Ashburn House Aged Care Facility

Performance Report

20-34 Ashburn Place   
GLADESVILLE NSW 2111  
Phone number: 02 8876 9200

**Commission ID:** 2018

**Provider name:** Christadelphian Homes Limited

**Site Audit date:** 11 March 2020 to 16 March 2020

**Date of Performance Report:** 5 May 2020

# 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** | **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) | Compliant |
| Requirement 4(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; 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 24 April 2020

# 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

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

For example:

* All consumers were generally satisfied with the way staff treat them and felt respected and valued at the service. One consumer said staff are very kind and friendly. They said they are always checking in on them and they are treated like “family”.
* Consumers interviewed stated they felt their privacy is respected and their personal information is kept confidential. Consumers stated the information they receive helps them make decisions about the things they would like to do and eat. They felt they had the information they needed and were supported to understand the information.
* Consumers were observed to be happy and engaging in all interactions throughout the Performance Assessment. They were aware of their rights and responsibilities and felt comfortable expressing their concerns to management. They stated they felt safe and confident in the staff members skills and knowledge when providing care and services.

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.

* The service demonstrated they have a good understanding of the requirements of this Standard. Staff demonstrated respect towards consumers and an understanding of their care preferences. For example, staff members were able to articulate examples of where consumers where treated with respect and dignity, were provided with culturally safe care, were provided with information in a timely manner and where dignity of risk was supported.
* The service advised that all consumers had a current care plan. Those reviewed were basic and management acknowledged that they had identified that there were inconsistencies and developed a plan to improve the detail of these plans. They are reviewed regularly and reflect the care provided.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

* The Assessment Team found evidence of comprehensive assessment and planning, including consideration of risks to the consumer’s health and   
  well-being, that informs the delivery of safe and effective care and services for sampled consumers.
* Although some consumer care plans sampled recorded generic goals and minimal personalised information about consumer preferences, needs are well documented. Evidence that the service is taking steps to address this was observed in care plan reviews completed during February 2020. The Assessment Team found all staff interviewed to be knowledgeable about the needs, goals and preferences of consumers and they knew their consumers well and this aligned with consumer feedback.
* Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services to some extent. Some consumers interviewed said staff explain aspects of their care to them. Some consumers and representatives interviewed have had a recent case conference discussion relating to assessment and planning for their care needs. The service has initiated a schedule of case conference with a review date to ensure partnership discussion continues on an ongoing basis.
* For consumers sampled the Assessment Team observed that involvement of individuals and providers of other care and services in the care of consumers was appropriate to their needs and preferences.
* Consumers advised the Assessment Team staff explain relevant aspects of their care to them. The Assessment Team observed care plans and progress notes which document the outcomes of assessment and planning. Staff said care plans are readily available to consumers and representatives if they wish to have a copy of these. Two consumers and representatives interviewed, confirmed they have been offered a copy of their care plan and did not wish to have a copy. Resident and representative meetings minutes document that case conferencing and care planning is available to all consumers.
* The Assessment Team observed that care and services are reviewed regularly for effectiveness and when circumstances change or incidents impact on the needs, goals or preferences of the consumer. The service has taken steps to improve the quality of personalised information in consumers’ care planning documentation and this was observed.

The Quality Standard is assessed as Compliant as all 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 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* One consumer said the care they receive is excellent and staff who provide care are amazing.
* Another consumer said they need help with everything including feeding. They said that when staff come to give care they follow their preferences and take time to make sure everything is right for them. They said the doctor comes weekly but staff would contact them sooner if needed. They also said they regularly receive physiotherapy treatments for pain and swelling in their legs.

The Assessment Team identified that one consumer was not wearing their compression stockings as per their medication order. Recommendations for moving and handling were occasionally not followed by some staff. Another consumer’s psychotropic medication was not reviewed on a timely basis. However, for most consumers sampled the Assessment Team found that their personal and clinical care or both personal and clinical care was safe and right for them.

* The Assessment Team found evidence of unsafe practices relating to storage of medication and that the current system for checking medication administration errors is not adequately robust to ensure effective management of risk. Staff practices relating to moving and handling for two consumers was not effective in managing risk of injury. The Team acknowledge that the service and management have undertaken a series of audits and are making progress with their corrective action plan and risk assessment with continuous improvement plan activities. However, their finding aligns with management’s acknowledgement that some systems are at an early stage of development at the service level and will need to be imbedded over coming months.
* The Team found evidence that the needs, goals and preferences of consumers nearing the end of life are recognised and addresses, their comfort maximised and their dignity preserved.
* 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.
* The Assessment Team observed 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.
* Evidence of timely and appropriate referrals to individuals, other organisations and providers of other care and services was observed for consumers sampled.
* The Assessment Team observed examples of the service practices to minimise infection related risks through implementing:
  + standard and transmission-based precautions to prevent and control infection; and
  + practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Quality Standard is assessed as Compliant as all seven specific requirements have been assessed as 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.*

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

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

Care planning documentation shows that there are areas for improvement at the service regarding the effective management of high impact; high prevalence risks including the safe storage of medications, proactive identification of equipment safety and the system for checking medication administration errors. A review of care panning documentation shows that in general, the service is effectively managing the majority of high impact; high prevalence risks with staff logging incidents as they occur, escalating risks and identifying and documenting high impact; high prevalence risks for consumers. In addition, staff were able to articulate the high impact; high prevalence risks for the consumers sampled in line with their care plans.

Management is also aware that some systems are at an early stage of development at service level and will need to be imbedded over coming months. The service is charting clinical incident data, with trends and areas for improvement regularly reviewed by the Board.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Overall, sampled consumers confirmed that they 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.

For example:

* All consumers sampled confirmed they are supported by the service to do things they like to do. Consumers stated they are confident in participating in external activities and can leave the service when they like. They also said staff are very supportive and assist them in preparing for their activities.
* Consumers sampled said staff support them in keeping in contact with people that are important to them. They assist in ensuring visitors are welcomed and comfortable and the staff are always ready to “offer a cup of tea”.
* Consumers interviewed said they like the food at the service. They also said staff are knowledgeable on their food preferences and dietary needs. They stated the food is plentiful and alternatives are available for those wanting something different.
* Consumers stated they are confident the service provides safe and effective services and support consumers with their daily living ensuring independence, health, well-being and quality of life is optimal for consumers.

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

The service advised the Assessment Team that they provide safe and effective services and support consumers with their daily living ensuring independence, health, well-being and quality of life that is optimal for consumers. However, the failure of mechanical lifting equipment causing injury to one consumer demonstrated some gaps in the identification and monitoring of potential risks relating to equipment.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

While observations made by the Assessment Team showed that where equipment is available, it appeared clean, regularly serviced and well maintained, the service was unable to demonstrate that they effectively identify and monitor issues relating to equipment failure and on other occasions where faulty equipment has been identified, it has not been communicated to service management as it occurred or via work, health and safety meetings.

Following an incident involving a piece of faulty equipment, the service reminded staff of how to report faulty equipment, acted to have faulty equipment repaired and noted the need for a root cause analysis. However, the service did not action all recommendations to ensure effective equipment maintenance such as regular checks as part of the monthly cleaning and safety audit and updating of manual handling competency forms until several months after the equipment fault was first identified. While the approved provider has stated that not all recommendations can be adopted immediately as they first need to be discussed and evaluated, it is important that appropriate decision-making fora and channels are in place to ensure these matters can be discussed, and where high risk, responded to in a timely manner.

Although information relating to equipment failure was raised at clinical staff meetings and the staff meeting, in lieu of the work, health and safety meeting (these had not been held for six months), minutes from these for a show that the discussion of the issue was not extensive, nor specific the service’s work, health and safety responsibilities.

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

All sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* All consumers/representatives interviewed when asked said “I feel safe here”.
* All consumers said that “they feel at home here”. Consumers/representatives interviewed are happy with the service environment stating that it is a relaxed, welcoming, safe and comfortable homelike environment that meets their and their visitor’s needs. They were happy that it has well-equipped communal spaces where they can interact with others, including their family, friends and pets, and that has spaces for quiet reflection like small sitting areas, the garden courtyards, verandas, balconies or their individual rooms.
* Consumers/representatives interviewed indicated that the service’s environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.
* A significant number of consumers said they like the décor and value the additional onsite facilities now available to them at the home like the front lounge, the beauty/hairdressing salon, the library and the chapel.

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.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

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

For example:

* Sampled consumers interviewed said they know how to raise any concerns or make a complaint or provide feedback. Consumers were able to describe being comfortable to take concerns to staff or the manager.
* Most consumers and representatives who had made formal complaints using the feedback system who were interviewed indicated they were satisfied the issue had been managed well and resolved.
* Consumers and representatives interviewed were able to identify a change and improvement made at the service as a result of consumer feedback or complaints.
* The Assessment Team found that the service is responsive to feedback and complaints. Where consumers or their representatives had provided feedback, appropriate actions are taken to address the issue and communicated with the consumer and/or their representatives. The service demonstrates improvements are informed by consumer feedback.

The service had an understanding of the open disclosure process and principles, however, was not able to demonstrate that one of the principles of open disclosure (a written apology) is consistently used when things go wrong.

The Quality Standard is assessed as Compliant as all 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.*

A review of documentation shows that the service’s open disclosure policy provides guidance for staff on the acknowledgement process, including through complaints. Training in open disclosure principles is delivered as part of the mandatory online training on the new Aged Care Standards.

Review of the complaints register showed actions taken to address issues raised. Open disclosure was indicated to have been followed in practice. For example, corrective actions were taken by management and communicated with the complainant in relation to a concern raised about personal hygiene care and medication for a consumer. The complaints register documented that the representative was pleased with the follow up. However, it was unclear if an apology was offered.

In addition, review of the complaints register showed the service received numerous compliments and appreciation from consumers and their representatives, and appropriate actions were taken in response to complaints. For example, concerns about staff conduct and service delivery was investigated and followed up, missing valuables were reported to the police and communicated to representatives.

Most consumers and representatives sampled provided positive feedback about the outcomes of their complaint, with the service is taking appropriate actions to address their issues. While management had a good understanding of open disclosure, interviews with staff identified some gaps in their awareness of open disclosure principles. In addition, a review of documentation revealed that it is not clear whether the service is consistently providing a written apology in relations to complaints. The service has undertaken to address this.

### 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

Consumers said that they generally get quality care and services when they need them from people who are knowledgeable, capable and caring.

For example:

* Consumers generally provided positive feedback about staff at the service. They confirmed that most staff are kind, caring and gentle when providing care and staff acknowledge their identity, culture and diversity.
* All consumers and representatives interviewed felt confident that staff are skilled enough to meet their care needs.
* Most consumers and representatives interviewed stated there are not enough staff and more staff are needed, however they provided feedback that call bells are responded to in a timely manner.
* Staff are observed to be kind, caring, capable and knowledgeable in their roles. Staff were observed to be respectful and demonstrated a knowledge of consumers individual needs and preferences. Management demonstrated effective systems to ensure that staff are well trained and are monitored for their competence in their roles. Staff are replaced when they are sick and annual leave is planned.

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.

The Quality Standard is assessed as Compliant as all 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 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

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

For example:

* Consumers interviewed commented that the place is well run, clean and well maintained. The sampled consumers believe they receive quality care from caring and knowledgeable staff. Consumers felt they are involved in the service planning to the level they wish to be.
* Generally, consumers are confident their preferences and wishes are considered in their care delivery and they live the best life possible and are supported by staff to maintain independence for as long as possible.
* Feedback from consumers is sought through meetings, surveys and feedback forms. Consumers confirmed they are aware of how to provide feedback and that management responded to their concerns.

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).

The organisation has systems and processes to support governance in place. These are at an immature stage of development and will need to be imbedded in practice. There are still deficits with regards to open disclosure processes.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

While the organisation does not have a documented clinical governance framework, it is evident from a review of meeting agendas that there are governance mechanisms, including a Board and a clinical governance meeting to provide clinical oversight. The Board is informed of significant incidents relating to the safety of consumers. Results of audits are also reviewed and discussed by the Board. Board members comment on the reports and discuss corrective action in areas identified as requiring improvement including discussion and review of clinical reports. Clear graphs identify trends or any areas that require improvement. Examples of reports were sighted by the Assessment Team along with executive meeting minutes.

Oversight of personal risk for consumers is undertaken at the clinical governance meeting, however, this meeting did not occur between October 2019 and March 2020 owing to changes in the service’s executive management. During this period, clinical analysis was instead provided by the service. The service advised that the monthly clinical governance meeting will be held for further review of individual consumer risks and appropriate risk management interventions for each consumer with high risk factors.

Despite the absence of a documented clinical governance framework, it is evident that clinical governance is occurring at the service. In addition, the service has policies in place regarding antimicrobial stewardship, minimisation of the use of restraint and an open disclosure policy.

In addition, staff interviews revealed that staff had been educated about the policies and were able to provide examples of their relevance to their work and management were able to describe practical examples of the application of the restraint minimisation policy. However, further work is required regarding full application and staff understanding of the open disclosure policy (refer to Standard 6, Requirement 3(c).

# 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.

* Standard 6, Requirement 3(c) – ensure that staff understand the open disclosure process and principles, including the need to document an apology in relation to complaints raised.