relation to the availability of a registered nurse 24/7 and the administration of medication in their absence.

Management advised, and review of documentation identified some instances where a registered nurse was not available at night. Management stated some shifts require medication-competent care workers to administer medicines in the absence of any registered nurse including oral Schedule 8 medication, advising this is not frequent and they obtain instruction/approval from a registered nurse on call. However, interviews with aged care workers and review of records identified multiple instances where a registered nurse was not available on-site and medication-competent care workers administered oral opioid medication to older people.

**Provider response and Assistant Director Audit assessment:**

The provider did not refute the audit findings and acknowledged the need to strengthen workforce planning and ensure consistent registered nurse coverage 24/7 as per legislative requirements. The provider reiterated significant recruitment and training strategies implemented to boost the registered nursing workforce and advised they expect continued efforts in this regard to result in meeting 24/7 nurse coverage targets. No information was provided to satisfactorily address the audit findings in relation to instances of administration of opioid medication by staff in the absence of a registered nurse, and how the risk of this reoccurring is to be managed.

Improvement actions will require time to be fully implemented and to demonstrate sustainability and effectiveness. Based on the above, the Assistant Director Audit finds this outcome rating remains as minor non-conformance.

| **Outcome 2.9: Human resource management** | **Minor non-conformance** |
|---|---|

The audit identified the following gaps with the establishment and implementation of systems and processes for human resource management.

The provider does not have a system in place for the vetting, supervision and performance management of associated providers and labour hire (agency) workers. Senior management did not describe a system in place to ensure associated providers have the training and qualifications required to deliver quality services to older people. The provider acknowledged annual assessments of the suitability of responsible persons have not been conducted.

**Provider response and Assistant Director Audit assessment:**

The provider acknowledged the audit findings and advised formalised policies and procedures will be implemented to ensure compliance with the appropriate screening, qualifications, and training requirements for associated providers and agency staff. The provider additionally advised annual suitability assessments of responsible persons have since been completed and formal procedures will be established to ensure this consistently occurs. The provider's continuous improvement plan captures open improvement actions for both these items. Improvement actions will require time to be fully implemented and embedded, and to demonstrate their sustainability and effectiveness. Based on the above, the Assistant Director Audit finds this outcome rating remains as minor non-conformance.

## Quality Standard 3: The Care and Services

| **Quality Standard 3: Care and Services** | **Minor non-conformance** |
|---|---|
| **Older person's expectation** | The funded aged care services I receive:<br>• are safe and effective<br>• optimise my quality of life, including through maximising independence and reablement<br>meet my current needs, goals and preferences<br>• are well planned and coordinated<br>• respect my right to take risks. |

| **Outcome** | **Rating** |
|---|---|
| **3.1 Assessment and planning** | **Minor non-conformance** |
| **3.2 Delivery of funded aged care services** | **Minor non-conformance** |
| **3.3 Communicating for safety and quality** | **Conformance** |
| **3.4 Planning and coordination of funded aged care services** | **Conformance** |

**3.1 Assessment and planning:**

Policies and procedures on assessment and care planning are available setting out the responsibilities of the aged care workforce in assessment, care planning, and communication with older people and others. This includes the development of individualised care and services plans and processes to ensure advance care planning. Senior management described their role in overseeing timely completion of assessment and care planning, including systems and processes to ensure ongoing monitoring and regular review.

**3.2 Delivery of funded aged care services:**

The provider's assessment and planning policy and procedure sets out how older people's needs, goals, and preferences are considered in the provision of care and service delivery. Senior management described how assessments and care plans are reviewed at set intervals or in response to changes in an older person's preferences or condition. Senior management described how aged care

workers receive cultural safety training and provided examples of how changes to the model of care for older people living with dementia were implemented.

**3.3 Communicating for safety and quality:**

The provider has various systems and processes in place to communicate critical information with older people, their supporters, aged care workers, and others involved in an older person's care. The communication and advocacy policy is used across the provider's aged care services to detail how care and support information is provided to relevant parties. Senior management described how information regarding deterioration and risks to individuals are communicated using electronic systems, meetings, and other mechanisms. Senior management advised care statements for older people are currently not provided, however this is an ongoing improvement action with work underway to enable their production and provision. Older people and supporters said information about individual support, such as from allied health and general practitioners is shared with them. Aged care workers described how they provide information about older people to other healthcare professionals. Records demonstrate communication of critical information between the residential care home and other healthcare workers. Observation of shift handover identified how important updates about older people's health and support is shared with the workforce.

**3.4 Planning and coordination of funded aged care services:**

The provider has a policy which emphasises the recognition and involvement of supporters and others in older people's care, including transitions in care. In addition, the provider's policy for coordination of care includes involvement in shared decision-making and care planning. Senior management described the provider's philosophy of ageing in place from the community and into community and residential aged care services. Management explained the coordination of services across the local health precinct where the residential care home is located. Older people and supporters said there is access to visiting healthcare services to ensure their ongoing health and wellbeing. Aged care workers described how they make referrals to relevant healthcare professionals based on older people's needs and preferences. Records such as care and services plans and daily notes evidenced care coordination with other providers of healthcare services.

## Older person experience

Older people and their supporters described their involvement in assessment and care planning, however confirmed they are not provided with copies of care and services plans or informed of any revisions made. Older people said the building and gardens provided a homely atmosphere for them to enjoy. Older people confirmed they have access to healthcare professionals such as a general practitioner and allied health services.

## Detailed findings of non-conformance

| **Outcome 3.1: Assessment and planning** | **Minor non-conformance** |
|---|---|

The audit identified the following opportunities for improvement with the implementation systems and processes for assessment and care planning.

Aged care workers described their role in assessment and planning which includes identifying and recording older people's needs, goals and preferences. While care and services plans are in place for all older people, assessment and planning is not effectively communicated with individuals and their supporters or provided in a way they understand. Older people and their supporters said they do not have ready access to copies of the care and services plans.

**Provider response and Assistant Director Audit assessment:**
The provider confirmed the audit finding as an area for improvement. The provider advised a process is being implemented to ensure older people and/or their nominated supporters receive a copy of the care and services plan and have better access to information and involvement in care planning. No supporting documents were provided to demonstrate communication to staff and established processes in this regard. There was no corresponding improvement action listed in the provider's continuous improvement plan. Based on the above, the Assistant Director Audit finds this outcome rating remains as minor non-conformance.

| **Outcome 3.2: Delivery of funded aged care services** | **Minor non-conformance** |
|---|---|

The audit identified the following issues with the implementation of systems and processes for the delivery of funded aged care services.

Aged care workers said, and records confirmed training is provided in awareness of dementia, and management of changed behaviours. However, the implementation of restrictive practice, including the administration of psychotropic medicine to older people is not aligned with contemporary, evidence-based practice. Aged care workers administered psychotropic medicine as chemical restraint not aligned with an older person's behaviour support plan. Regular reviews of the effectiveness of the chemical restraint are not documented.

**Provider response and Assistant Director Audit assessment:**
The provider advised in relation to the first individual named in the audit report under this outcome, consultation with their supporter has occurred regarding their preference to have the bedroom door closed to prevent other older people from wandering into their room. The provider said the second individual named in the audit report under this outcome has been reviewed and staff have been provided information on the appropriate use and documentation of chemical restraint. The individual's behaviour support plan has been updated to more clearly reflect recommendations to guide staff practice. No supporting documentary evidence has been provided to satisfactorily demonstrate education to staff, update of care plans, and communication with supporters has occurred. Based on the above, the Assistant Director Audit finds this outcome rating remains as minor non-conformance.

## Quality Standard 4: The Environment

| Quality Standard 4: The Environment | Conformance |
|---|---|
| **Older person's expectation** | I feel safe when receiving funded aged care services. Where I receive funded aged care services through a service environment, the environment is clean, safe and comfortable and enables me to move around freely. Equipment is safe, appropriate and well-maintained and precautions are taken to prevent the spread of infections. |

| Outcome | Rating |
|---|---|
| **4.1 Environment** | **Conformance** |
| **4.2 Infection prevention and control** | **Conformance** |

**4.1b Environment – services delivered other than in the individual's home:**

The provider has established various policies and procedures to manage the ongoing cleanliness of the residential care home environment and equipment. Processes are in place to ensure environmental risks and hazards are appropriately identified and managed. Regular monitoring is ensured through completion of routine inspections, audits, and checklists. Observations identified the physical environment is comfortable, clean, and fit-for-purpose, with its design promoting easy navigation while discreetly reducing safety risks. Aged care workers consistently reported that equipment repairs and maintenance requests are dealt with promptly and described the training provided to ensure safe equipment use. Older people's feedback indicated they felt safe and that their rooms, equipment and surroundings were kept clean and well maintained. The audit team observed sufficient equipment that was clean and readily available to support the delivery of care to older people. Cleaning and maintenance schedules evidenced ongoing servicing and upkeep of equipment and the environment.

**4.2 Infection prevention and control:**

The provider implements an appropriate infection prevention and control system which includes an infection control manual and an outbreak management plan setting out the requirements for infection prevention and control across residential and community

services. The workforce receives training in infection prevention and control. The provider encourages, organises, and keeps records of vaccinations against seasonal infections such as influenza. Senior management confirmed there is an infection prevention and control lead appointed and described how infection risks are communicated and managed. Infection prevention and control is supported by a qualified infection prevention and control lead. Aged care workers said they have access to resources and training which support their continuous education on infection prevention and control, and were knowledgeable of their role in an infectious outbreak. Older people said they felt the service responded promptly to infections when they occur. The outbreak management plan, kits and relevant policies and procedures were observed to be in easy access, and aged care workers were seen to undertake hand hygiene practices.

## Older person experience

Older people said the environment is welcoming and promotes safe and independent mobility through the residential care home. They reported equipment is safe, appropriate, and well maintained, and they are aware of how to request maintenance and repairs when needed. They also described various appropriate infection prevention measures that are in place, including cleaning practices and hand hygiene.

## Quality Standard 5: Clinical Care

| **Quality Standard 5: Clinical Care** | **Conformance** |
|---|---|
| **Older person's expectation** | I receive person-centred, evidence-based, safe, effective, and coordinated clinical care services by registered health practitioners, allied health professionals, allied health assistants and competent aged care workers that meets my changing clinical needs and is in line with my goals and preferences. |

| **Outcome** | **Rating** |
|---|---|
| **5.1 Clinical Governance** | **Conformance** |
| **5.2 Preventing and controlling infections in delivering clinical care services** | **Conformance** |
| **5.3 Safe and quality use of medicines** | **Conformance** |
| **5.4 Comprehensive care** | **Conformance** |
| **5.5 Safety of clinical care services** | **Conformance** |
| **5.6 Cognitive Impairment** | **Conformance** |
| **5.7 Palliative and end-of-life Care** | **Conformance** |

**5.1 Clinical governance:**

The provider has a clinical governance framework in place primarily focused on residential aged care services. Clinical governance meetings are held to review the operation of the clinical governance system. The governing body described initiatives to ensure safe and quality clinical care and service delivery, such as recruitment of a larger nursing workforce for the residential care home. Senior management explained their role in overseeing nursing care, including via the clinical governance meetings. The residential care home assessment validated that the provider's systems and processes are effective in ensuring the delivery of safe, quality clinical care services. Interviews with the Chief registered nurse, registered nurse, and physiotherapist demonstrated they held a clear understanding of their roles, responsibilities, and protocols for providing quality clinical care. Workers confirmed they have access to

information through the digital information system to enable them to effectively perform their roles. Interviews with older people and their supporters indicated that they receive person-centred, safe, and effective clinical care.

**5.2 Preventing and controlling infections in delivering clinical care services:**

The provider implements an infection prevention and control manual, outbreak management plan, and training to guide the workforce in minimising infection risks and preventing transmissible illness. The residential care home assessment demonstrated effective infection prevention and control and antimicrobial stewardship in accordance with the provider's policies and processes. A trained IPC Lead is appointed and available to guide the workforce and ensure adherence to IPC practices. Aged care workers interviewed demonstrated an understanding of infection prevention measures relevant to their roles, including the application of standard precautions, aseptic technique, and safe management of invasive devices such as catheters.

**5.3 Safe and quality use of medicines:**

The provider has policies and procedures that guide the workforce in safe and quality use of medicines. These documents reference the involvement of other health professionals and their access to medicines-related information for older people. Senior management explained the role of the aged care workforce in the safe administration and management of medicines, including training and competency requirements, and monitoring and reporting of medicines-related adverse events. Registered nurses demonstrated sound understanding of medication management for older people. Management described medication monitoring and review processes, including evidence of efforts to reduce the use of psychotropic medications. Documentation reviewed included information relating to older people's clinical conditions, allergies, and swallowing abilities. Sampled older people demonstrated an understanding of their prescribed medications, and aged care workers confirmed they have access to relevant medication-related information to support safe care delivery.

**5.4 Comprehensive care:**

The provider has electronic systems, policies, and procedures to guide the workforce in assessment, planning, and delivery of comprehensive care. There are supporting documents for comprehensive and complex clinical care management. Senior management

provided examples of comprehensive care in practice, coordination of multidisciplinary clinical services, and confirmed frequency of older people's comprehensive care reviews. Interviews with workers and review of documentation demonstrated the provider conducts comprehensive clinical assessments regularly and as required, in collaboration with the multidisciplinary team. Older people stated they are reviewed by a doctor weekly or as needed. Documentation reviewed evidenced individual clinical risks, including acute and chronic conditions, had been identified and assessed. Aged care workers demonstrated an understanding of individual clinical risks, frailty, and communication barriers and the equipment and assistive devices required to support older people's care needs.

**5.5 Safety of clinical care services:**

The provider's clinical governance and associated suite of clinical policies guide the workforce in the management of clinical risks and safety, including high impact high prevalence risks. The governing body and senior management described how clinical risks are identified and managed and how collaborative healthcare is ensured within the local precinct of aged care services. Aged care workers demonstrated knowledge and understanding of risk identification and monitoring as relevant to their roles, such as recognising non-verbal indicators of pain. Clinical management described the strategies in place to identify, manage and mitigate risks to older people. Interviews with older people and their supporters indicated that workers are responsive in managing clinical risks, including but not limited to behaviours of concern, nutrition, and falls risks.

**5.6 Cognitive impairment:**

The provider implements policies and procedures to guide the workforce in identifying and responding to the complex care needs of older people living with cognitive impairment and dementia. The policies reference establishment of a behaviour support plan and medical and non-medical interventions in response to changed behaviours. Senior management described how the workforce has access to dementia awareness and behaviour management training. Review of documentation and interviews with workers and supporters identified that older people experiencing cognitive impairment receive comprehensive clinical care that is aligned with their needs, goals, and preferences. Aged care workers demonstrated an understanding of identifying changes in behaviour and providing care and services to older people living with cognitive impairment and dementia. A supporter stated that although their mother presents with complex behaviours, the service is making every effort to support her needs effectively.

**5.7 Palliative and end-of-life care:**

The provider's policies for assessment and care planning include advance planning for palliative and end of life stages of care. The policies include guidance for the aged care workforce, particularly registered nurses, in recognising an older person's deteriorating condition and interventions for managing a change in health or clinical status. Senior management described an ageing in place model of care, as well as the palliative 'rounding' process and evaluation of care via end-of-life audits. Interviews with older people, supporters, workers and review of documentation demonstrated palliative and end-of-life care is delivered in accordance with the provider's policies and framework. Older people and their supporters provided positive feedback regarding communication, respect for individual preferences, and responsiveness to changing care needs. Review of care planning documentation identified information regarding advance planning and end of life preferences is documented. Aged care workers demonstrated an understanding of their roles and responsibilities and confirmed the application of a person-centred approach when supporting older people and their families during end-of-life care.

## Older person experience

Older people stated they receive safe, person-centred clinical care that is responsive to their individual needs and preferences. They reported regular access to health professionals, including doctors and nursing staff, and expressed confidence in the care provided. Older people indicated that workers are attentive to changes in their health and wellbeing and provide support in a respectful and timely manner.

## Quality Standard 6: Food and Nutrition

| Quality Standard 6: Food and Nutrition | Conformance |
|---|---|
| **Older person's expectation** | I receive plenty of food and drinks that I enjoy. Food and drinks are nutritious, appetising and safe, and meet my needs and preferences. The dining experience is enjoyable, includes variety and supports a sense of belonging. |

| Outcome | Rating |
|---|---|
| **6.1 Partnering with individuals on food and drinks** | **Conformance** |
| **6.2 Assessment of nutritional needs and preferences** | **Conformance** |
| **6.3 Provision of food and drinks** | **Conformance** |
| **6.4 Dining experience** | **Conformance** |

**6.1 Partnering with individuals on food and drinks:**

The provider has established processes in place for partnering with older people regarding nutrition and hydration, such as through conducting regular food focus meetings and initiating improvements in meal provision. Senior management described multiple feedback mechanisms for older people including satisfaction surveys and continuous improvement processes to better meet older people's expectations about food, drinks, and the dining experience. Document review, interviews with older people, and aged care workers demonstrated effective implementation of systems and processes for partnering with older people regarding food, drinks, and dining experiences.  Older people and their supporters reported that aged care workers understand their dietary preferences and regularly seek and respond to feedback regarding food and drink services. Older people stated that meals are enjoyable, with snacks available throughout the day and after hours. Aged care workers demonstrated a good understanding of individual preferences and were observed providing respectful alternatives, such as sandwiches or salads, when a meal was not preferred.

**6.2 Assessment of nutritional needs and preferences:**

The provider has a policy and procedure available to guide the workforce in the planning and delivery of meals to older people and outlining their responsibilities in this regard. Assessment, planning, and review processes incorporate individual needs and preferences around nutrition, hydration, and dining. Care and service documentation evidenced consultation with relevant health professionals, including speech pathologists, to support individual nutritional requirements. Aged care workers demonstrated awareness of older people's dietary needs and preferences, including texture-modified diets and personal choices such as dining in their bedroom. Interview identified aged care workers were aware of each individual's specific nutritional requirements. The dining environment was observed to be and encouraging enjoyable social interactions. One older person was provided with a specially arranged dining table to accommodate her preference to eat in the dining room while ensuring it was suitable for her wheelchair.

**6.3 Provision of food and drinks:**

The provider's nutrition, hydration, and swallowing policy guide the aged care workforce in maintaining optimal nutrition and hydration for older people; provision of variety and choice; and the safe management of swallowing risks and nutrition-related deterioration. The policy outlines the design of rotational menus in consultation with older people; catering for those on modified and unmodified textured diets; and the importance of choice, autonomy, and flexibility for older people in terms of access to food and drinks, mealtimes, and the dining experience. Feedback from older people and their supporters identified older people have variation and choice in the food and drinks available to them. Aged care workers said, and observations identified that food, snacks, and drinks were readily available to older people throughout the day. Observations identified nutritious snacks were easily accessible outside scheduled mealtimes, enabling older people to access food independently where appropriate.

**6.4 Dining experience:**

The provider has policies and processes in place to ensure the workforce safely supports older people with their nutrition and hydration and provides a positive dining experience. Care and services plans are required to set out individual likes, dislikes and preferences for food and drink and the level of support they require to enable healthy eating and drinking. Aged care workers are

provided access to ongoing training and education on the provision of appropriate nutrition and hydration support. Feedback mechanisms are used to initiate continuous improvement processes to improve the dining experience. Older people said they are supported to eat and drink in a manner that meets their individual needs and preferences, promoting social engagement, function, and quality of life. Older people indicated they generally enjoy the dining experience and are supported to share meals with visitors. Observations confirmed that aged care workers were available to provide assistance with eating and drinking where required.

## Older person experience

Older people  stated they are satisfied with the food, drinks, and dining experience provided by the service and they have opportunities to give feedback and suggestions which are considered. They reported that aged care workers understand their dietary preferences and offer choices that reflect their individual needs. Older people also indicated that snacks and drinks are readily available throughout the day and that alternative meal options are provided when requested.

## Quality Standard 7: The Residential Community

| Quality Standard 7: The Residential Community | | Conformance |
|---|---|---|
| **Older person's expectation** | I am supported to do the things I want and to maintain my relationships and connections with my community. I am confident in the continuity of my care and security of my accommodation. | |
| **Outcome** | | **Rating** |
| **7.1 Daily living** | | **Conformance** |
| **7.2 Transitions** | | **Conformance** |

**7.1 Daily living:**

The provider's policies for daily living reference how older people are supported to do the things they want to do and how the service enables independence and reablement. Person-centred care procedures and workforce training reinforce the importance of maintaining older people's rights such as privacy and safety and maintaining connections and social and personal relationships. There are processes in place to monitor each older person's functional abilities and respond to individual changes. Interviews with aged care workers and review of documentation confirmed there are a range of activities available, with strategies in place to promote individual abilities and strengths to assist older people to do what they want to do. Older people reported they are supported to maintain their personal and social relationships, and observations and care plans identified they are engaged in lifestyle activities of their choice both in the residential care home and in the local community.

**7.2 Transitions:**

The provider has a coordination and transitions of care policy outlining how changes in care, referrals, and transfers are managed and covers all types of transitions. The policy sets out roles and responsibilities and coordination and communication with health professionals, external providers, and others involved in the older person's care. Senior management described how the provider encourages and supports transitions between independent living, community care, and residential care. Review of records identified

there are effective processes in place to ensure older people who transition from hospital, and other care services, have well-coordinated continuity of care. Older people described feeling supported during care transitions. Aged care workers described how they involve older people in transfer decisions and share care information in a timely manner and this was corroborated in review of transfer, admission, and discharge documentation.

## Older person experience

Older people spoke positively about both past and upcoming activities offered by the service, including bingo, group physiotherapy sessions, craft and cultural celebrations such as Christmas, Easter and an upcoming Filipino cultural event. They reported that aged care workers support them to maintain community connections and relationships in a variety of ways, including reminding them of meeting times and assisting with dressing and grooming before social interactions. When a transfer to hospital is required, older people  described the process as being well managed and feeling well supported.