Anglican Care Scenic Lodge Merewether

Performance Report

251 Scenic Drive
MEREWETHER NSW 2291
Phone number: 02 4963 0500

**Commission ID:** 0900

**Provider name:** Anglican Care

**Site Audit date:** 29 March 2021 to 1 April 2021

**Date of Performance Report:** 7 May 2021

# 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) |  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** | **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** |  **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Non-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; the Site Audit report was informed by 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 29 March 2021, completed during the site audit
* The provider’s response to the Site Audit received on 24 April 2021, which consists of a letter of response, a register of attachments and supporting documentation.

# 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 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. Consumers and representatives confirmed staff make the consumers feel respected. The Assessment Team was informed that staff attend to their requests in a timely manner and ensure their privacy is respected. Consumers stated they have choice in their daily activities and staff support them to maintain as much independence as is their preference. Consumer stated staff know them and what is important to them.

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

**Summary of 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.

Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. The sampled consumers felt they were involved in the assessment and planning of consumer care and services, and most confirmed the service had discussed end of life planning with them. The Assessment Team was informed by one representative said that there is good communication between the service and them and they are informed of changes in consumer care.

All consumers interviewed said that they are aware they have access to the care and services plans if they wish to see them. Consumers interviewed described what was important to them in terms of how their care is delivered. This was mostly reflected in care planning documents and staff interviews. The Assessment Team found that consumers’ care and services are regularly reviewed to ensure their effectiveness, especially when circumstances change or incidents such as falls impact on consumers’ needs, goals and preferences.

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-COMPLIANTPersonal 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.

Overall sampled consumers and representatives confirmed they get the care they need. One consumer said they were positive they receive the care and services they need, and they are very happy with where they are. Sampled consumers and representatives confirmed that the people who are important to them are involved with their care and services. The Assessment Team observed that most consumers interviewed confirmed they have access to a doctor or other health professional when they need it. The Assessment Team observed the organisation had policies and procedures for assessment and care planning in line with best practice to optimise consumers health and well-being.

The Assessment team reviewed the documents of care planning and noticed one consumer commenced on analgesics and anti-anxiety medications was not consistently assessed by a registered nurse prior to medication administration and the effects of the new prescribed medications were not consistently monitored by a registered nurse. Care staff made decisions about which as required medication to administer when a consumer is prescribed two similar medications which is outside their scope of practice. Pain charts and behaviour charts were not commenced when indicated. Additionally, the service did not identify a consumer at high-risk of falls and specific strategies are not implemented to address their risk. This is not in line with best practice.

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) 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.*

Most sampled consumers and their representatives said they get safe and effective personal and clinical care that is in line with best practice, tailored to needs and preference and optimises their health and well-being. However, one sampled consumer felt they did not get the care they needed and felt the service does not provide enough emotional support. The Assessment Team observed that pain management and administration of medication were not in line with the organisational policies and procedures and care was not delivered as per best practice for two sampled consumers. This information has been considered within Standard 3 Requirement 3(3)(b).

The Assessment team observed the service has a restraint minimisation policy. Staff was able to demonstrate knowledge of potential risks of any type of restraint and confirmed that they had undergone training in behaviour management and minimisation of restraint to enable them to fulfil the requirements of this policy. However, the Assessment Team noted three consumers did not have a diagnosis to support the use of psychotropic medication and the service had not identified this as a chemical restraint. The consumers were not recorded in the service’s psychotropic self-assessment as having chemical restraint. This information has been considered within Standard 3 Requirement 3(3)(b). Feedback was given to the management and this was corrected during the site audit. A review of sampled consumers’ pain management charts showed pain is continuously reviewed and evaluated for most consumers. The Assessment Team reviewed the care plans of sampled consumers and noticed that wounds are reviewed regularly and recorded in line with the service’s wound management policy as per best practice.

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I have considered the evidence provided and consider that at the time of the site visit, most consumer’s received safe and effective personal care that is best practice; and tailored to their needs; and optimises their health and wellbeing.

I find this requirement is 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 provided information that the effective management of high impact and high prevalence risks associated with the care of consumers was found to be ineffective for two sampled consumers. For one consumer, the Assessment Team noticed that pain and anti-anxiety medication were administered by care staff without approval from a registered nurse as required by the organisation’s policy. These medications had been recently introduced to the consumer’s care. Furthermore, the consumer was not monitored post-administration and behaviour and pain charts were not commenced. For another consumer at high risk of falls due to lifestyle choices, appropriate strategies were not always in place or not always effective in minimising falls risk.

In their response, the approved provider addresses the concerns raised by the Assessment Team.

* In relation to the consumer administered restricted medication without approval from a registered nurse the provider response show that approval was given to administer the specific medication on one occasion by the registered nurse. The approved provider stated this incident has prompted the service to review the requirements of a related facility and the service are developing clear pathways for staff to follow when making the decision about administering as required medication. A memo has been issued to all staff about the requirements of follow-up monitoring and documentation after the administration of as required medication.
* In relation to consumer at high risk of falls, the provider states that consumer was assessed for their capacity to make their own decisions and their decision to regarding their lifestyle choices was maintained, this however impacts their mobility and increases the risk of falling. The response provides information of mobility and falls assessments conducted in past few months. The service believes that the consumer has a right to make choices even it impacts their well-bring negatively. The service will continue to encourage supervision and assistance to the consumer.

I am satisfied that the approved provider has taken appropriate action to understand and manage the risk of consumer at high-risk of falls, even if they may not always be successful due to the consumer’s own choices. However, in relation to the consumer administered restricted medication, I am not satisfied that medication risks were managed effectively on each occasion as required per the organisation’s medication policy. As these medications were just being introduced into his care, this warranted stringent management and post-administration monitoring which was not done.

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 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 they are enabled or supported by the service to do what they like to do 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. The Assessment Team interviewed sampled consumers and their representatives who reported they are supported to optimise their independence, health, well-being and quality of life. Staff were knowledgeable and were able to explain individual preferences for the types and time for activities, individual interests and details relating to consumer’s life.

Sampled consumers liked the variety, quantity and taste of the food and reported the options available for meals are suitable. They also said staff are knowledgeable on their food preferences and dietary needs. Consumers stated they enjoy their meals and the variety of the meals and satisfied with portion size. Consumers said they were confident and satisfied the service provides them with the supports they require to do the things they want to do and maintain relationship that are important to them.

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 NON-COMPLIANTOrganisation’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. All consumers interviewed said they feel safe within the service and find the service to be well-maintained and clean Sampled consumers and representatives said the furnishing and the services décor, large bedrooms all made the service a nice place to live. Representatives said they were made to feel welcome when visiting the service and staff always acknowledged them when they visited.

The Assessment Team was informed by consumers, representative and staff that service’s only elevator has broken down three times in the previous three months. This has impacted consumer experience and staff raised concerns about the impact the malfunctioning lift had on their work. The Assessment Team observed a staff member was trapped in the elevator for forty minutes during the site audit. Feedback from the residential care manager was each time the lift malfunctioned they contact the elevator technician to repair the elevator but to their knowledge there was no plan to install an alternative travel system such as a second elevator or dumbwaiter.

The Quality Standard is assessed as Non-Compliant as one of the three specific requirements has been assessed as Non-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) Non-Compliant

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

The Assessment Team identified the service’s furniture and equipment were well maintained and suitable for each consumer. However, it was observed that service’s only elevator was not safe for consumers and staff to access. During the site visit, the Assessment Team observed a staff get stuck in the elevator for 40 minutes. Sampled consumers provided feedback that the recurrent breakdown of the service’s elevator has had negative impact of their living experience at the service. The malfunction of elevator has impacted on consumers and staff access to other areas of building and has increased Work Health and Safety concerns. One sampled consumer stated that they are now scared to use the lift and another consumer expressed feeling restricted.

Staff interviewed stated that the equipment, furniture and fittings are suitable for them to deliver quality and safe service. However, they stated the broken elevator has increased the manual handling, especially during mealtimes, and has increased their workload and potential risk to injuries.

The service manager informed the Assessment Team that the elevator has been non-functional on three occasions in previous three months. Although it has been repaired, it has broken down again twice since replacement of parts. The service manager informed that an incident report has been sent to the organisation’s management about the staff member stuck in the broken elevator for 40 minutes. The service manager informed staff were positioned halfway on the stairs to during meals time and cleaning equipment’s were located on each floor during the non-functional period of elevator to prevent staff fatigue.

In their response, the approved provider forwarded information from the elevator repairs provider and advised an operational action plan has been developed for elevator outages, so management of this rare occurrence is effective across all departments of organisation. The response includes the approved provide is engaging with the elevator service provider to have settings applied so in the event of a non-functional elevator they reduce the risk to consumers, staff and visitors of becoming trapped in the lift.

I acknowledge the service’s efforts in attempting to rectify this issue and acknowledge their planned strategies to minimise risk. However, it is apparent from consumer feedback that this issue has impacted how safe they consider the service environment. This issue has also impacted staff workflow and well-being. As such, I find at the time of the performance assessment the not all the organisation’s fittings and equipment were well maintained and suitable for use for consumers.

I find this requirement is Non-Compliant.

# 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. Consumers and representative interviewed felt comfortable and supported to provide feedback and make complaints. Staff spoke of encouraging and supporting consumers to do this and records reviewed confirmed this occurs. Consumers and representatives were aware of and have access to advocate services to raise concerns regarding the organisation, and to resolve complaints. Staff were aware of the external complaint mechanism but not of advocacy services. However, there is evidence of the promotion of advocacy services and external complaint mechanisms throughout the service.

The Assessment Team found most consumers and representatives sampled stated that their complaints had been satisfactorily addressed. Whilst some of the care staff lacked an understanding of open disclosure, management were able to demonstrate that complaints had been adequately addressed or that an open disclosure process was consistently applied. It was noticed that complaints and feedback are reviewed and used to improve the quality of care and services. Examples were given of improvements to the services based on consumer and representative or staff feedback.

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. The Assessment Team was informed by consumers and representatives the number and skill mix of staff was adequate for the delivery of safe and quality care. Staff said they generally felt there was enough time and enough staff to enable providing quality care for consumers. The Assessment Team observed that staff are kind, caring and respectful to consumers and this was also reported by consumers and representatives. Observations made, and documents reviewed by the Assessment Team were consistent with this.

The Assessment Team noted staff are competent and have the qualifications and knowledge to effectively perform their roles. Consumers and representatives interviewed said staff are trained and equipped to deliver their care and services. Staff provided examples of training they have requested, and a review of training documents identified that training is mostly up to date. Staff and management of the service could describe the performance appraisal process, and all confirmed this had been undertaken for the last year.

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.*

### 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 COMPLIANTOrganisational 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 Assessment Team observed that the service has demonstrated that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The service was able to demonstrate it has an organisational body that promotes a culture of safe, inclusive and quality care and services. The service was able to demonstrate improvements that the service has implemented from feedback. The Board satisfies itself that the Aged Care Quality Standards are being met through ongoing monitoring and review of the care and services, taking accountability for delivery and maintaining communication with staff, consumers and representatives.

The Assessment Team found the organisation has governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The organisation has a risk management framework and systems to manage organisational risk which are reflected in the organisation’s various policies and procedures. However, there were inconsistencies in the implementation of the risk management system. The service provides regular clinical governance reports on clinical risks, and the organisation’s electronic risk management system assists in identifying, assessing, managing, and reviewing some risks.

The service has a clinical governance framework and policies relating to antimicrobial stewardship, minimisation of restraint and open disclosure. Staff were generally able to demonstrate knowledge and practices in relation to these policies. The Assessment Team observed that care staff made decisions about an as required medication which is outsidetheir scope of practice. Pain charts and behaviour charts were not commenced when indicated. The service has no specific strategies implemented to address a consumer’s high risk of falls. These finding were considered in Standard 3 Requirement 3(3)(a).

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.*

The Assessment Team’s report notes the organisation has a documented risk management framework and policies and procedures relating to manage the organisational risk to the three sub-requirements. The service uses regular clinical governance reports on clinical risks, and the organisation’s electronic risk management system also assists in identifying, assessing, managing, and reviewing some risks. However, there were inconsistencies in the staffs’ implementation of these systems in managing high impact or high prevalence risks associated with the care of consumers. I have considered this information within Standard 3(3)(b).

In their response the approved provider provided information on their management of high impact and high prevalence risk associated with the care of consumers in the service, including through their clinical governance system and management reporting lines. The approved provider advised the service have practices for developing strategies in response to identified risk.

I find this requirement is Compliant.

In addition, since the site audit I note the approved provided are further reviewing their medication management policy and procedures and introducing a new audit tool and compulsory education package to strengthen staff knowledge in their area.

### 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.

In relation to all Standards a required improvement is to complete the actions outlined in the approved provider’s response to the assessment team’s report.

**Requirement 3(3)(b)**

* Ensure staff understand their responsibility to adhere to the medication policy and procedure and commence the appropriate charting when new medications are started.
* Ensure effective management of high-impact and high-prevalence risks associated with the care of each consumer.
* Review staff knowledge and skills in relation to consumer behaviour and medication management and provide them with relevant training and support.

**Requirement 5(3)(c)**

* Ensure the fittings and equipment are well maintained and suitable for the use by the consumer, specifically in relation to the elevator at the service.