Anglican Care C A Brown

Performance Report

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**Commission ID:** 2365

**Provider name:** Anglican Care

**Site Audit date:** 16 February 2021 to 18 February 2021

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# Publication of report

This Performance Report **may 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** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | 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** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | 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** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 from 16-18 February 2021; 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 Assessment Team’s infection control monitoring checklist dated 16 February 2021
* the provider’s response to the Site Audit report received on 22 March 2021 with a written response and supporting evidence.

# 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

**Summary of 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.

The Assessment Team observed the service has demonstrated that each consumer is treated with dignity and respect, and their identity, culture and diversity is valued. Consumers interviewed by the Assessment Team said staff are respectful in the way they interact with them. Sampled consumers said most of the staff know them well including their preferences. The Assessment Team noted the service has policies and procedures that support consumers’ right to choose activities that may involve risk. Sampled consumers said they are supported to exercise choice and independence and are supported to take risks to enable them to live the life they choose.

The Assessment Team noticed the service has demonstrated each consumer is provided with current, accurate and timely information to enable them to make decisions. The consumers and representatives interviewed by the Assessment Team confirmed they are given information to help them make decisions and that their privacy is respected. The Assessment Team observed staff interacting with consumers in a respectful manner and supporting their choices. The consumers also said that family and friends can visit anytime, and they are supported to maintain relationships of choice and make connections with others.

The Assessment Team noticed that the provider has a handbook for consumers that states, ‘we recognise the value in nurturing the whole person and nourishing the cultural beliefs of all residents.’ A review of care documents by the Assessment Team shows the service has identified the goals, needs and preferences of each consumer. This includes cultural and social needs and preferences and ways to support consumer’s choice and independence.

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 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

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

The Assessment Team reviewed the files of sampled consumers and each file had a current and updated care plan. The Assessment Team found that care plans contain information on consumer choices, needs, preferences, risks and strategies to mitigate those risks and are written in a format which is easy for consumers and representatives to understand. These plans are accessible on request as stated by interviewed consumers and representatives. Consumers interviewed by the Assessment Team said that they were included and informed about outcomes of assessments and planning through case conferencing and receiving phone calls or emails from the service.

The Assessment Team noticed staff are supported to undertake assessment and planning to inform the delivery of safe and effective care and services. Consumers care plans reviewed by the Assessment Team contained up to date information and had been reviewed within the three-monthly timeframes or when there had been a change in condition. Four consumers did not have an advanced care plan however they were new to the service and are due to have the conversation after settling in period.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

### Requirement 2(3)(b) Compliant

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

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

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others 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) Compliant

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

### Requirement 2(3)(e) 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

**Summary of 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.

All consumers and representatives interviewed by the Assessment Team spoke highly of staff and management and confirmed they felt safe at the service. Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them. A representative of a consumer who had passed away said the staff were very supportive throughout the palliative care process.

The Assessment Team reviewed consumers’ personal and clinical care planning documentation, spoke with staff and management, and reviewed processes for review and analysis of clinical data.  The Assessment Team noted the organisation has systems and processes to enable appropriate assessment and planning to support best outcomes for consumers; however, these were not always being followed by staff. The Assessment Team identified deficiencies in the documentation of wound care, the review of falls and administration of medication.

The Quality Standard is assessed as non-compliant as one of the seven specific requirements has 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’s report described examples from the experience of sampled consumers. The Assessment Team observed that each consumer gets safe and effective personal care, clinical and personal care that is best practice, tailored to their needs and optimises their health and wellbeing. Feedback from the consumers and representatives interviewed was positive. Staff could describe the clinical and personal care required for sampled consumers. The Assessment Team identified the service has policies to facilitate best practice tailored personal and clinical care for best outcomes but that these were not always adhered to by staff. The Assessment Team also identified issues in the documentation of wound management, follow up of falls and management of medication and weight loss.

In their response, the approved provider submitted information addressing the issues raised by the Assessment Team. The approved provider disagreed with their finding. The approved provider stated that the wound policy states the wound photographs and measurement should be attended initially and then as clinically indicated. The approved provider further stated that the wound is re-assessed each week by the registered nurse, who addresses further dressing requirements or referral to wound specialist. However, it is not clear from the approved provider’s response how the registered nurse can adequately review a wound where the photographs and measurement of the wounds are not taken regularly, and with the wound dressing on, for some of them. At the time of the visit, the service representative acknowledged to the Assessment Team that wound measurement was poorly done at the service, but they have an intention to improve this. In the month prior to the site audit (January), there has been an increase in consumer pressure wounds as demonstrated by the service’s clinical indicators. Hence, I don’t believe the services existing strategies towards wound management are effective.

In response to the consumer with the falls, the approved provider’s response detailed the prior reviews the consumer has undergone by the physiotherapist to address their falls risk, and associated injuries. According to their policy, further reviews are undertaken as clinically needed or following a clinical incident and the need for a physiotherapist review is determined by a registered nurse. Whiles the fall described did not have a significant impact on the consumer, the fall was unwitnessed and occurred in a high-risk location (bathroom). While I accept that the policy provides discretion to the registered nurse to determine whether to refer to the Physiotherapist or not, there is no information to support that the nurse undertook an assessment or investigation of the fall to determine causative factors, or whether it was appropriate to refer to the Physiotherapist. I accept that she did not refer and is not always required to refer, however I am not satisfied that there is enough information to confirm her reasoning not to refer. It is unclear whether the fall was associated with previous risk factors and whether the existing strategies are enough in this occasion to prevent a recurrence. I note, as the service’s clinical indicators record a high number of falls, and they acknowledged that this consumer was a repeat faller and contributed to this high number. I acknowledge the approved provider’s prior efforts in managing the consumer’s risk.

In their response, the approved provider demonstrated the service has appropriate processes and practices in place for the management of medication. Lastly, in relation to the consumer with weight loss, the approved provider’s response demonstrated sufficient care had been provided to the consumer, whilst respecting their preferences, to manage their diet and related weight loss.

On the balance of the information before me, I consider the approved provider is not compliant with this requirement. At the time of the site audit, they did not demonstrate they have applied best practice particularly regarding consumers’ wound management and management of falls, which informs the delivery of safe and effective personal and clinical care.

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

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

### 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.*

The Assessment Team observed that the service has practices in place to promote appropriate prescribing and usage of antibiotics. They observed the service has systems in place to manage an outbreak and minimise infection related risks. Staff in dedicated areas were interviewed and were knowledgeable about antimicrobial stewardship and their role in infection control. The Assessment Team noted that some staff were wearing masks incorrectly and touching their masks and faces and this was communicated to management.

In their response, the approved provider reports discussing instances of non-compliance in mask use with the relevant individuals where possible. They report staff undertaking daily reviews in correct use of PPE, including mask use. I find their response and current practices satisfactory.

Given the above, I find this requirement is Compliant

# STANDARD 4 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

**Summary of 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.

Overall sampled consumers considered 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.

Consumers interviewed by the Assessment Team confirmed they are supported to do the things they want to do and are encouraged to maintain their independence. The also said staff are kind and supportive and provide individual emotional support as needed. The Assessment Team observed that consumers are supported to keep in touch with people who are important to them and to do things of interest to them. The services and supports provided enable consumers to optimise their independence, health, well-being and quality of life. It was noticed by the Assessment Team that there is an activities program with a variety of group activities run in the service to support consumers leisure interests and social needs.

Consumers interviewed by the Assessment Team indicated their emotional, spiritual and psychological needs are being met. It was observed by the Assessment Team that the service has a chaplain to provide emotional, spiritual and psychological support for consumers as well as staff to provide individual emotional support as needed. The sampled consumers were generally satisfied with the meals provided at the service. They also confirmed they are given choice, there is variety on the menu, special dietary needs and preferences are catered for, and they are given enough to eat.

The Assessment Team reviewed care files which include the lifestyle and wellbeing assessment and care plan, which provide a personal profile and outlines the consumers background and key lifestyle interests, needs, goals and preferences.  It was observed by the Assessment Team that the lifestyle and wellbeing care plan are reviewed and updated every three months and as needed. Staff interviewed demonstrated a good understanding of the background, interests, and lifestyle needs and preferences of the consumers.

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

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

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

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

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

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

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

### Requirement 4(3)(f) 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

**Summary of 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 interviewed by the Assessment Team confirmed the service environment is welcoming and they feel at home at the service. The Assessment Team observed the service environment provides both private and communal space to cater for consumers personal and social needs and support their sense of belonging, independence, interaction and function. The Assessment Team observed consumers had personalised their own rooms and some had furnished with their personal items.

Consumers and representatives interviewed by the Assessment Team spoke positively about staff and confirmed they were able to move freely indoors and access the outdoors if they wish either independently or with staff assistance. They also commented that the service is well maintained and if anything needed repairing, they would tell the staff and most repairs would be completed within one day.

The Assessment Team noticed that service has demonstrated that it provides a safe, clean, well maintained, and comfortable service environment. The Assessment Team also observed that the service is well lit and maintained at a comfortable temperature. The corridors were free of clutter to enable consumers’ independence and mobility.

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

**Summary of 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 that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

The Assessment Team interviewed consumers and their representatives who said they felt generally comfortable to raise concerns and were confident action would be taken. They also they are offered opportunity to raise concerns at any time, or at scheduled case conferences, or consumer/representative meetings.

It was noticed by The Assessment Team the service takes appropriate action in response to complaints and consumers interviewed confirmed management is responsive to matters raised.

The Assessment Team spoke with consumers and representatives who had recently raised concerns with the service and had an opportunity to speak about the concerns at case conference. They also said they could directly speak to management if they have any concern. The sampled consumers considered the services response appropriate and noted the quality of care and services has improved.

The Assessment Team noticed the organisation has a documented complaints management process available to staff and management outlining responsibilities. It was observed by The Assessment Team the service has a continuous improvement process and feedback and complaints provide a key area of input for identifying areas for improvement.

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 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

**Summary of 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 that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers and representatives interviewed by the Assessment Team confirmed the staff are kind, caring and treat them with respect. The sampled consumers were satisfied staff are meeting consumers’ needs and said staff are responsive when answering the call bell. The consumers also said the staff know what they are doing and indicated the staff have the skills to meet their care needs.

The Assessment Team observed the staff interacting with the consumers in a kind, caring and respectful manner. The Assessment Team received mixed feedback from consumers and representatives regarding the adequacy of staffing levels. Although some consumers indicated they had no issues with staffing, other consumers and representatives provided examples of delays in the provision of care.

It was observed by The Assessment Team that service has systems to ensure staff are recruited, trained, equipped, and supported to deliver care and services in line with the Quality Standards. Staff interviewed confirmed they receive training, equipment, and support to provide the care and services consumers require.

The service demonstrated that management regularly monitor and review the performance of all staff. This takes place formally through a performance review process and informally through the observation and supervision of staff practice, and the monitoring and feedback processes of the service.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

The Assessment Team observed the service has systems in place to manage staff employment, including shift replacement and a mix of staff to various areas of the service. Management reported working towards reducing reliance on casual staff and agency care staff. Some sampled consumers reported lack of timely response and consistency in some of the services whilst others felt staffing was appropriate and effective. In their observation of call times across the three days of the assessment, the Assessment Team noted there were a number of prolonged call bell response times.

In their response, the approved provider acknowledges the lengthy call times for some of the consumers but emphasises it is only a small proportion of the overall calls and therefore they are able to follow-up with these consumers regarding feedback. Also, they stated that when individual concerns are raised over call bell times, management investigates with consumer and staff for improvement.

I acknowledged the Assessment Team’s concern of prolonged call bell response times as this can be a result of availability of staff and inform the delivery of timely care. However, it is evident from other evidence reviewed and the provider’s response, that the service overall has enough staff to deliver timely, safe and quality care.

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

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

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

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

### Requirement 7(3)(d) 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 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

**Summary of 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.

The sampled consumers interviewed by The Assessment Team stated they think the service is well run. They also confirmed they can attend consumer meetings and provide feedback and suggestions by other means. The sampled consumers said they feel comfortable talking with management and they are open to suggestions.

The organisations’ governing body promotes a culture of continuous improvement and identifies opportunities for improvement through input from consumer feedback, complaints, audits, staff suggestions, review of clinical indicators and incidents. It was observed by the Assessment Team the electronic system for recording and managing incidents and complaints is also linked to the continuous improvement system to ensure an integrated approach to continuous improvement. It was observed by The Assessment Team the organization is committed for safe, inclusive, and quality care and services is accountable for its delivery.

The organisation also demonstrated it has governance systems, a risk management plan and clinical governance framework in place for the delivery of safe and quality care and services. The Assessment Team reviewed documents and noticed the management of high impact and high prevalence risks is monitored through the collection and analysis of clinical data, and audits. The sampled staff confirmed they have access to the policies and were able to provide examples of their relevance to their work, such as strategies to minimise infections and behavioural incidents. The registered nurses understood antimicrobial stewardship and provided information about their role and practices to support implementation of antimicrobial stewardship at the service.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

### Requirement 8(3)(d) Compliant

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

### 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 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.*

* Ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being.
* Review and improve personal and clinical care for consumer’s falls prevention management and pressure injury management.