Anglican Care Bishop Tyrrell Place

Performance Report

60 Princes Street   
CUNDLETOWN NSW 2430  
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**Commission ID:** 0896

**Provider name:** Anglican Care

**Site Audit date:** 11 May 2021 to 13 May 2021

**Date of Performance Report:** 15 June 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 10 June 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

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

Consumers and representatives on their behalf interviewed, said the staff are kind, caring and treat them with dignity and respect. Examples provided included staff knock before they enter consumer’s rooms, staff encourage independence and day to day care is lovely. Consumers felt that staff respected their privacy when they wanted to be alone with their partners.

The service use dignity of risk forms for consumers when they choose to take risks and that enables them to live the life they choose. Staff interviewed were aware of what was important to the consumers such as special friendships and maintaining relationships. The Assessment Team found that the service did not identify consumers from different cultural backgrounds, however, there were some consumers with different cultural backgrounds but these consumers did not raise any concerns in regard to their care.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Some sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Consumers or representatives on their behalf confirmed that they are involved in the assessment and planning to some extent. However, consumers/representatives said they have not seen the care and services plan but felt discussions at case conferencing now involved them in this process.

Consumers and representatives on their behalf confirmed that they attend case conferencing and feel that the communication between the consumers and the service had improved.

Review of care and services for effectiveness after incidents had occurred was inconsistent. The Assessment Team found that the service did not include considerations of risks to the consumers health and well-being regarding behaviour management and chemical restraint. Consideration of risk was not consistently evidenced that comprehensive assessment had occurred, and recognition of chemical restraint was lacking.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found care and service plans for consumers sampled did not consistently evidence comprehensive assessment and planning to consider risks to consumers health and well-being. Inconsistencies were found in information documented and risks of physical and verbal aggression to other consumers had not been identified.

Overall consumers and representatives on their behalf said they were not previously involved in the planning of care and services. Most representatives now feel they have been involved in some aspect. Staff interviewed described how they use assessment and planning to inform how they deliver safe and effective care.

The approved provider submitted further information that acknowledges the Assessment Team’s feedback that care planning does not identify all areas of risk for consumers and care plans are not always informed by specialist service recommendations. In their response, it includes a plan for continuous improvement and actions to be taken to ensure assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

I find this requirement is Non-compliant.

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

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

The Assessment Team found the service understands what is important to consumers at the service. However, care and service plans sampled identified that documentation was not consistently completed to include consumers current needs in relation to falls management, wound care and behaviour management. The goals were generic, and documentation of preferences was inconsistent.

Advanced care planning is discussed when consumers enter the service and when their condition changes or when the consumer commences a palliative approach to make sure the their wishes are the same, or if they have changed their preferences, care plans are updated to reflect those changes.

Consumers interviewed described what was important to them in terms of how their care is delivered. However, this was not always reflective in the care and services plan.

The approved provider submitted further information that acknowledges the Assessment Team’s feedback that care planning goals were generic and documentation of preferences was inconsistent. In their response, it includes a plan for continuous improvement and actions to be taken including processes to enable assessment and planning to identify and address the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

I find this requirement is Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

The Assessment Team found outcomes of assessment and planning are communicated to consumers or representatives on their behalf through case conferencing. The service has implemented three monthly care plan reviews and case conferencing as previously these were attended annually. Information is readily available, however most feedback from consumers or representatives on their behalf said that they have not seen the care and services plan and did not know what it was.

Consumers and representative on their behalf interviewed said they had not seen their care and services plan. However, management stated that they offer the plan but most decline. Although the service has introduced the ‘resident of the day’ process and monthly communication with representatives, the information reviewed in some of the care assessments, were not consistently updated or evaluated.

The approved provider submitted further information that acknowledges the Assessment Team’s findings. In their response, it includes a plan for continuous improvement and actions the approved provider has undertaken and is undertaking to ensure the outcomes of assessment and planning are effectively communicated to the consumer/representative, documented in the care and services plan, and readily available.

I find this requirement is Non-compliant.

### Requirement 2(3)(e) Compliant

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Some sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

Consumers or representatives on their behalf interviewed confirmed that they get the care they need and that they have access to a doctor or allied health professional when they needed it.

Consumers felt the staff are aware when their condition changes and share information to other allied health professionals where responsibility of care is shared.

Advance care planning is discussed when consumers enter the service and updated when their condition changes or their preferences have changed.

However, the Assessment Team found the service did not demonstrate that it provides best practice care that is specifically tailored to consumers’ needs optimising health and well-being. The service did not identify consumers who were chemically restrained. Behaviour management was inconsistent, and interventions were not evaluated. Consumers who displayed aggressive behaviours did not have individualised behaviour management plans and in some instances did not have assessments completed regarding their choice and preferences.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that the service does not provide best practice care that is specifically tailored to consumers’ needs to optimise their health and well-being. Consumers sampled by the Assessment Team were identified to not have their behaviours managed in line with best practice and interventions were not reviewed and triggers for behaviours were left undocumented.

Consumers or representatives on their behalf interviewed said the staff are kind and caring, but there is not enough of them. Consumers/representatives feel that staff are unable to spend much time with them as they are rushing around. This impacts on the consumers getting the care and services they require.

The approved provider submitted further information that acknowledges the Assessment Team’s findings. In their response, it includes a plan for continuous improvement and actions the approved provider has undertaken and is undertaking in relation to behaviour support, psychotropic medications, and wound management.

I find this requirement is Non-compliant.

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

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

The Assessment Team found whilst the service was able to identify areas of high prevalence or high impact risks associated with the care of each consumer, the service did not demonstrate effective management of these. Strategies that were implemented to minimise risks associated with the care of consumers at the service were not evaluated.

Consumers and representatives interviewed discussed issues experienced regarding high impact and high prevalence risks associated with their care. This included concerns in relation to delayed communication, and ineffective pain management.

The approved provider submitted a response acknowledging the Assessment Team’s findings in relation to ineffective use of the dignity of risk forms, behaviour charting, and inconsistent documentation processes. In their response, it includes a plan for continuous improvement and planned actions including toolbox talks about behaviour charting and interventions, and processes that the clinical care coordinator will review and ensure information such as when individual consumer risk is discussed at meetings, this will be subsequently documented in the consumer’s care plan.

I find this requirement is Non-compliant.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Most sampled consumers did not consider that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

The Assessment team observed that many male consumers were not involved in leisure activities and consumers with a cognitive and mobility impairment were not always supported to engage in social activities of interest to them.

Consumers identified the people who are important to them and described the ways they are supported to keep in touch with these people.

Consumers confirmed they receive meals that are varied and of good quality and they are consulted about their meal preferences.

Generally, consumers (or representatives on their behalf) said they are supported emotionally by staff, and the review of care and service records show that support for consumers emotional and psychological well-being is assessed, monitored and provided consistently with the organisation’s policies.

Documentation demonstrated the service has a system to consult with consumers and their representatives to identify, plan and supports activities to meet the consumers’ social needs and preferences. However, there was minimal use of other community or voluntary services being consulted or engaged in providing services to ensure consumers’ independence is supported.

Overall feedback received about the activities in the service was unfavourable with consumers raising issues about the lack of choice or available activities for them to undertake. Review of documentation revealed there is not always information available about what consumers like to do or how staff are to support them.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

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

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

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

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

The Assessment Team found the service did not demonstrate there are services and supports in place for daily living to assist all consumers in doing the things of interest to them and having social relationships with others. Most consumers interviewed said they were not supported to do activities of interest and maintain and enjoy social and personal relationships.

All care and service plans reviewed included the lifestyle and wellbeing assessment and care plan, which provide a personal profile and outlines the consumer's background and key lifestyle interests, needs, goals and preferences. However, observations and interviews show this information is not acted on for many consumers.

The approved provider responded to the Assessment Team’s report and submitted a plan for continuous improvement outlining actions to be taken to enable services and supports for daily living to assist each consumer. Improvement actions included education to assist staff to identify and meet individual needs of consumers and how these are to be documented, a review and improvements in relation to assessment and consultation processes, and implementation of weekend support for the activities program.

I find this requirement is Non-compliant.

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

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

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

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

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

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

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers and representatives interviewed confirmed consumers feel safe at the service, they feel at home and their visitors are welcomed by staff.

The service environment is clean, well maintained and welcoming. The easy to understand signage provides direction around the service and optimises each consumer’s sense of belonging, independence, interaction and function.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

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

* Consumers, (or representatives on their behalf) interviewed said they felt comfortable to make a complaint and felt safe to do so. This could be in writing, or directly to a staff member or management who have an “open door” policy. Information on complaints mechanisms, including external mechanisms is available throughout the service.
* Consumers, (or representatives on their behalf) said their concerns are addressed whenever they have raised areas of concern or complaint. Consumers/ representatives provided examples of changes made at the service in response to complaints and feedback including the purchase of hotboxes to ensure the food being delivered to consumers rooms was at a good temperature, and not cold.

There are established processes for the management of feedback and complaints. Management and staff demonstrated an understanding of preferred practices which is confirmed through the sample review of complaints documentation.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

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

Consumers and representatives interviewed said staff at the service are kind and caring. The Assessment Team observed examples of staff interacting with consumers in kind, respectful ways and with familiarity.

Consumers, (or representatives on their behalf) interviewed confirmed that staff know what they are doing.

Consumers, (or representatives on their behalf) interviewed said while they felt the staffing situation was improving staff were still “rushed” saying it took longer for them to answer the call bell and staff were rushing through their tasks. Consumers and representatives said staff could not spend time with the consumers for a chat, or to play cards. A review of rosters and allocations demonstrate not all shifts have been covered.

Staff said they do not feel there is enough time or staff to meet all the needs and preferences of consumers. Consumer calls for assistance via the call bell system have not always been responded to in a timely manner and staff do not demonstrate knowledge to undertake care and services in accordance with the Aged Care Quality Standards. Although consumers and representatives felt confident staff are competent and knowledgeable in their roles, a review of care and service records and discussions with staff, registered nurses and the care manager indicate a lack of knowledge across chemical restraint and behaviour management.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found that interviews with consumers and representatives on their behalf, staff, and a review of call bell responses indicated staff are generally responsive to call bells. However, feedback from consumers, representatives, and staff identified that there was a significant lack of staffing and as result, consumers care and services were impacted.

Management have increased staffing in the past two months and while staff, consumers and their representatives say there is a huge improvement, feedback is that staff are still rushed, and unable to spend time with them.

The approved provider submitted a response acknowledging the Assessment Team findings in relation to a lack of staffing and as a result this has impacted the delivery of care and services for consumers. The approved provider submitted a plan for continuous improvement that includes actions currently being undertaken and is undertaking. It is noted that the approved provider has employed fifteen new employees with two vacancies remaining.

The approved provider has undertaken immediate actions during and following the site audit to address matters raised by the Assessment Team, however, this does not confirm they were compliant at the time of the site audit. The approved provider needs time to demonstrate that the actions taken, results in sustained improvements to ensure the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

I find this requirement is Non-compliant.

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

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

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

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

The Assessment Team found while staff have the necessary qualifications to undertake their roles, they do not demonstrate knowledge to undertake care and services in accordance with the Quality Standards. Although consumers and representatives felt confident that staff are competent and knowledgeable in their roles, a review of care and service records and discussions with staff, registered nurses and management indicate a lack of knowledge regarding chemical restraint and behaviour management.

The approved provider’s response acknowledged the Assessment Team’s findings in relation to a lack of staff knowledge regarding chemical restraint and behaviour management for consumers. The approved provider submitted a plan for continuous improvement that includes actions currently being undertaken and is undertaking such as the delivery psychotropic medication management training.

I find this requirement is Non-compliant.

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

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

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

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

* Consumers, (or representatives on their behalf) interviewed said they felt the place is well run and are happy to have the new, responsive management. Consumers/ representatives believe they receive quality care from staff and if they raise a concern, it is followed up.
* Consumers said (and management confirmed) they were offered places in the clinical care meeting to discuss issues of concern to consumers. To date, two consumers have attended two meetings and suggestions offered have been actioned by the service. The meetings include information about all aspects of the service on a daily basis and documentation demonstrates the involvement of the consumers. Management advised different consumers are invited to attend each month.
* Information from the Board is passed down to the staff and consumers via newsletters, emails and meetings and opportunities for continuous improvement are documented on their continuous improvement plan.

The organisation’s Board promotes a culture of safe, inclusive and quality care and services, and works with the senior management to ensure this occurs. The organisation can demonstrate there is a clinical governance framework in place which is currently in draft mode. Details of the framework were noted in policies and the organisation's self-assessment of the service.

While consumers and representatives felt confident that staff are competent and knowledgeable in their roles, a review of care and service records and discussions with staff, registered nurses and the management indicate a lack of knowledge in high impact/high prevalence risks (specifically behaviour management and chemical restraint) to consumers in accordance with the Aged Care Quality Standards.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

The Assessment Team found while the service has systems in place to manage high impact, high prevalence risks and identifying and responding to the abuse and neglect of consumers it is not proven to be effective.

During this site audit, the Assessment Team found deficiencies in relation to effective behaviour management strategies which has resulted in consumers incidents occurring, and a lack of staff understanding around chemical restraint.

A review of documents demonstrated the risks identified for consumers (including behaviour management and chemical restraint) was not effectively evaluated, reviewed, or included within the care and services plan. After a critical event, referrals were only made for one of the consumers involved, despite the risk of the incident re-occurring without interventions and strategies in place.

The approved provider responded to the Assessment Team report by submitting further evidence including a plan for continuous improvement. The plan for continuous improvement outlines planned actions the approved provider has undertaken and is undertaking in relation to maintaining effective risk management systems and practices, in particular relating to managing high impact or high prevalence risks associated with the care of consumers, managing and preventing incidents, including the use of an incident management system.

The approved provider’s response includes that the organisation is committed to continuous improvement and ensuring that high quality care is provided to consumers at the service. The approved provider has undertaken immediate actions during and following the site audit to address matters raised by the Assessment Team, however, this does not confirm they were compliant at the time of the site audit.

I find this requirement is Non-compliant.

### Requirement 8(3)(e) Compliant

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

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

# Areas for improvement

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

### Requirement 2(3)(a)

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

Required improvements

* Implement and maintain ongoing improvement plan regarding assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.
* Ensure a consistent and clear approach when undertaking assessment and planning documentation processes and that this maintains care plans that are individualised to the consumers care and service needs.

### Requirement 2(3)(b)

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

Required improvements

* Implement and maintain ongoing improvement plan regarding the assessment and planning to ensure care and service plans encompass and include each consumer’s current needs.
* Implement and maintain the ongoing improvement plan regarding assessment and planning processes including care plan review and ‘resident of the day’ processes.

### Requirement 2(3)(d)

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

Required improvements

* Implement and maintain processes outlined in plan of continuous improvement that enable the outcomes of assessment and planning to be effectively communicated to the consumer and documented in a care and services plan including reviews and case conferencing.
* Ensure the care and service plans are readily available to the consumer and/or representative and the plan is in a format they can understand.

### Requirement 3(3)(a)

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

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

Required improvements

* Ensure the planned education toolbox talks about ‘Unmet Need vs Behaviour is implemented as planned, and staff have adequate understanding to enable the delivery of safe and effective personal and clinical care.
* Monitor effectiveness of the planned actions and actions taken to ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their needs and optimise their health and wellbeing.

### Requirement 3(3)(b)

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

Required improvements

* Monitor effectiveness of the actions taken to ensure the organisation’s dignity of risk form and documentation processes is used consistently and effectively to minimise risk associated with the care of each consumer.
* Ensure behaviour management strategies are individualised to each consumers individual needs, goals and preferences.
* Ensure the planned education of toolbox talks about ‘Behaviour Charts and Interventions’ is implemented as planned and staff have adequate understanding to enable effective management of high impact or high prevalence risks associated with the care of each consumer.

### Requirement 4(3)(c)

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

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

Required improvements

* Monitor the effectiveness of the actions taken to ensureservices and supports for daily living assist each consumer including that the activities schedule considers each consumers needs and preferences.
* Implement, monitor, and review the planned actions including assessment and consultation with consumers and representatives, implementation of weekend support, and activity and engagement options for consumers living with dementia/ cognitive impairment.

### Requirement 7(3)(a)

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

Required improvements

* Ensure the workforce deployed enables delivery and management of safe and quality care and services to consumers. Including monitoring effectiveness of the actions taken to employ new staff and manage current vacancies.
* Implement, monitor, and review the planned actions in relation to staffing, call bell audits and education regarding call bells.

### Requirement 7(3)(c)

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

Required improvements

* Monitor effectiveness of the actions taken to ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Including the implementation of education such as psychotropic medication management training.

### Requirement 8(3)(d)

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

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

Required improvements

* Monitor the effectiveness of the actions taken in relation to training to ensure effective management of high impact or high prevalence risks associated with the care of consumers, and effective management and prevention of incidents, including the use of an incident management system.
* Implement, monitor, and review the planned actions to ensure the service can demonstrate effective risk management systems and practices.