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

## Royal Freemasons Ltd

| | |
|---|---|
| Residential care home | Coppin Centre |
| Residential care home ID | ARCH-04502 |
| Audit dates | 27/02/2026-27/03/2026 |
| Assessment report date | 22/06/2026 |

### 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 25 May 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

Coppin Centre is a category 6 residential aged care service located in metropolitan Melbourne, Victoria. The service comprises multiple care delivery areas within a single site, including Coppin Lodge, Colbran Lodge, Moubray and Coppin Suites, and includes a dedicated memory support unit. Day to day operations are managed by service level management, overseen by the executive management team and governed by a board of directors. Coppin Centre delivers a range of residential aged care services to support varying care needs, including accommodation, personal care, clinical care, dementia-specific care, respite and palliative care. Services are supported by 24-hour nursing care and access to allied health and lifestyle programs.

As part of this audit, the Audit Team conducted various evidence gathering activities to assess the provider's conformance with the Quality Standards. Evidence gathered included several interviews from provider and residential care home interviews.

1. Number of provider representatives interviewed: 5
2. Number of governing body representatives interviewed: 3
3. Number of senior management representatives interviewed: 6

Number of interviews conducted with the residential care home:

1. Management: 2
2. Workers: 10
3. Older people: 10
4. Supporters: 6

## Experience of older person

Older people and their supporters described generally positive experiences, reporting they are treated with dignity and respect, supported to participate in decisions, and provided with clear information. Older people indicated opportunities to provide feedback and contribute to service improvement, and that care is generally responsive to individual needs. However, concerns were identified regarding the impact of staffing levels, environmental cleanliness and maintenance, delays in accessing equipment and mobility supports, and limited activities, particularly for those requiring one-to-one support and on weekends. These issues indicate inconsistencies in care delivery and service environment, impacting older person's comfort, independence, safety and overall experience.

## Experience of aged care worker

Aged care workers described respectful interactions with older people and said they follow care plans, respect privacy, dignity and consent, and involve families in care. They reported feeling supported by management, with an open-door approach, regular communication and that they are comfortable raising concerns and escalating issues. Workers described escalating clinical concerns, including wound management, and using processes such as incident reporting and open disclosure. Workers also said that staffing levels are not always consistent, with some reliance on agency staff and increasing workload at times. They reported uncertainty in some areas of practice, including identifying and managing risks, incident response, emergency procedures and restrictive practices, and in describing older older people's care needs and preferences.

## 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 | **Minor non-conformance** |
| Quality Standard 5: Clinical Care | **Minor non-conformance** |
| Quality Standard 6: Food and Nutrition | **Minor non-conformance** |
| Quality Standard 7: The Residential Community | **Conformance** |

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

Across the Quality Standards audited, 24 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, 10 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 provided a mixed response agreeing with most findings, but disputing the proportionality of the applied conformance ratings for some Outcomes (see Assistant Director Audit assessment for details). Within their response, the provider communicated additional context, supporting evidence, and remediation actions for non-conformance.

The Assistant Director Audit's assessment of the provider's response led to the Assistant Director Audit:

re-rating 5 major non-conformances (Outcomes 2.3, 2.4, 3.2, 5.1 and 5.4) to minor non-conformance.

re-rating 3 minor non-conformance (Outcome 2.8, 2.10 and 7.1) to conformance.

confirming 5 ratings of minor non-conformance (Outcome 2.5, 2.9, 3.1, 4.1b and 6.3).

# 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 demonstrates a value and an understanding of person-centred care, taking into consideration the safety, health, wellbeing and quality of life of each older person. Identity, culture, ability, diversity and belief underline delivered care and services. Funded aged care is tailored into the provider's systems to ensure the older person is considered and provider care is based on the needs, goals and preferences of each older person.

The care delivery location audit validated the provider understands and values older people including their culture, ability, diversity, beliefs and life experiences. Older people confirmed services are tailored to meet their unique needs and preferences. Aged care workers demonstrate they recognise the rights and respect the autonomy of each older person.

**1.2 Dignity, respect and privacy:**
The provider demonstrated services are guided in accordance with the Statement of Rights under their obligations under the Aged Care Act 2024. Funded aged care services are stated to be provided to older people's in a way that is free from all forms of discrimination, abuse and neglect. Person-centered care has been fully implemented into the provider's governance systems to ensure the dignity, respect and privacy of each person is upheld.

The care delivery location audit validated that the provider's policies and procedures regarding dignity and respect were adhered to. Staff were observed to be respectful and kind and respected older people's personal privacy. Older people and their supporters have no complaints regarding issues surrounding dignity, discrimination or issues with personal privacy. Issues were noted surrounding the application of older people's rights as a result of other non-conformances, and this has been further discussed in Standards two, three, four and five.

**1.3 Choice, independence and quality of life:**
The provider demonstrates a system in which older people are encouraged to maintain independence and exercise dignity of risk and choice to make decisions when they want or need. Older people and their supports are provided with timely and accurate information which is tailored and easily understandable.

The care delivery location audit validated established processes for the independence of each older person and there are mechanisms in place to support the older person to make decisions about their care and services. Older people said they are provided with timely, accurate, tailored and sufficient information about their care and services. Where required, older people are supported to involve supporters in decision making or were provided access to advocates.

**1.4 Transparency and agreements:**

The provider ensures older people and their supports have enough time to consider agreements and have ongoing opportunities to seek support and ask questions.  Documentation such as fees, invoices and agreements are provided in the older person's language and simplified into plain terms for easier understanding. Autonomy is encouraged. Prices are reviewed and managed per provider legislative obligations.

The care delivery location audit validated the providers established admission process give the older person the necessary time and consideration before entering into an agreement for their care and services. Older people confirmed the information contained in agreements provided to them is clear and they are informed of any changes. Management demonstrate they implement a system to ensure prices, fees and payments are accurate and transparent for older people.

## Older person experience

Older people and their supporters described a positive experience, indicating services are responsive to their needs and preferences. They reported being treated with dignity and respect, with appropriate support to participate in decisions about their care. Information was considered clear and accessible, supporting their understanding of services and agreements.

## 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** | **Minor non-conformance** |
| **2.4 Risk management** | **Minor non-conformance** |
| **2.5 Incident management** | **Minor non-conformance** |
| **2.6 Complaints and feedback management** | **Conformance** |
| **2.7 Information management** | **Conformance** |
| **2.8 Workforce planning** | **Conformance** |
| **2.9 Human resource management** | **Minor non-conformance** |
| **2.10 Emergency and disaster management** | **Conformance** |

**2.1 Partnering with individuals:**

The provider has systems in place that demonstrate partnerships with older people is sought by the governing body to inform organisational priorities and direct continuous improvement. Meaningful engagement with older people by the governing body and by

senior management is shown to direct quality improvement measures. Older people who are sought reflect the diversity and demographic of older people receiving care and services, ensuring the provision of cultural safe care.

The care delivery audit validated the informal and formal mechanism for the governing body to partner with older people in setting strategic priorities and improving care and services is effective. Older people said they are involved in resident meetings, food forums and consumer advisory body meetings. Aged care workers could demonstrate strategies to assist older people attend these forums and to ensure services delivered are accessible and culturally safe.

**2.2a Quality, safety and inclusion culture to support aged care workers to deliver quality care:**
The provider has a system which leads a culture of quality, safety and inclusion for the support of aged care workers. Processes in place are monitored by the governing body and the senior management team to ensure effectiveness. Quality improvement measures are in place and acted upon when identified.

The provider validated there is the application of a work health and safety framework which identifies and responds to the risks and hazards for aged care workers. There are mechanisms established which allow staff to report hazards, incidents and near miss events. Aged care workers raised no concerns regarding the safety of their work environment.

**2.2b Quality, safety and inclusion culture to support individuals:**
The provider demonstrates active engagement and consultation with older people. The provider demonstrates tools such as surveys and engagement activities are utilized regularly and information is acted upon to gather information to aid in quality improvement measures. The provider ensures their services are appropriate for each older person, including those living with dementia, First Nations people and older people with diverse needs.

The care delivery audit indicates the provider's systems and processes support a positive culture of care and services and continuous improvement. Older people said they felt safe and that their wellbeing was important to those caring for them. There were positive and safe interactions observed between older people and aged care workers.

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

The provider has systems in place which monitor the quality of services delivered to older people. Accountability is outlined through policy documents and open disclosure is demonstrated by the governing body and senior management to aged care workers and older people receiving services. The provider has a suite of policies and procedures which guide their workforce in everyday practice. Some policies and procedures have outdated referencing and/or do not contain current, evidence-based information for workforce reference. It is demonstrated that these policies are followed regularly by senior management and the broader workforce, creating a systemic impact and risk for both the provider and older people within their care. Although a new process has been recently put in place to ensure policy dates are reviewed and monitored, the content of each policy was acknowledged by the governing body to not be updated at that time.

The care delivery location audit reflected that some policies and procedures were outdated, not consistently applied by the service management and there was a lack of accountability to review and monitor the delivery of aged care services governed by these polices and procedures.

### 2.4 Risk management:

The provider has processes in place for the management of risk at a governance level. The provider demonstrates ongoing use and interrogation of risk management systems, which outlines review and reassessment of risk and prevention measures used to minimize ongoing risk to older people and aged care workers. Recently, a new incident management system has been implemented to enable better visibility of current risks and aim for prevention, control and minimization.

The care delivery location audit identified deficiencies in the recognition, assessment, and comprehensive review of risks present to older people in the care of the service.

**2.5 Incident management:**
The provider has an incident management system in place. Policy outlines accountability of all staff, ensuring actions to incidents are recognized and responded to in a manner which is timely and supports root cause analysis and open disclosure. Incident prevention measures recently included a new digital platform for trending, staff training and ongoing review of risk, incidents and near-misses.

The care delivery location audit identified deficiencies in the recognition, assessment and comprehensive review of incidents which occur to older person's in the care of the service.

**2.6a Complaints and feedback management for aged care workers:**
The provider has processes in place to ensure aged care workers are supported to make complaints and provide feedback without reprisal. The governing body and senior management demonstrated that complaints received are dealt with transparency and with timely action. Complaints inform quality improvement measures locally and strategically.

The care delivery location audit identified the system to support aged care workers to receive, record, manage and monitor feedback and complaints is implemented at the care delivery location and is performing effectively. Aged care workers confirmed they have access to policies and processes to support them to recognise and manage feedback and complaints.

**2.6b Complaints and feedback management for individuals:**
The provider has processes in place to ensure older people and their supported to make complaints and provide feedback without reprisal. Complaints information demonstrates complaints received by the governing body and senior management are dealt with transparently and with timely action. Complaints inform quality improvement measures.

The care delivery location audit validated an effective system in place to support older people to provide feedback and make complaints. Older people said they feel empowered and encouraged to make complaints and provide feedback and they feel supported to do so. Aged care workers could describe how they take timely action to respond to complaints from older people within an open disclosure process.

**2.7 Information management:**

The provider has an information management system in place which is led by informed consent and provides privacy for older people. The provider has processes in place to continually review and ensure accuracy of information present. The governing body and senior management said information recorded about the older person in their care is consistently reviewed and is able to be accessed by all aged care workers and relevant allied health professionals via their digital file management platform. Information is provided to each older person (and their chosen supports) in a way which can be understood by them, including the use of plain language and translating information to the older person's preferred language.

The care delivery location audit validated established secure information systems to protect the confidentiality of older people's information. Older people confirmed consent was obtained from them for the disclosure of their information as necessary. Aged care workers said they have appropriate access to the information they need and exchange relevant information to ensure the provision of required care and communication among identified care providers.

**2.8 Workforce planning:**

The provider has recently developed a new process for onboarding and review of staffing skills mix and numbers. The provider has an embedded system in place which allows them to oversee their workforce needs. The provider is meeting their legislative obligations to meet minimum required care minutes, have a registered nurse on site and on duty at all times and report care minutes to the Aged Care Quality and Safety Commission.

The care delivery location audit identified deficiencies in the availability of staff members to ensure quality service delivery is provided to all older person's.

**2.9 Human resource management:**

The provider has systems to ensure aged care workers are skilled and competent in their roles. Aged care workers have appropriate employment checks, training, supervision, escalation, support and resources. The provider is supportive with feedback, incidents and

complaints and regularly reviews the effectiveness of training and training systems. Provider has recently implemented a new digital platform and recruitment process which supports ongoing training and education for all aged care workers.

The care delivery location audit identified issues in processes of education implementation.

**2.10 Emergency and disaster management:**
The provider has a range of policies and procedures for emergency and disaster management planning, which includes information on how emergencies will be responded to. Regular review and testing of these systems occur, with ongoing improvements and information updates occurring. Planning for emergency and disaster management within home service delivery areas includes consultation with older people, however, does not include partnerships with the older people's within the provider's residential sites. This was confirmed by provider policy and senior management, who stated that future planning includes emergency and disaster planning with older people in their consumer advisory board committee.

The care delivery location audit validated that the provider's policies and procedures were mostly adhered to. Deficits were present in the implementation of procedures relating to the current chair lift in use at the facility and in aged care worker knowledge of their roles and responsibilities in an emergency.

## Older person experience

Older people reported they are involved in resident meetings, food forums and Consumer Advisory Body (CAB) meetings, supporting opportunities to contribute to service improvement. They indicated they feel encouraged and supported to provide feedback and make complaints.Older people confirmed that consent is sought for the use and disclosure of their information. However, multiple older people raised concerns about the negative impact of staffing levels on their care and daily experience.

## Detailed findings of non-conformance

| Outcome 2.8: Workforce planning | Conformance |
|---|---|

The Audit Team identified the following issues regarding workforce needs and planning. In response, service management provided the Audit Team a service roster for review of unfilled shifts. It was noted by the Audit Team that the use of agency nursing staff has decreased in the last 6 months.

Although actions are being put in place to ensure sustainability of staffing numbers is maintained, feedback from older people, their supporters and observations of the Audit Team reflect impact to current older person's living within the service is negative. Although, service management are meeting legislative care minutes, it was advised that two clinical care managers on location are classified as registered nurses under the count, which is not per legislative requirements as the duties of the clinical management team are within non-direct care (office based) activities. The Audit Team received feedback from multiple older person's and their support surrounding the negative impact of staffing numbers on older people living in the service, including the lack of availability of regular cleaning staff, staff informing supporters there is not enough staff to take older people outside or sit with them to aid with their meals or to spend time doing personalised activities.

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

The provider submitted clarifying information and evidence demonstrating established and effective workforce planning arrangements, including processes to monitor staffing requirements and meet minimum care requirements. The Assistant Director Audit is satisfied with the response.

The Assistant Director has considered the evidence and determined that the preliminary rating of minor non-conformance be revised to a final rating of conformance. While the Audit Team received feedback from some older people and supporters regarding staff availability and their experience of care and engagement the feedback does not establish that the provider failed to understand, manage or plan for its workforce needs in accordance with the requirements of outcome.

| Outcome 2.10: Emergency and disaster management | Conformance |
|---|---|

The Audit Team identified issues regarding the implementation of policy and procedures in relation to emergency and disaster management. In response, service management reviewed current onsite practices in staff deviation of procedure and reminded staff of compliance and training.

Interviews of aged care workers, older people and their supporters demonstrate inadequate knowledge of procedure and actions that occur in an emergency situation. Staff were unable to define their roles in an emergency, increasing the risk that older person's may not receive timely or appropriate assistance during an emergency. Interviewed older person's and their supporters believed they were unsafe if an emergency situation were to occur. The Audit Team observed observed staff not adhering to procedures when operating the temporary chair lift..

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

The provider submitted clarifying information demonstrating emergency and disaster management plans were regularly tested and reviewed and that consultation had occurred with older people, supporters and governance representatives prior to the audit. The Assistant Director Audit acknowledges these activities and notes that the provider's monitoring systems identified deficiencies and initiated corrective action.

The Assistant Director Audit has considered the evidence and determined that the preliminary rating of minor non-conformance be revised to a final rating of conformance. While staff knowledge gaps were identified during the audit, the evidence indicates the provider's emergency and disaster management systems were operating effectively and that identified workforce capability issues would be more appropriately reflected under Outcome 2.9 Human Resource Management

| Outcome 2.3: Accountability, quality system and policies and procedures | Minor non-conformance |
|---|---|

The audit identified the following issues with the implementation of systems and processes for accountability, quality system, policies and procedures. In response, service management stated they would consider how to approach this issue in the future.

Policy surrounding restrictive practices provided outdated references to previous legislation. While the policy outlined review and monitoring processes around restrictive practices, 2 older people file reviews identified restrictive practices was not appropriately being recognised or correctly documented.

While incident and complaint management policies outlined review and monitoring processes, review of incident reports and feedback registers did not demonstarte effective review and monitoring was being implemented at the location level. For example, there were ongoing complaints relating to environment and service maintenance and unidentified reportable incidents (SIRS) which were not appropriately followed up or evaluated to improve the quality-of-service delivery. The audit identified the provider's quality system was not being used to enable and drive continuous improvement of the delivery of aged care services at the location level.

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

The provider demonstrated that governance systems, quality management processes and policy review activities were established and operating prior to the audit however the audit identified deficiencies in effective local accountability to ensure organisational policies and procedures were being adhered to, actions informed by monitoring mechanisms were documented, implemented in a timely manner, drive continuous improvement and evaluated for effectiveness.

The Assistant Director Audit has considered the evidence and determined that the preliminary rating of major non-conformance be revised to a final rating of minor non-conformance. While the governing body has established systems and processes to maintain oversight, the evidence demonstrates that these mechanisms did not consistently ensure service management implemented policies and procedures, monitored identified issues, and evaluated the effectiveness of actions taken to improve service delivery at the care

delivery location.

| Outcome 2.4: Risk management | Minor non-conformance |
|---|---|

The audit identified the following issues with the implementation of systems and processes for the identification, management and continuous review of risks within provider and service operations. In response, service management did not provide feedback regarding a review of systems and processes to identify improvements and instead stated they would review the specifics of presented cases and conduct an additional review of these cases.

The Audit Team was able to identify risks that had not been recognised or documented by service staff. In some instances when questioned, staff were unaware that issues raised were considered risks. Although an established risk management system is in place, quality indicator data continues to demonstrate risk areas that remain consistently elevated and unresolved over time. Ongoing evaluation and effectiveness of actions placed for identified risks was not effectively implemented or documented. The audit identified the provider's risk management system was not being used to enable and drive appropriate risk minimization of aged care services delivered at the location level.

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

The provider submitted clarifying information and evidence demonstrating that established risk management systems and processes are in place. However, the provider's response addresses the individual incidents identified by the Audit Team, it does not demonstrate why existing monitoring and oversight activities failed to identify the issues or if similar issues may exist within the service, or how the effectiveness of the proposed actions will be evaluated.

The Assistant Director has considered the evidence and determined that the preliminary rating of major non-conformance be revised to a final rating of minor non-conformance. Whilst remedial actions may strengthen local oversight, accountability and the consistent application of established processes, the Assistant Director Audit cannot be assured that the provider's risk management system has

been reviewed in response to the identified deficiencies or that the proposed actions will be consistently embedded and maintained across the service. The evidence therefore continues to support a rating of minor non-conformance for this outcome.

| **Outcome 2.5: Incident management** | **Minor non-conformance** |
|---|---|

The Audit Team identified the following issues with the acknowledgement, response and effective management of incidents. In response, service management stated they would review the training needs of staff. There was no feedback from the provider in regard to Audit Team findings in relation to Serious Incident Response Scheme (SIRS) reporting obligations.

While incident management policy outlines review and monitoring processes, review and monitoring processes are not being implemented at the location level. For example: One incident marked as a near miss was not appropriately identified and responded to. Regular clinical incidents such as identified wounds, pressure areas or behavior incidents were not always present on incident registers or were documented as near miss events. Systematic analysis of incident data to identify trend and root causes was not consistently undertaken or evaluated to improve the quality-of-service delivery.

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

The provider submitted clarifying information and evidence demonstrating established incident management systems and processes however, the provider's response addresses the specific incidents identified by the Audit Team but does not demonstrate how the provider has reviewed and improved the effectiveness of its incident management system in response to the identified deficiencies.

Furthermore, the providers response does not address how incident and clinical quality indicator data are consistently used to evaluate effectiveness, inform continuous improvement and provide assurance that improvements will be sustained over time leading to improved outcomes for older people.

Whilst the provider has communicated remedial actions in response to the audit findings, the provider has not demonstrated how it will evaluate and review these actions for effectiveness in ensuring incidents are consistently recognised, documented, escalated, investigated and managed in accordance with established incident management requirements. The evidence therefore continues to support a rating of minor non-conformance for this outcome.

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

The Audit Team identified the following issues regarding workforce needs and planning. In response, service management confirmed education and training modules provided to staff via their online platforms, including mandatory training and training related to the Quality Standards.

Service management utilizes an education platform to ensure staff training is attended and records of staff contact details and qualifications are maintained and validated. However, deficits were identified in management processes of ensuring education is effective and meaningfully applied to practice. Interviewed aged care workers reflected knowledge gaps in risk and incident identification and management. Aged care workers were unable to demonstrate sound knowledge in risk prevention strategies, SIRS management, clinical risk analysis and knowledge of the use of restrictive practices.

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

The provider submitted clarifying information and evidence that demonstrates actions taken to strengthen workforce capability however the response does not sufficiently demonstrate how the provider evaluates the effectiveness of its training system or how education outcomes are used to provide assurance that aged care workers consistently apply required knowledge and skills in practice.

Furthermore, the provider has not demonstrated how incident, complaint and quality indicator information is systematically used to evaluate training effectiveness and drive improvements in workforce capability.

While the provider has communicated remedial actions in response to the audit findings, the Assistant Director Audit cannot be assured that the effectiveness of the training system has been reviewed in accordance with the requirements of Outcome. The evidence therefore continues to support a rating of 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:**

The provider has a process in place to ensure services provided in a planned and risk informed way. Older people and their supports work in partnership to create their care and service plans. The provider has systems in place which review care and service plans in partnership with each older person and/or their supporters, the provider does this on a regular basis and when circumstances change.

A copy is offered to all older people and their chosen supporters. The Assessment and Planning policy does not state who is responsible for ongoing reviews and updates to care planning documentation.

The care delivery location audit reflected that care plans did not consistently reflect the current needs of older person's. As a result, care plans did not reliably provide aged care workers with up-to-date information to guide the delivery of safe and effective funded aged care services.

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

The provider approaches care planning in a way that is culturally safe, trauma aware and healing informed. Older people received care that is contemporary and currently meets their needs, goals and preferences. The provider has policies which aim to support the planning of an older person's services to ensure quality of life, reablement and maintenance of function, is aligned and consistent with their preferences, needs and goals. Older people are referred to allied health services to support early identification and intervention of health risks. The provider is demonstrating the placement of dementia supportive care using contemporary and evidence-based strategies, enabling the identification and review of older people living with dementia and encouraging their supports.

The care delivery location audit reflected deficiencies in the identification, assessment and management of restrictive practices at the service. Aged care workers on shift were unable to recognise interventions in use as restrictive practices and were unable to demonstrate an appropriate response to risks associated with their usage.  Staff were unable to demonstrate an ability to identify, escalate, monitor and evaluate restrictive practices.

**3.3 Communicating for safety and quality:**

The provider has a system for communicating structured information about funded aged care services which ensures risk and other important information is effectively communicated in a timely way. The provider's processes for communication are utilized throughout service delivery, including when an older person commences receiving funded aged care services, when circumstances change and when risks emerge.

The care delivery location audit validated that critical information relevant to the delivery of funded aged care services is communicated effectively to older person's, between aged care workers, and with relevant stakeholders, including registered health practitioners, allied health professionals and supporters. Older person's said they are kept informed about matters relevant to their care and are provided with sufficient information to support their understanding and participation in care and services. Aged care workers said they can readily access care information, including care plans, assessments and older people profiles using this information to guide care delivery.

**3.4 Planning and coordination of funded aged care services:**
The provider demonstrates funded services are planned and coordinated. The provider works in partnership with the older people and their chosen supporters. Supporters are recognized as partners of care and involved in decision making when required. Coordinated transitions are in collaboration with the older person and their supporter, and a communication process is in place to ensure relevant information is documented and effectively communicated and managed.

The care delivery location audit validated that care and services are planned and coordinated to meet the needs of older people, including where multiple services are involved. Older person's said they are involved in decisions about their care. They said they are supported to access services, and are informed about matters relevant to their care.  Aged care workers said information about services is communicated to ensure care is delivered as planned. Review of documentation demonstrated a planned and coordinated process in the provision of funded aged care services.

## Older person experience

Older people and their supporters said the provider engages with them in the planning and delivery of care, and that care plans reflect their needs, goals and preferences. Older people said they are kept informed about matters relevant to their care and are provided with sufficient information to support their understanding and participation in care and services. Older people said they are involved in decisions about their care and are supported to access services.

## Detailed findings of non-conformance

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

The Audit Team identified issues regarding the implementation of assessment and planning procedures related for each older person. In response, service management stated they will review each care file to ensure accuracy.

Aged care workers are engaging with older people, their supporters and any other people involved in their care. Older people's and their supporters said the provider engages with them and their care plans are reviewed regularly with the appropriate staff. Responsibilities for aged care workers to implement risk management strategies were outlined within care plans. However, the provider's Assessment and Planning policy does not clearly define roles and responsibilities for ongoing review and updates to care planning documentation, including clinical accountability for review timeframes and sign-off. Gaps in the implementation of care planning processes resulted in care plans not consistently reflecting current needs of older people. As a result, care plans did not reliably provide aged care workers with up to date and accurate information to guide the delivery of safe, effective and person-centered care, including the implementation of appropriate risk management strategies.

**Provider response and Assistant Director Audit assessment:**
The provider submitted clarifying information in relation to an older person's mobility needs and care plan review accountability. The Assistant Director Audit is satisfied with the response however the provider did not provide evidence of any targeted monitoring, review or assurance activity undertaken to substantiate undocumented restrictive practices were isolated occurrences.

Whilst the provider has communicated remediation actions in response to the audit findings, the actions taken do not demonstrate the providers effective use of their monitoring mechanisms to understand the extent of the issue, nor how the proposed actions will be measured to effectively prevent recurrence. The evidence therefore continues to support a rating of minor non-conformance for this outcome.

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

The Audit Team identified issues regarding an ability to identify, escalate, monitor and evaluate restrictive practices and issues regarding the implementation of contemporary, evidence-based strategies for dementia support. Service management responded to the audit team's feedback stating they would think about this issue and how to approach it. Regarding undocumented restrictive practices identified by the Audit Team, the provider stated they were unaware the restrictive practices were in use and would seek further discussions with older person's supporters for informed consent and has a review planned for the future to look into restrictive practice usage at the service delivery location.

During this audit, the Audit Team observed the use of restrictive practices on multiple older people within the memory support unit. A handover sheet was observed which contained information regarding undocumented restrictive practice usage for a older person. Staff interviewed did not understand these practices were restrictive. Two supporters interviewed said that staff actions observed occurred regularly. Dementia support in the memory support unit did not demonstrate contemporary, evidence-based strategies which supports the regular review of strengths and skills of older people living with dementia. Staff were unable to demonstrate personalized support strategies, which were not consistently documented for each older person. Referrals were not always progressed in a timely manner and did not consistently support the reablement and wellbeing of older person's. Service management did not demonstrate awareness of restrictive practices in use, nor established processes to identify, assess or monitor their application. In response to risks identified by the Audit Team, service management did not demonstrate a clear or immediate approach to review or address these issues, and were unable to articulate accountability or oversight mechanisms.This indicates a lack of effective governance and oversight of restrictive practices at the service delivery location.

**Provider response and Assistant Director Audit assessment:**
The provider has submitted clarifying information about mattress wedge usage within the facility however the provider did not provide evidence of a broader review to determine whether similar practices were occurring elsewhere within the Memory Support Unit or across the service.

While the lifestyle program calendar demonstrates that activities are planned, it does not address the Audit Team's findings regarding the consistent implementation of personalised, strengths-based and evidence-informed approaches for older people living with dementia.

The Assistant Director Audit has considered the evidence and determined that the preliminary rating of major non-conformance be revised to a final rating of minor non-conformance. Whilst the provider has communicated remediation actions in response to the audit findings, the actions taken do not demonstrate the providers effective use of their monitoring mechanisms to understand the extent of the issue, nor how the proposed actions will be measured to effectively prevent recurrence. Therefore, the Assistant Director cannot be assured the identified issues have been effectively addressed or that the proposed actions will be consistently embedded and maintained across the service.

## Quality Standard 4: The Environment

| **Quality Standard 4: The Environment** | **Minor non-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** | **Minor non-conformance** |
| **4.2 Infection prevention and control** | **Conformance** |

**4.1b Environment – services delivered other than in the individual's home:**
The provider demonstrates a policy and procedure is in place outlining environmental considerations for each older people in their care. Documentation for each assessment is located within easy access for aged care workers. There are regular preventative and

reactive procedures in place for both an older person's environment and the equipment they use to manage their everyday life. Incidents related to environment are stated in policy to be documented within the provider's incident management system.

The care delivery location audit reflected a failure to maintain a routinely clean and safe environment for older people living at the service. Processes for oversight of cleaning services and ongoing review and accountability of cleaning practices were not supportive of quality improvement of service delivery.

**4.2 Infection prevention and control:**
The provider has an embedded system in place which monitors outbreaks to assess trends and numbers of infection for infection prevention and control. Outbreak management plans are in place and are reviewed on a regular basis. infection prevention and control leads are in place, appropriately qualified and trained. Vaccination status' are monitored and documented.

The care delivery location audit validated that the provider's systems and processes are in place to monitor outbreaks and implement appropriate infection prevention. Aged care workers were observed practicing appropriate hygienic practices and taking appropriate infection aprevention and control precautions when delivering care to older people. However, concerns were raised by older people's supporters regarding the cleanliness of furniture in communal areas. Audit observations identified unclean furniture, indicating that environmental cleaning processes were not consistently monitored. While no immediate impact to older people was validated this presents a potential risk of infection transmission.

## Older person experience

Older people and their supporters raised concerns about the cleanliness and maintenance of rooms and communal areas. Reports included unclean furnishings, delayed repairs, and environmental upkeep not being consistently maintained. These issues indicate the environment does not consistently support older persons' comfort, safety and wellbeing.

## Detailed findings of non-conformance

| Outcome 4.1b: Environment – services delivered other than in the individual's home | Minor non-conformance |
|---|---|

The Audit Team identified issues regarding the implementation of routine cleaning practices and review of current practice for quality improvement. Service management responded to the Audit Team's feedback by stating staffing surrounding cleaning was previously an issue with agency staff regularly required to cover shifts. Management advised that cleaning equipment and services are currently under review, with actions being incorporated into the continuous improvement plan in response to identified issues and complaints. Management stated the provider is considering the introduction of an external cleaning contractor and has engaged services to undertake a deep clean and steam clean. A process for continuous improvement (PCI) has been implemented for the overall cleaning program.

The Audit Team observed the documentation of cleaning tasks, schedules and processes was not always complete or reliably maintained. Ongoing feedback from older people and their supporters substantiated Audit Team observations that cleaning services have not been maintained and are not sustained at the present time. Feedback and complaints registers reflect ongoing complaints regarding the maintenance and cleaning of service environment and older people's living areas. Supporting documentation does not support root cause analysis and review of implemented strategies for effectiveness. Supporters interviewed demonstrated areas of the service that have not been cleaned for a longer period of time. The Audit Team observed living areas and furniture throughout the facility to be unclean, indicating the environment was not consistently maintained in a condition that supports the comfort and wellbeing of older people.

**Provider response and Assistant Director Audit assessment:**
The provider has demonstrated awareness of the issues relating to environmental cleanliness and maintenance. The provider had commenced improvement initiatives prior to the audit. The Assistant Director Audit acknowledges these activities and notes that the provider's monitoring systems identified deficiencies and initiated corrective action.

While this information demonstrates awareness of the issues and a commitment to improvement, insufficient evidence was provided to demonstrate how corrective actions will be monitored and evaluated for effectiveness, or how these improvements will be sustained over time. In addition, the provider did not provide sufficient evidence demonstrating the effective use of their monitoring mechanisms to understand the extent of the issue or how identified issues have been reviewed more broadly to determine if additional environmental risks exist within the service.

The Assistant Director Audit cannot be assured that systems and processes support the ongoing maintenance of a clean, safe and well-maintained environment for older people, or that identified environmental risks lead to sustained improvements for older people. The evidence continues to support a rating of minor non-conformance for this outcome.

## Quality Standard 5: Clinical Care

| **Quality Standard 5: Clinical Care** | **Minor non-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** | **Minor non-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** | **Minor non-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 demonstrates that the clinical governing body as well as the corporate governing body has a focus on continuous improvement and meets its duty of ensuring the safety and wellbeing of all older people in their care. Clinical governance frameworks are current and drive safety and quality improvement measures. Digital clinical information systems are being utilized, upgraded and reviewed for effectiveness regularly. Legislative requirements related to clinical governing standards are demonstrated to be met. The provider is currently in the process of implementing a new clinical governance framework.

The care delivery provider audit reflected that current clinical governance framework of the service is not fully embedded.

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

The provider ensures infections are identified, and risks are minimized and controlled using evidence-based practice. All staff, including the Quality and Safety Committee, senior management and aged care workers who are in direct contact with older people demonstrate ongoing education, critical thinking and ongoing review when infection related issues or outbreaks occur. The usage of antibiotics is monitored in conjunction with allied health professionals and reviewed on a regular basis.

The care delivery location audit validated the provider has systems and processes in place to prevent and control infections in delivering clinical care. Although the review of documentation identified that historical infection related data remained consistent, indicating potential risk in the effectiveness of these systems and processes to minimize the transmission of infections and complications from infections, older people and their supporters did not raise any concerns, aged care workers demonstrated a shared understanding of infection control practices aligned to their roles and responsibilities and documentation evidenced application of antimicrobial stewardship principles to infection management and monitoring.

### 5.3 Safe and quality use of medicines:

The provider demonstrates there are policies and procedures in place to ensure the safe and quality use of medicines. Medications are reviewed on a regular basis. Medication incidents are reviewed, harm is mitigated, and quality improvement measures are placed when appropriate to do so. The provider has a digital system to document older person's related medication information such as allergies or side effects, and a digital administration program is used to ensure the handling of medicines and ongoing review of data and trends relating to medicines and their administration meet both legislative requirements and current best practice clinical standards.

The care delivery location audit validated the effectiveness of the provider's systems and processes for the safe and quality use of medicines. Older people expressed satisfaction with how the service undertakes medication management. Aged care workers described how they access medication related information for older people to support the safe administration of medication. Review of documentation evidenced ongoing issues with medication storage practices however the provider regularly reviews and attempts to improve the effectiveness of the system for the safe and quality use of medicines.

### 5.4 Comprehensive care:

The provider has a system in place to ensure information regarding assessment and planning of care is captured. Policy and procedure documents indicate that comprehensive care is supported by contemporary, evidence-based practice and ongoing partnerships with older people and their supporters. Processes are in place to support the use of other allied health professionals and to facilitate access to other services such as rehabilitation or specialist nursing care. Processes are implemented to ensure the ongoing monitoring of clinical conditions and encourage reassessment of older person when changes in their health or condition occurs.

The care delivery location audit reflected that processes in ensuring that clinical care is of good quality, comprehensive and safe are not embedded. Long term, consistently high quality indicator numbers and documentation provided indicated prevention, planning and treatment of clinical care and services do not demonstrate risk is identified, documented appropriately or planned for early identification of clinical needs, and in some cases showing older persons have experienced actual clinical harm. Complaints regarding

clinical service delivery coupled with service management response to audit delivery indicates a lack of accountability which inhibits the review and evaluation of services for quality improvement measures, placing older people at elevated risk.

**5.5 Safety of clinical care services:**
The provider is identifying and monitoring high impact and high prevalence risks. Policy and procedures give clear advice to aged care workers on how to manage high impact clinical risk situations and events. Occurrences related to clinical risk, such as falls, infections, wounds, concerning or changed behaviors and medication incidents are reported to senior management and reviewed for quality improvement by senior management, the clinical governing body and the Board.

The care delivery location audit reflected that there is a process for identifying and managing high impact and high prevalence risks. Although the Audit Team noted that consistently high quality indicator numbers were present, they are slowly decreasing in recent months with currently reviewed actions put in place. Areas of high impact and high prevalence risk being monitored are comprehensive. Aged care workers were able to demonstrate implemented actions of clinical care. Older persons had no complaints regarding clinical service delivery.

**5.6 Cognitive impairment:**
The provider has processes in place to ensure recognized cognitive changes are comprehensively assessed and goals of care is aligned with the needs, goals and wishes of the older person and/or their supporters. Identification processes recently implemented and strengthened by the provider include ongoing aged care worker education in dementia support and education for the recognition of deteriorating and changing health conditions.

The care delivery location audit validated that the provider's systems and processes were supporting older people experiencing cognitive impairments to receive care and services which was aligned with their needs, goals, and preferences. Aged care workers demonstrated a shared understanding of caring for older people experiencing cognitive impairment and were observed responding to older persons in a timely and appropriate manner. Observations at the service evidenced older people were not always receiving care and services which were tailored to the older person's capacities, and this has been discussed further in Standard 3. Review of

documentation evidenced the provider identifies and responds to the complex clinical care needs of people with delirium, dementia and other forms of cognitive impairment.

**5.7 Palliative and end-of-life care:**
The provider has processes to recognize when older people require palliative care or are nearing End-of-life. Person-centered processes are in place to help support older people's and their supporters, to respond to their changing needs and preferences. Conversations regarding End-of-Life care and planning are encouraged from time of admission, and includes working in partnership with the older person and their chosen supports to identify current needs, goals and preferences.

The care delivery location audit validated that the provider's systems and processes to support palliative care and End-of-Life care for older people. Older people raised no concerns and their supporters described communication and the documented information to support comfort, dignity, and choice in the last days of life. Aged care workers demonstrated a shared understanding of palliative and End-of-Life care processes that aligned to their roles and responsibilities.

## Older person experience

Older people and their supporters expressed satisfaction with clinical care, including medication management, communication, and End-of-Life care.However, concerns were identified, including delays in accessing prescribed equipment and limited access to appropriate mobility support, impacting independence and raising potential safety concerns.

## Detailed findings of non-conformance

| **Outcome 5.1: Clinical governance** | **Minor non-conformance** |
|---|---|

The Audit Team identified issues regarding the implementation and continuous improvement measures of the providers clinical governance framework. The provider is currently in the process of implementing a new clinical governance framework, and this was discussed with the Audit Team during the Governing Body meeting.

The Audit Team observed that effective processes for identifying clinical risk is not fully embedded, and although the provider's new clinical governance framework is progressing, it has not yet been implemented. Evidence from interviews, observation and documentation demonstrated continued high quality indicator numbers, issues such as restrictive practice usage, lack of accountability, lack of risk identification and SIRS identifications and lack of embedded staff education processes. Aged care workers did not always have practices in place which minimized risk and aligned with contemporary evidence-based practice, such as current medication administration practices and current behavior support practices within the memory support unit. These findings indicate a breakdown in clinical governance systems, resulting in clinical risks not being effectively identified, analyzed or controlled, and an increased risk of harm to older people.

**Provider response and Assistant Director Audit assessment:**
The provider supplied additional information describing governance structures, monitoring activities and a revised clinical governance framework intended to strengthen oversight of clinical care services. However, insufficient evidence was provided to demonstrate that governance systems were consistently effective in identifying, analysing and responding to clinical risks prior to the audit, or that information obtained through quality indicators, incidents, audits and monitoring activities was translated into sustained improvements in clinical care outcomes.

While quality indicator, incident, audit and risk information is collected and reviewed, the provider has not demonstrated how this information is consistently analysed, evaluated and translated into effective and sustainable improvements in clinical care outcomes for older people.

The Assistant Director Audit has considered the available evidence and determined that the preliminary rating of major non-conformance be revised to a final rating of minor non-conformance. While the provider has outlined governance activities and improvement initiatives, the Assistant Director Audit cannot be assured that clinical governance arrangements will consistently identify,

analyse and respond to clinical risks, including restrictive practice use and recurring quality indicator trends in accordance with the requirements of Outcome.

| **Outcome 5.4: Comprehensive care** | **Minor non-conformance** |
|---|---|

The Audit Team recognised issues regarding the implementation and evaluation of clinical care in service delivery. While onsite, the provider responded to the Audit Team's feedback regarding this issue stating that quality indicators have reflected decreased numbers since the beginning of 2026. Regarding complaints surrounding clinical incidents, service management stated that a communication error and older person supporter's lack of clinical understanding and anxiety was the cause of the complaints.

The Audit Team observed that clinical care is not always optimised for in the older person's quality of life, independence and reablement. Equipment and aids are not always provided to each older person as they require. Documentation was observed to be incorrect, incomplete or missing information. Documentation provided reflected clinical complaints in which clinical trends were not always reviewed fully or evaluated for continuous improvement. Supporting documentation reflected that an approach to clinical care is not always preventative.

**Provider response and Assistant Director Audit assessment:**
The provider supplied clarifying information in response to the Audit Team’s findings however, evidence obtained during the audit identified deficiencies in the identification and management of clinical deterioration, the accuracy and currency of assessment and care planning information, the timely provision of equipment and supports, and the monitoring and review of clinical risks, including restrictive practices.

The Assistant Director Audit has considered the evidence and determined that the preliminary rating of major non-conformance be revised to a final rating of minor non-conformance. Whilst the provider has communicated remedial actions, insufficient evidence was provided to demonstrate that similar issues had been reviewed more broadly across the service, or that corrective actions had been

embedded and evaluated for effectiveness. Therefore, the Assistant Director Audit cannot be assured that clinical risks are consistently identified, monitored and addressed to support sustained improvements in outcomes for older people.

## Quality Standard 6: Food and Nutrition

| Quality Standard 6: Food and Nutrition | Minor non-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** | **Minor non-conformance** |
| **6.4 Dining experience** | **Conformance** |

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

The provider has policies and procedures in place to ensure they are partnering with older people and their supporters to provide choice, preference and variety to the older durring the dining experience. The provider is creating an enjoyable food, drink and dining experience at the service based on older people feedback, internal auditing and have implemented a system to monitor and continuously improve food services. Contemporary evidence-based practice regarding food and drink has been incorporated into policies and procedure methodology.

The care delivery location audit validated that the provider is partnering with older people to deliver quality food and drinks. Older people are able to provide feedback to improve the dining experience and food choices. Aged care workers listen to older people on how better partner with them in relation to food and drinks.

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

The provider has processes and policies in place to ensure the specific nutritional needs of older people in their care are identified and understood. Each older person is regularly assessed for nutrition, hydration and dining needs, including their choices, preferences, and any dietary requirements. Assessments also consider preferences, and any clinical or physical factors that may impact an older person's ability to eat and drink.

The care delivery location audit validated that the provider assesses and records older people's nutritional needs, abilities and preferences regarding food and drinks. Older people are able to make choices about when and where they have their meals, including having meals in their rooms. Older people are provided options for food and drinks that they prefer and aged care workers support their choices.

**6.3 Provision of food and drinks:**

The provider is providing older people with food and drink that is meeting individual needs and is appetising and flavoursome. Each older person has a variation and choice about what they eat and drink and how much they wish to consume. Menus are currently being designed in partnership with older people and allied health professionals including the chef and dietitian. Policies and procedures are in place to ensure meals are prepared and served safely including correct temperature, allergy information, and texture modification.

The care delivery location audit reflected staff knowledge and documentation deficits in preferences and needs of older person's such as texture modification needs and allergies in relation to the provision of food and drinks. Feedback of supporters indicated staffing numbers were not adequate to support the safe provision of food and drink.

**6.4 Dining experience:**

The provider is ensuring older people are  supported to eat and drink. Aged care workers undertake training which supports current evidence-based practice surrounding the dining experience, choking risk and emotional and physical support and encouragement. The service is currently undertaking improvements surrounding their dining experience including the recent establishment of coffee nooks, the addition of private dining areas for families and supporters of older people and a possible addition of a coffee shop at each care delivery location.

The care delivery location audit validated that the provider is supporting older peoples dining experience. One older person noted that aged care workers could spend more time with them when they are eating however overall they still felt supported. The provider supported older people to eat and drink with visitors in their rooms or the social café area, supporting social engagement.

## Older person experience

Older people said they can provide feedback on dining and are supported to choose when and where they eat, including in their rooms. They reported being offered food and drink options that reflect their preferences and are supported to dine with visitors, promoting social engagement. One older person noted staff could spend more time during meals; however, overall, they felt supported.

## Detailed findings of non-conformance

| **Outcome 6.3: Provision of food and drinks** | **Minor non-conformance** |
|---|---|

The audit identified the following gaps with the implementation of systems and processes for the provision of food and drinks. Evidence demonstrated failures in staff awareness of allergies and incomplete documentation of dietary needs, alongside feedback regarding insufficient staffing to support safe eating, creating risk to older person's. Management advised Registered Nurse oversight of meals prior to service has been implemented.

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

The provider submitted clarifying information in response to the audit findings however the evidence provided did not demonstrate that the provider had comprehensively reviewed the extent of the issues identified regarding the communication of dietary requirements.

Whilst the provider has communicated remedial actions in response to the audit findings, provider did not provide evidence demonstrating how identified issues have been reviewed more broadly. Therefore, The Assistant Director Audit cannot be assured that aged care workers are supported to access to accurate and current information to support safe and appropriate nutrition and dining support, or that systems are operating effectively to identify and address similar risks across the service. The evidence therefore continues to support a rating of minor non-conformance for this outcome.

## 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 policy and processes support older people to do things they want to do to optimise their quality of life. The provider has lifestyle services incorporated into each older person's everyday care that promotes enablement and supports each older person's wellbeing. The provider strives to ensure that older people feel physically and psychologically safe within their home.

The care delivery location audit reflected that although activities take place, the minimization of boredom and loneliness is not always focused on by staff in the memory support unit and within rooms of older people who prefer their own space.

**7.2 Transitions:**
The provider's policies and procedures support well coordinated transitions in care between themselves and other providers of care. This includes ensuring older people and their supporters are involved in their own decision-making processes and all parties are subject to information which is accurate, updated and complete. The provider maintains connections with alternative health services and allied health care providers to ensure access to these services if an older person requires.

The care delivery location audit validated the providers systems provided coordinated transitions for older people. Older people stated that they received access to allied health services when required and were supported by the provider.

## Older person experience

Older people reported access to allied health services when required. However, concerns were raised about limited activities, particularly in the memory support unit, for those requiring one-to-one support, and on weekends.

## Detailed findings of non-conformance

| Outcome 7.1: Daily living | Conformance |
|---|---|

The Audit Team identified issues regarding activity levels within the service. The provider did not respond to the Audit Team's feedback regarding this issue.

The memory support unit does not have activities on weekends to support those living with dementia and this was corroborated by supporters of the older people residing within that unit. The Audit Team observed there were no activities present for older people within their own rooms, who may prefer their own space. Feedback from supporters reflected concerns around lack of activities for older people residing within the memory support unit.

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

The provider submitted additional evidence that demonstrates established and effective systems and processes were in place to support older people's participation in meaningful activities and social engagement. The Assistant Director Audit is satisfied with the response.

The Assistant Director has considered the available evidence and determined that the preliminary rating of minor non-conformance be revised to a final rating of conformance. While feedback from older people and their supporters indicated concerns regarding staff availability to support participation in activities, the provider demonstrated established processes for the planning, delivery and monitoring of lifestyle and wellbeing activities were effective in achieving the intended outcome.