AnglicareSA Elizabeth East

Performance Report

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**Commission ID:** 6963

**Provider name:** Anglicare SA Ltd

**Site Audit date:** 10 May 2021 to 12 May 2021

**Date of Performance Report:** 2 July 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **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** | **Compliant** |
| Requirement 3(3)(a) | 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** |  **Non-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) | Non-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** | **Non-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) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 3 June 2021.

# STANDARD 1 COMPLIANTConsumer 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

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

Consumers interviewed confirmed 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 that staff are respectful of consumers’ backgrounds and culture and staff know what is important to them. Consumers confirmed they are provided with information to enable them to make choices and they supported to take risks to enable them to live the best life they can.

The service has systems, policies and procedures that support the Quality Standards with a consumer centred approach to delivering care and services. The service consults with consumers and their representatives they wish to be involved in decision making and records all of their choices and decisions, including who is important to the consumer in the consumers’ file and care plan. Where risks are involved the service support the consumer to take the risk and put in strategies to mitigate it.

Staff were observed to be attentive and caring during meal services and they were respectful, knocking on consumer doors before entering and were friendly kind during consumer engagement. Confidential information was observed to be stored in the locked nurses stations with no observations of staff discussing confidential information in public.

## 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 COMPLIANTOngoing 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

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

Consumers and representatives confirmed they felt like partners in the assessment and care planning process and were involved in and advised the outcome of the assessment. Consumers and representatives confirmed this information was used to develop consumers’ care plans with the care and services included being reflective of their chosen needs, goals and preferences.

The service has an assessment and planning system that includes polices and tools and electronic reminders to ensure all assessments are completed and are implemented within 28 days. The electronic systems also alerts staff to the six-monthly review and care plan reviews also occur when changes occur that require reassessment. Charting and risk assessments are used following incidents or changes to identify risks and appropriate strategies to manage the risks. The service monitors assessments and care plans to ensure all are completed, current and effective.

Staff interviewed could describe how they use assessment and planning to provide a care plan to allow staff to deliver safe care and services tailored to each consumer. Staff could describe how they use incident information to update and discuss consumers care and services with them or their representatives. Staff and consumers files confirmed medical officers and other health professionals are involved in the assessment and planning of consumers’ care and their directives are reflected on care plans.

## 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 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

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

Consumers and their representatives interviewed confirmed consumers receive safe and effective personal care and clinical care which is right for them. Consumers interviewed confirmed staff provide care how they like it and when they require it and are satisfied with the way staff manage their care. Representatives confirmed they are informed of incidents and are involved in making decisions about consumers’ clinical care. Consumers confirmed they have access to a medical officer when they need it and representatives said they were satisfied with the provision of end of life care and services.

Consumers’ care files confirmed that care planning was tailored to consumers’ needs and high impact or high prevalence risks are effectively managed, such as pain, nutrition and hydration, choking and medication management. The service completes referrals to other services where required and the goals needs and preferences of consumers nearing the end of life are recognised and addressed to preserve consumers’ dignity and comfort. The Assessment Team found the service has policies and procedures to recognise, manage and escalate changes and deterioration in consumers’ mental health, cognitive or physical function.

Staff interviewed provided examples of providing personal care to consumers in line with consumers’ care plans and current needs and could also describe how the mitigate high impact, high prevalence risks for consumers. Staff interviewed confirmed they have access to infection control guidelines and have received training in relation managing infectious outbreaks. Clinical staff could describe practices to promote appropriate antibiotic use and the management of consumers’ infections.

### 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.*

### 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.*

# STANDARD 4 NON-COMPLIANTServices 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

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

The Assessment Team found the service not met in Requirement (3)(f) in relation to Standard 4 Services and supports for daily living. Based on the evidence in the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with Requirement (3)(f) and have provided reasons for my decision in the relevant Requirement below.

Consumers and their representatives interviewed confirmed consumers receive the services and supports for daily living which is important to their health and well-being and enables them to do the things they want. Consumers interviewed confirmed staff provide them with a variety of activities to choose from and they support them when they are feeling down. Consumers confirmed they are supported to participate in the community, including going out shopping, attending church services and visiting friends and family.

The service has an effective system to identify and provide social activities and engagement to consumers at the service. Activities are reviewed regularly to ensure they reflect consumers’ diversity needs and preferences. Consumers are referred to external service providers when required, including for spiritual and social support.

Consumers’ care planning documentation viewed, showed consumers’ needs, preferences and goals, including what is important to them, was documented, communicated to staff as required. Care planning documentation also informs leisure and lifestyle participation to ensure consumers are not socially isolated. Staff interviewed described what is important to consumers, their needs and preferences. Staff provided examples of how they assist and support consumers to do the things they like and participate in the community, as well as provide emotional and psychological support when required.

## 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) Non-compliant

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

The Assessment Team found the service was unable to demonstrate that meals provided by the service are varied and are of suitable quality. Nine of 15 consumers and representatives interviewed expressed dissatisfaction. Evidence included:

* Four consumers interviewed said the food, when delivered to their rooms, is cold or slightly warm when they receive it and the complaints register had four complaints relating to the temperature of the food.
* Four consumers or representatives made comment that the meat is tough.
* One consumer buys their own food as they don’t like the food served.
* One representative stated their consumer had lost a lot of weight over the last few months as they were not eating the food served to them and the alternatives of party pies, sausage rolls and scrambled eggs were not a suitable option.
* Three consumers said the variety is not good with a lack of choice.

The Assessment Team observed a food trolley with eight meals waiting to be distributed sitting for 20 minutes.

Catering staff acknowledged that food can go cold when delivering to consumers from the trollies.

The provider’s response stated, and acknowledged, there are some consumers who are not satisfied with the quality and temperature of the food but a finding of non-compliance would be unreasonable as it is only based on the opinion of six consumers. In coming to my finding, I have relied upon the feeback provided by nine of 15 consumers/representatives interviewed who have indicated they are not satisfied with the quality of the meals, including that meals are served cold, the meat is tough and they buy their own food. I find this evidence indicates a significant number of sampled consumers/representatives are not satisfied with the quality of the meals.

I acknowledge the service has upgraded the dining areas to encourage consumers to eat their meals in these areas and new equipment and processes have been introduced to minimise the loss of heat before meals are served. I also acknowledge some consumers interviewed who eat their meals in the dining rooms indicate meals are served at an appropriate temperature. However, I find these processes have not been effective in ensuring all meals are served to consumers at a suitable temperature, specifically those consumers who like to eat their meals in their rooms and are served their meals from a trolley.

I acknowledge the service were able to demonstrate some individual arrangements with consumers in relation to food and that senior management have a daily quality control check of meals to ensure it complies with the International Dysphagia Diet Standardisation Initiative test, with any concerns communicated to the kitchen.

The service plans improvements in the new financial year 2021-2022 which include implementation of a new hotel services model which includes an enhanced dining experience, increase in food choice and quality and chefs to manage the food and kitchen services at the site. They said they will also introduce flexible mealtimes allow consumers a two hour window to attend breakfast, lunch and dinner.

Based on the summarised evidence above, I find the service Non-compliant in this requirement.

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

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

# STANDARD 5 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

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

Consumers and their representatives interviewed confirmed they feel safe, welcome and at home in the service and have access to indoor and outdoor areas which have well maintained courtyards and gardens. Consumers confirmed they can easily navigate the service, personalise their rooms and the environment and equipment are clean and suitable for their needs. Pets are welcome to visit the service.

The service has systems to ensure the environment is clean and well maintained. The service has scheduled and reactive maintenance and cleaning programs, including the use of external contractors to perform equipment and safety servicing and monitoring.

Staff interviewed confirmed there are processes to follow for reporting and requesting maintenance and there is a cleaning schedule to ensure all areas are kept clean. Observations of the environment and equipment showed the service environment is clean and well maintained and consumers were observed to have a personal character, including family photographs, artworks and knitted blankets.

## 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 COMPLIANTFeedback 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

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

Consumers confirmed they are encouraged and supported to provide feedback and make complaints. Most consumers felt that appropriate action is taken when complaints are lodged, however, some consumers feels that nothing is done when they make complaints about the food. Consumers and representatives confirmed there are various ways to provide feedback and make complaints, including forms, meetings, verbalising to staff and through external services if they are not satisfied.

The service’s electronic complaints system assists them to effectively log, action and review complaints and feedback. The service could demonstrate that items logged onto the system contribute to the continuous improvement system and provided examples where improvements have been made to the care and services through the system.

The customer feedback management organisational standard includes a flowchart of the complaint management process, including required timeframes to provide a resolution for the complainant. However, it did not contain information in relation to open disclosure. Clinical staff were able to demonstrate they follow the principals of open disclosure even though it is not documented. The feedback process is currently under review.

## 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 COMPLIANTHuman 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

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

The Assessment Team found the service not met in requirement (3)(a) in relation to Standard 7 Human resources. Based on the evidence in the Assessment Team’s report and the Approved Provider’s response, I find the service is Complaint with requirement (3)(a) and have provided reasons for my decision in the relevant requirement below.

Consumers and their representatives interviewed confirmed staff are kind, caring and respectful of each consumer’s identity and needs. Consumers and their representatives confirmed staff are skilled and knowledgeable and know what they are doing and deliver care and services which supports consumers’ choices and preferences.

The service has systems supported by the wider organisation to recruit and train staff who are qualified and experienced to perform their roles. The service monitors staff performance, police clearances, professional registrations and licences from entering the workforce and regularly to ensure up-to-date information is recorded. The service has a staff training program, including monitoring the competency of staff relevant to their roles. The service completes regular and as required staff performance reviews and feedback and monitoring processes identify areas for additional staff training.

The service demonstrated they have processes for rostering and allocating numbers and skill mix of staff, including using monitoring systems and feedback to review staffing numbers. However, some consumers interviewed were not satisfied staff responded to call bells and consumer needs in a timely manner but the service was able to demonstrate they had addressed the issues raised.

Staff interviewed confirmed training and performance reviews occur regularly and they are provided information to direct them in performing their roles. Observation of staff practice showed staff were kind and caring in their interactions with consumers and provided care in line with individual consumer needs.

## 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 found that the service does not ensure adequate numbers of staff to deliver safe and quality care to consumers. Evidence included:

* One consumer stated they had been incontinent due to waiting for assistance. The consumer stated they had spoken to management and staff attend her quickly.
* One consumer stated that they have to wait for a long time when pressing their call bell due to experiencing pain. A clinical staff member overheard a staff member saying it’s only the consumer experiencing pain but addressed that by telling them that all call bells must be answered and they may need emotional support or pain relief. The Assessment Team found that the service has completed regular pain assessments and identified the consumer requires additional emotional assistance which has subsequently been scheduled for them. Of the 1224 call bell activations in a nine day period only 37 or 3% were longer than the service key performance indicator (KPI) of eight minutes.
* One consumer said that it becomes physically uncomfortable when they are waiting for assistance to go to the toilet. Review of the call bell data showed that there were no calls made for the nine day period reviewed that exceeded the service KPI of eight minutes.
* One consumer said the staff member left them when they were being supported to get dressed and they had to do it themselves.
* Two consumers who said they sometimes have to wait.
* Four of seven clinical staff said they sometimes feel rushed if shifts are not filled especially in the morning and consumers may not get their shower on time.
* Care staff explained they sometimes the service is short staffed in the mornings. They explained they will answer the call bell to see what they need but will sometimes have to have to go back in 15 – 20 minutes to provide the care.
* Call bells were not analysed daily as per the organisation’s policy but was completed on a weekly basis.

In coming to my finding, I have considered that while some consumers indicated they have to wait for call bells to be responded to, the service had addressed some of these issues prior to the Site Audit, including for two consumers who specified some negative impact due to call bell wait times. Addtionally, the consumer feedback to the Assessment Team does not indicate the period for which consumers are waiting and does not specify any negative impact for three consumers. I have also considered that over 90 per cent of call bells were responded to under eight minutes, which is within the service’s key performance indicator.

While staff indicated they are sometimes busy, feel rushed and consumers are not always showered, consumers interviewed confirmed they have not missed a shower or received one late. Management demonstrated most vacant shits are filled and provided examples of changes and extensions to shifts in response to consumers’ changing needs. Since the Stie Audit the service has a permanant booking with an agency to provide staffing cover unplanned leave.

Based on the summarised evidence above, I find the service Compliant in this requirement.

### 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 NON-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

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

The Assessment Team found the service not met in requirement (3)(e) in relation to Standard 8 Organisational governance. Based on the evidence in the Assessment Team’s report and the Approved Provider’s response, I find the service is Non-complaint with requirement (3)(e) and have provided reasons for my decision in the relevant requirement below.

Consumers and representatives said they have a variety of engagement mechanisms to allow them to provide feedback in the development, delivery and evaluation of care and services which includes bimonthly consumer meetings, consumer and representative surveys, informal and formal feedback, partnership meetings and the care planning admission and review process.

The service is supported by the wider organisation’s governance systems and the oversight of a Board who is accountable for the delivery of quality care and services. The organisation has a quality, risk and safety committee to collate the monthly key performance indicators, incidents and clinical data to the Board for monitoring and to see where improvement can be made and implemented.

The service demonstrated they effectively implement the organisation’s governance systems, including information management, continuous improvement, feedback and complaints, financial governance, workforce governance and regulatory compliance, including meeting reporting requirements. The service has undertaken actions to support the introduction of the Serious Incident Response Scheme, including developing a policy, providing face-to-face training for clinical staff and informing all consumers and representatives of the new scheme. The policy and guidelines are still under review to ensure they meet the requirements of the legislation.

The service has effective risk management systems to identify and respond to high-impact risks associated with the care of consumers and incident reports are collated and reported and risk registers maintained to ensure ongoing monitoring. The service provides training and has processes for staff to identify and respond to elder abuse and monitoring of incidents results in appropriate action, including reporting of assaults. There is an incident management system to record, reviews and analyses incidents that staff have been trained to use the system effectively.

## 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Non-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.*

The Assessment Team found the service did not have an effective clinical governance framework in relation to open disclosure as they do not have a documented open disclosure framework and staff have not had specific training on open disclosure.

The service acknowledged did they they do not have a separate policy about open disclosure. The service demonstrated through requirement 8(3)(d), the incident management system training, some staff staff have been trained in open disclosure. It is detailed in the Serious Incident Response operation procedures but there is no specific current procedure or policy document in relation to open disclosure for staff to follow. There is also an open disclosure operation procedure currently in draft which is currently in the consultation process.

The service acknowledged that current polices and procedure for complaints and the incident hazard and reporting procedure does not detail open disclosure. However, the clinical manager could discuss the process of communication about incidents and provide examples to the Assessment Team of discussions with consumers and representatives. However, this did not demonstrate that other staff were aware and followed the open disclosure process.

The Assessment Team found that whilst the service did practise most elements of minimisation of restraint legislation they could not demonstrate, in line with legislation that consent was obtained prior to using psychotropic medication. The service did not recognise that some consumers with psychotropic medication prescribed may have constituted the consumers being chemically restrained therefore requiring consent forms to be completed and a discussion held with the consumer and/or their representative.

The provider acknowledged the Assessment Team provided them with additional information to consider from the Aged Care Quality Safety Commission scenarios and in response the service reviewed consumers on psychotropic medications. The information provided by the Assessment Team has resulted in further psychotropic medication reductions and where one consumer previously did not have a chemical restraint authority the service has commenced putting the authority in place which will include the consent of the next of kin.

Based on the summarised evidence above, I find the service Non-Compliant in this requirement.

# 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 Standard 4 Requirement (3)(f) the service should seek to ensure:
* the meals are of a suitable quality for consumers, including being delivered at a suitable temperature.
* In relation to Standard 8 Requirement (3)(e) the service should seek to ensure:
* the service has an open disclosure framework which directs and guides all staff in relation to their roles and responsibilities.
* the service identifies and uses psychotropic medications in accordance with relevant chemical restraint legislation, including consultation and consent with consumers/representatives.