Accreditation Decision

**Decision not to revoke accreditation following review audit**

**Decision to vary period of accreditation following review audit**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Anglican Care Carey Bay Gardens |
| **RACS ID:** | 2452 |
| **Name of approved provider:** | Anglican Care |
| **Address details:** | 36 LAYCOCK Street CAREY BAY NSW 2283 |
| **Date of review audit:** | 26 August 2019 to 29 August 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 01 October 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 77 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service after receiving a review audit report. | |
| **Decision:** | Not to revoke the accreditation of the service under section 77 of the Rules.  To vary the period of accreditation under section 77(4)(a) of the Rules. | |
| **Varied period of accreditation:** | 01 October 2019 to 01 July 2020 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Not Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Not Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Not Met |
| Requirement 2(3)(b) | | Not Met |
| Requirement 2(3)(c) | | Not Met |
| Requirement 2(3)(d) | | Not Met |
| Requirement 2(3)(e) | | Not Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Not Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Not Met |
| Requirement 3(3)(d) | | Not Met |
| Requirement 3(3)(e) | | Not Met |
| Requirement 3(3)(f) | | Not Met |
| Requirement 3(3)(g) | | Not Met |
| Standard 4 Services and supports for daily living | | Not Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Not Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Not Met |
| Standard 5 Organisation’s service environment | | Not Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Not Met |
| Requirement 5(3)(c) | | Not Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Not Met |
| Requirement 7(3)(a) | | Not Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Not Met |
| Requirement 7(3)(d) | | Not Met |
| Requirement 7(3)(e) | | Not Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Not Met |
| Requirement 8(3)(c) | | Not Met |
| Requirement 8(3)(d) | | Not Met |
| Requirement 8(3)(e) | | Not Met |
| **Timetable for making improvements:** | By 03 February 2020 | |
| **Revised plan for continuous improvement due:** | By 16 October 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 80 of the Rules.**

Review Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Review Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Review Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Anglican Care Carey Bay Gardens (the Service) conducted from 26 August 2019 to 29 August 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 12 |
| Consumer representatives | 7 |
| Management | 3 |
| Clinical staff | 4 |
| Care staff | 8 |
| Hospitality and environmental services staff | 6 |
| Lifestyle staff | 3 |
| External contractors | - |
| Visiting service providers such as allied health professionals | 1 |
| Other | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### 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.

#### Summary of Assessment of Standard 1:

Consumers and representatives interviewed said consumers are treated with dignity and respect. Consumers and their representatives spoke highly of staff and gave examples of how staff accept and value the consumer. Observations made and interviews with staff show staff practices which generally uphold consumer dignity and demonstrate respect for consumers.

Consumers and representatives interviewed about culturally safe care and services agreed this was being provided at the service. Staff provided information that this is the case and review of consumers’ care and services records confirmed this.

Consumers and representatives advised they are able to make decisions about the consumer’s care and the way services are delivered, and that consumers are supported to make connections and maintain relationships with others. However, consumer assessment and care planning is not person-centred and it was not demonstrated that consumer involvement is facilitated which means care plan goals do not reflect the individual consumer’s decisions. Management is not identifying whether consumers want their family, friends, carers or others involved in their care.

Consumers and representatives provided examples of consumers being supported to take risks, and review of their care and services records confirms this occurs. The organisation’s policy and procedure incorporates the principle of dignity of risk. Management and staff said that consumers are able to do what they want to do as the service is their home.

Consumers and representatives expressed satisfaction with information provision. Most key documents providing information to consumers are accurate, clear, easy to understand and assist them to exercise choice. There are some gaps in the provision of current and accurate information to consumers.

Consumers provided positive feedback and staff demonstrated an understanding of providing care that ensures consumers’ privacy in most cases. Observations made confirm consumers’ privacy is respected and their personal information is kept confidential.

In relation to monitoring and review processes for Standard 1, the organisation has some self-assessment audits which are implemented at the service and there are feedback mechanisms for key stakeholders to have a say about consumer dignity and choice. These have been effective in relation to most requirements, however did not identify that consumers are not supported to make decisions about when others should be involved in their care.

#### Requirements:

Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Not Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

Management and staff described processes for initial and ongoing assessment and care planning, and demonstrated some understanding of risks to the consumer’s health and well-being. Review of documentation shows while assessments and care plans are being completed routinely, some are inaccurate or incomplete and do not consistently identify care needs. While care plans include some consideration of risks to the consumer’s health and well-being, effective strategies do not always inform the delivery of safe and effective care and services for the consumer. Care plans are generic and lack interventions that reflect consumers’ individual needs.

Assessment and planning does not consistently identify and address advance care planning and end of life planning, and does not consistently identify and address other current needs, goals and preferences of the consumer. Review of consumers’ care and service records shows some discussions with the consumer or their representative about advance care planning and end of life planning with involvement by medical officers that is documented in progress notes or medical officer consultations. However this information is not incorporated into care plans that are readily accessible to staff.

Most representatives provided feedback they are consulted about and involved in the consumer’s care, however two representatives said this does not occur. Discussions with management and staff, and review of consumers’ care and service records, shows representatives are not consistently involved as partners in consumers’ assessment and care planning and consumers are not being involved as partners in their own assessment and care planning. Also, care plans do not reflect the involvement of others in consumers’ care.

Some representatives interviewed gave positive feedback about being partners in care. However, most representatives were unaware of what is in the consumer’s care plan and consumers were not aware they had a care plan. Management did not demonstrate the consumer’s care plan is being made available to the consumer or their representative.

While consumers’ assessments are regular reviewed to complete or update the consumer’s care plan, this often does not occur on an as needed basis when there is change in the consumer’s condition or care needs. Consumer accidents and incidents do not result in review of the consumer’s needs, goals or preferences. Some consumer accidents and incidents are not reported as a prompt for this to occur.

In relation to monitoring and review for Standard 2, while assessments and care plans are reviewed regularly this has not been effective in identifying gaps. The service completes some self-assessment audits and some clinical indicators are monitored, however these processes also have not identified gaps in relation to assessment and care planning with consumers. This shows monitoring and review processes relating to assessment and care planning are not effective.

#### Requirements:

Standard 2 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Not Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Not Met

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.

Standard 2 Requirement 3(d) Not Met

The organisation demonstrates that 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.

Standard 2 Requirement 3(e) Not Met

The organisation demonstrates that 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: Personal care and clinical care Not Met

#### 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.

#### Summary of Assessment of Standard 3:

It has not been demonstrated that:

* Personal or clinical care for consumers is best practice, is tailored to their needs or that it optimises their health and well-being. The service has organisational policies and procedures which mostly reference best practice. However through interviews with management and staff, observations made and review of consumes’ care and service records, the Assessment Team identified that these have not been followed to support the delivery of safe and effective personal and clinical care for consumers.
* High impact and high prevalence risks associated with the care of consumers are managed effectively. This includes risks relating to falls prevention and management; behaviours and identification of delirium; medication management, particularly use of psychotropic medication; use of restraint; malnutrition; skin injury including pressure injury; and the management of choking/aspiration, diabetes, bowel health and hearing loss.
* The needs, goals and preferences of all consumers nearing end of life are addressed, including to ensure their comfort is maximised and their dignity is preserved.
* Deterioration or change of a consumer’s condition or physical function is responded to in a timely manner.
* Information about the consumer’s condition, needs and preferences relating to Standard 3 is documented and communicated within the organisation and with others where responsibility for care is shared.
* Timely and appropriate referrals occur to wound consultants, dieticians and behavioural advisory services to assist in meeting consumers’ clinical care needs.

It has been demonstrated that infection related risks associated with standard and transmission based precautions are being implemented to prevent and control infections. However policy and procedure to promote appropriate antibiotic prescribing and use to support optimal care, and to reduce the risk of increasing resistance to antibiotics, has not yet been finalised and implemented. Staff lack understanding of antimicrobial stewardship and their role and responsibilities in relation to this.

In relation to monitoring and review processes for Standard 3, there is regular review of care plans, some case conferencing, some clinical self-assessment audits, and some clinical indicators are monitored. However these processes have not identified gaps in the delivery of personal and clinical care. This shows monitoring and review processes relating to personal and clinical care are not effective.

#### Requirements:

Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Not Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Not Met

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

Standard 3 Requirement 3(d) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(e) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(f) Not Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Not Met

The organisation demonstrates 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: Services and supports for daily living Not Met

#### 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.

#### Summary of Assessment of Standard 4:

Consumers and representatives interviewed provided positive feedback about support for consumers’ independence, health, well-being and quality of life. However, some consumers and representatives provided feedback about dissatisfaction with the laundry service. It has not been demonstrated that each consumer gets safe and effective services and supports for daily living which meet the consumer’s needs, goals and preferences and optimises their independence, health, well-being and quality of life. Performance against other requirements under Standard 4 reflects this.

Consumers and representatives provided positive feedback that the consumer’s emotional, spiritual and psychological well-being is optimised. Observations show staff are supportive of consumers’ emotional and psychological well-being. Review of consumers’ care and services records shows that their spiritual support needs are identified and met. Review of consumers’ care and services records shows some consumer have received support for their emotional and psychological well-being, however others have not.

Consumers and representatives provided feedback that the consumer is supported to participate in the community, have relationships and do things of interest to them. Lifestyle staff provided information and observations made and review of consumers’ care and services records, supports that this occurs.

It has not been demonstrated that information about the consumer’s condition, needs and preferences relating to Standard 4 is communicated with the organisation and with others where responsibility for care is shared.

Consumers and representatives provided information and review of consumers’ care and services records supports that the need for timely and appropriate referrals to individuals, other organisations and providers of other care and services is being identified for consumers and actioned.

It has been demonstrated that meals are varied and of suitable quality and quantity. Most consumer feedback is positive, however there is some mixed feedback.

Some equipment relating to consumers’ comfort and care is not provided, is not suitable or is not well maintained.

In relation to monitoring and review processes for Standard 4, there is regular review of care plans, some case conferencing, some self-assessment audits, and there are feedback mechanisms for consumers to have a say in relation to services and supports for daily living. While these processes have been effective in relation to three requirements, they have not been effective in relation to the other four requirements under Standard 4.

#### Requirements:

Standard 4 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(b) Not Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Standard 4 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(d) Not Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 4 Requirement 3(e) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Not Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Not Met

#### 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.

#### Summary of Assessment of Standard 5:

Consumers and representatives said the service environment is welcoming and easy to understand for consumers and optimises the consumer’s well-being, and the Assessment Team’s observations are consistent with this.

Consumers and representatives also said the service environment is safe, clean, well maintained, comfortable and enables consumers to move freely including outside. However, the Assessment Team made observations and had discussions with management and staff which show the service environment is not being kept safe for consumers.

Most furniture, fittings and equipment are safe, clean and appear well maintained, however the Assessment Team found that suitable furniture and equipment is not available to all consumers and steps have not been taken to ensure some fittings and equipment are safe.

In relation to monitoring and review processes for Standard 5, the organisation has a hazard reporting system, some self-assessment audits, and a planned maintenance program. There are feedback mechanisms for key stakeholders to have a say about maintenance and other issues. While these processes have been effective in relation to one requirement, they have not been effective in relation to the other two requirements under Standard 5.

#### Requirements:

Standard 5 Requirement 3(a) Met

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

Standard 5 Requirement 3(b) Not Met

The organisation demonstrates that the service environment:

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

Standard 5 Requirement 3(c) Not Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Not Met

#### 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.

#### Summary of Assessment of Standard 6:

Most consumers and representatives provided feedback that they feel encouraged and supported to provide feedback and make complaints, however one representative’s feedback about their experience of making a complaint shows they have not felt this way. The organisation has policy and procedure about feedback and complaints and staff are aware of their role and responsibilities in relation to this. Key documents given to consumers include encouragement to provide feedback and make complaints; and this has been reinforced at resident meetings. Review of records shows feedback and complaints are acknowledged and the writer is thanked for the opportunity to address their suggestion or complaint.

Consumers and representatives provided information they are aware of and have access to advocates and other methods for raising and resolving complaints. The organisation’s policy and procedure about feedback and complaints reflects that use of advocacy and language services is to be promoted and encouraged. This is done through key documents given to consumers, and the information has been reinforced at resident meetings. However there was limited promotion of these methods within the service environment. Review of complaint records shows some stakeholders have used the internal and external complaint mechanisms, which demonstrates an awareness of them.

Most consumers and representatives who have made a complaint provided information indicating they are satisfied with the action taken, however one representative said they are not satisfied due to lack of an apology and explanation regarding their complaint which involves a serious medication management issue. The organisation’s policy and procedure about feedback and complaints sets out how complaints are to be handled and there is separate policy and procedure for open disclosure. Few complaints have been made and there are no complaint trends. Records show complaints are investigated and actioned with ongoing dialogue with the complainant, however there is one exception relating to management of the complaint involving the serious medication management issue. An open disclosure approach to the resolution of that complaint has not been applied and the complaint has not been satisfactorily resolved.

Feedback and complaints are used to review and improve the quality of care and services for consumers. Organisational policy and procedure directs this is to occur, management says it occurs, and review of records confirms it occurs. However, due to lack of investigation of one serious complaint the opportunity for service improvement in that area has not been considered.

In relation to monitoring and review processes for Standard 6, senior management of the organisation meets with the residential care manager each month to discuss a range of operational matters including complaints; and there is as needed and regular reporting to the executive management team and governing body about complaints. There are feedback mechanisms for key stakeholders to have a say about complaint handling. While these processes have been effective in relation to three requirements, they have not been effective in relation to one requirement under Standard 6.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Not Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### 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.

#### Summary of Assessment of Standard 7:

Consumers and representatives provided positive feedback about the staff and staffing, including that staff are responsive to the needs of consumers. However, the number and mix of members of the workforce does not enable the delivery and management of safe and quality care and services to consumers. There are significant gaps in staffing to support effective clinical care delivery and oversight. In response to this management advised of plans to change the staffing model and they arranged additional support from a clinical nurse specialist.

Consumers and representatives said management and staff are kind, caring and respectful of consumers and provided information indicating each consumer’s identity, culture and diversity is respected through those interactions. This is consistent with the Assessment Team’s observations of staff interacting with consumers, and with information that management and staff provided during interviews with them.

The workforce does not have qualifications and knowledge and is not competent to perform the duties allocated to them. Some staff are performing duties they are not competent to perform. There are inexperienced clinical staff who are not equipped and supported to perform their roles. Clinical care delivery by clinical staff is inadequate and does not ensure safe and effective care and services for consumers.

Staff are recruited and orientated to their role when they first commence. The organisation has a program of mandatory training and skills assessments for staff and they are completed by most staff. However, there has been minimal additional training for staff, and there is a lack of planning to identify and meet the training needs of staff. Significant gaps in management and staff knowledge relating to these standards have been identified.

The organisation has a system for regular assessment, monitoring and review of the performance of each member of the workforce, but this is not being implemented effectively at the service.

In relation to monitoring and review processes for Standard 7, there are annual service budget preparation and approval processes; senior management of the organisation meets with the residential care manager each month to discuss a range of operational matters including staffing; and there is as needed and regular reporting to the executive management team and governing body about staffing and related issues. The organisation’s audit program includes a staff survey and there are feedback mechanisms for stakeholders to have a say about staff and staffing issues. While these processes have been effective in relation to one requirement, they have not been effective in relation to four other requirements under Standard 7.

#### Requirements:

Standard 7 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Not Met

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

Standard 7 Requirement 3(d) Not Met

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

Standard 7 Requirement 3(e) Not Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Not Met

#### 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.

#### Summary of Assessment of Standard 8:

Consumers are being engaged in the development, delivery and evaluation of care and services at organisational and service level. Opportunities have been created for the organisation to hear from consumers, including in relation to closure of the service and planning of future service offerings. Organisational initiatives have been developed based around the views of, and input from, consumers.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services, however it has not been demonstrated the governing body is accountable for their delivery.

Organisation wide governance systems are in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. However these have failed in relation to the service. None of the accountability mechanisms or self-assessment monitoring and review processes has helped management of the organisation or service to identify significant gaps in performance.

An organisational risk management framework is in place and improvements have been made to risk reporting, which has been effective in relation to identifying and responding to abuse and neglect. However this has failed in relation to effective management of high impact and high prevalence risks to the care of consumers and supporting consumers to live the best life they can.

An organisational clinical governance framework is in place, however clinical governance processes have failed to achieve safe and effective clinical care for consumers at the service. The need for improvement to clinical governance within the organisation had been identified and improvements are underway.

In relation to monitoring and review processes for Standard 8, there is some self-assessment auditing, there is monitoring and reporting of progress against strategic plan goals, and there are mechanisms to pro-actively obtain input from stakeholders and to receive feedback from them about the organisation’s performance. While these processes have been effective in relation to one requirement, they have not been effective in relation to four other requirements under Standard 8.

#### Requirements:

Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Standard 8 Requirement 3(b) Not Met

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

Standard 8 Requirement 3(c) Not Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Not Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Not Met

The organisation demonstrates that 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.