Baptcare Abbey Gardens Community

Performance Report

15 Tarwin Street   
WARRAGUL VIC 3820  
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**Commission ID:** 3989

**Provider name:** Baptcare Ltd

**Site Audit date:** 28 January 2021 to 29 January 2021

**Date of Performance Report:** 9 April 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) | Non-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** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; 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 23 February 2021.

# 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

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, consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Most consumers believed that staff make them feel respected and valued as an individual, choosing what time to rise and shower or respecting their preference for being alone.
* Most consumers confirmed that staff know what is important to them and encourage them to do things for themselves.
* Consumers and representatives felt that staff understand the consumer’s cultural needs and adjust their care appropriately.
* However, consumers and representatives provided mixed feedback regarding whether consumer privacy is respected. For example, while staff knock prior to entering a consumer’s room, several consumers described being asked personal questions by staff while the door to their room was open causing them embarrassment.

Staff were familiar with the needs and preferences of the consumers they care for. Staff described providing culturally safe care, including understanding consumers’ traditions and religious preferences. Care staff were able to explain the preferences of consumers in the way their care and services are delivered.

For consumers who engage in behaviours that may pose some risk, staff explained process to mitigate risks. However, management acknowledged there is no formal risk assessment process for consumers who continue to drive.

Care plans of consumers included detailed information about consumer backgrounds, cultural history and preferences and this information is generally consistent with information obtained from consumers.

Staff were observed speaking respectfully with consumers when providing care, and could describe individual consumer preferences. A range of information is provided to consumers and representatives including newsletters and weekly activity calendars. However, the menu board in the memory support unit was observed to not list the meals for day.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Most consumers and representatives considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives confirmed they have been included in the assessment and planning of care and are aware of prevalent risks to the consumer’s health and well-being.
* Consumers and representatives stated that the service communicates with them regularly with regard to reviewing consumer needs and preferences. However, one representative said there is no notice when this happens, and they are unprepared for the call and not able to engage in meaningful discussion.
* Consumers and representatives explained how they are involved in the regular review process and when care needs change, such as following an incident.

Staff described consumer needs and how consumer preferences are considered in the planning and delivery of care. Staff are aware of consumer risks, and could describe interventions in place to minimise their impact on consumers. Staff explained how they facilitate a team approach to planning consumers’ care, which includes discussions with consumers, representatives, health professionals and other relevant parties.

Care plans show timely assessment and reassessment of consumer care needs and identification and assessment of risks that may impact consumer health and wellbeing. Advance care and end of life planning is included in each consumer’s care plan, when required. Care planning documents and progress notes demonstrate consumers, representatives and others are involved in care planning. Care and services are reviewed regularly for effectiveness and updated in response to changes in consumer needs, goals or preferences. Care plans reflect changes in care as a result of reviews.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

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

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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, consumers indicated they are satisfied they receive personal care, clinical care, or both personal care and clinical care, that is safe and right for them.

* Consumers and representatives provided examples of how staff have managed changes in their health status.
* Consumers and representatives indicated consumers have access to medical practitioners and other relevant health professionals when they need it.
* A representative indicated their satisfaction with the palliative care approach taken by the service.

However, while most consumers and representatives consider consumers receive safe and effective personal care and clinical care, some raised concerns about behaviour management and physical aggression by a consumer.

The service was unable to demonstrate that clinical care delivery is best practice in relation to the management of environmental restraint in relation to service keypad codes.

Not all high-impact and high-prevalence risks are managed effectively to ensure the safe care of all consumers. Effective strategies to respond to the behavioural needs of consumers are not always developed and implemented in practice.

Staff explained how they recognise and respond to changes in consumer health. Clinical staff described how they refer to medical practitioners and health professionals following an incident or when changes in a consumer’s condition occur. Clinical staff explained how they monitor and manage infections and how they minimise the use of antibiotics. Staff described communication mechanisms and showed knowledge of the needs and preferences of consumers. However, staff said planned interventions to address consumer behaviours for a consumer are not effective.

Care documentation indicates the service delivers effective care in relation to skin integrity and pain management. Falls are managed, and data is analysed and actioned to minimise recurrence. Documentation showed a multidisciplinary approach to palliative care and planning to meet the needs and goals for consumers nearing the end of their life. Care documentation demonstrates that staff recognise health changes in consumers and take timely action including monitoring and assessment. Care and other documentation demonstrate information is communicated and exchanged with others who share responsibility for care. Documentation reflects referrals to and reviews by a range of other health professionals and service providers.

The service has an infection control policy and an outbreak management plan to support the service in practicing transmission-based precautions and preparing for a possible infectious outbreak. The service also has an antimicrobial stewardship policy that guides staff in the appropriate use of antibiotics.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team presented evidence of environmental restraint at the service restricting consumer movement through doors with keypads. While some consumers had the access code, there was no assessment of risk or informed consent in relation to those consumers subject to the restraint.

The provider’s response stated the organisation had developed an environmental restraint consent document which had not been implemented in the service. The response states, following the audit, management at the service commenced implementation of the organisation’s policy and assessment/consent process, which at the time of the response had been mostly completed.

While I note the subsequent action taken by the service, it is not clear from the response whether the assessment process had resulted in a change for any consumer experiencing restrictions of movement at the time of the audit.

As the service was non-compliant at the time of the audit, I find the service not compliant with this requirement.

### 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 evidence that interventions taken in relation to a consumer with challenging behaviours are not effective in managing the high impact risk to other consumers resulting in ongoing incidents of physical aggression towards consumers. While the report evidences action is taken by management following each incident including referral to specialist services and implementation of strategies to mitigate risk to other consumers, this has not prevented ongoing incidents of physical aggression by the consumer compromising the safety and well-being of other consumers. Staff stated they are unable to manage the consumer and both staff and representatives expressed concerns for the safety of consumers.

The provider’s response describes the actions taken by management as the consumer’s behaviours escalated, including consulting specialists, and the impediments to transfer to another service. The response acknowledges that despite assessments, referrals and multidisciplinary consultation, strategies have been mostly unsuccessful in identifying triggers or strategies to manage the behaviours. The response notes the consumer is under assessment for admission to a more suitable service.

While I acknowledge the actions taken by the service and the complexity of the circumstances, I place weight on the fact that the inability to manage the behaviours of the consumer, and resulting incidents of physical aggression, has impacted on the safety and well-being of at least five consumers at the service. For this reason, I find the service is not compliant with this requirement.

### 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

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

Overall consumers indicated they satisfied the service provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life. For example:

* Consumers provided positive feedback on the activities program, how the service provides individual activities that interest consumers, and how they feel supported to do the things they want to do.
* Consumers and representatives provided examples of how they are supported to engage in activities outside the service and keep in touch with people important to them.
* Consumers and representatives are satisfied there is timely and appropriate referrals to other individuals, organisations and providers of care and services.
* The majority of consumers are satisfied with the meals, however some consumers said they would like more variety in the meals. Staff said consumers in the memory support unit do not get a choice of meals at lunch and dinner, as is offered in other areas of the service.

While most consumers and representatives sampled considered that consumers 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, a representative provided information indicating an unmet need in relation to a consumer’s emotional and psychological well-being.

Review of care and services for consumers show not all consumers are receiving services and supports that promote their emotional and psychological wellbeing. Consumers, who chose to stay in their room and not attend group activities, are not always provided with one on one individual contact opportunities. Care plans include information about how consumers are supported to participate in the community and maintain relationships that are important to them and reflect examples of the involvement of others to support consumers’ lifestyles and abilities.

Staff displayed understanding of the relationships and interests that are important to consumers and the supports that they need to provide in order for consumers to maintain these relationships. Staff described how they read progress notes and plans of care to establish what changes are needed to the lifestyle and services program. Staff described how they work with others to supplement lifestyle activities. Staff said they have access to appropriate equipment for the provision of services and supports and described how they report equipment faults and hazards.

Numerous well attended group activities were observed during the audit. Dining experiences were relaxed and social with meals served in the dining area or in other areas according to consumer preferences. A large range of equipment and resources used to provide or support lifestyle services was observed.

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) Non-compliant

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

The Assessment Team provided evidence a consumer did not receive services and supports they needed for their emotional and psychological wellbeing. This included feedback from the representative the consumer; observations of the consumer alone and disengaged during the audit; no plan of care to guide staff of the consumer’s lifestyle preferences; and, records showing minimal lifestyle support and engagement.

The provider’s response highlighted the Assessment Team’s report notes most consumers and representatives interviewed were satisfied consumer’s emotional, spiritual and psychological wellbeing were promoted and that the consumer was the only consumer with gaps in their plans of care. The response stated documentation shows the consumer had declined invitations to activities. The response stated the consumer’s plan have been reviewed with the consumer and their representative and an audit of all lifestyle plans had commenced.

While most consumers and representatives sampled were satisfied their needs were met, the wording of this requirement reads ‘…supports for daily living promote *each* consumer’s emotional, spiritual and psychological well-being. I note the action taken by the service since the audit to address the consumer’s needs. However, based on the evidence provided by the Assessment Team, including the impact of a significant incident on the consumer’s well-being and tenure, I am satisfied the consumer’s emotional and psychological well-being was not met as identified at the time of the audit. Thus, I find the service non-compliant with this requirement.

### Requirement 4(3)(c) Compliant

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

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

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

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

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

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

### Requirement 4(3)(f) Compliant

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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, consumers indicated that they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* Consumers and representatives interviewed said consumers feel safe at the service.
* Consumers said they can access outdoor areas and have no restrictions on when they can go outside.
* A representative said they feel welcome at the service.
* Consumers said their rooms and the service are clean and well maintained, and any maintenance requests are generally responded to promptly.

The service was observed as welcoming with a range of communal spaces that optimises consumer engagement and interaction. The service was clean and uncluttered enabling the free movement of consumers. The environment is well lit and suitably furnished. Furniture, fittings and equipment were observed to be clean and well-maintained.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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 examined the complaints register and complaints trend analysis, and tested staff understanding and application of the requirements under this Standard.

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

* Consumers and representatives described being comfortable raising feedback and complaints when needed, both verbally and in writing
* Consumers and representatives could describe the various ways they are able to raise a complaint internally but were not familiar with external complaints resolution and advocacy processes.
* Consumers and representatives reported that the service takes action in response to complaints, however some consumers said resolution of complaints can sometimes be slow.
* Consumers provided examples of changes the service makes as a result of complaints.

Staff described how they support consumers in the complaints process by documenting and escalating concerns raised and assisting consumers to complete feedback forms. Staff provided examples of changes the service has made as a result of complaints and explained how they apply the principle of open disclosure in their role.

Management said complaints are reviewed in weekly department heads meetings that include department heads and they review trends monthly and implement responses where needed. Organisational level management review complaint information and may make recommendations to the service for improvements.

The service’s complaints register records details of the complaint including date action taken and closed date. However, complaints are closed on the register prior to reviewing the effectiveness of action taken with the complainant.

Information regarding access to advocates, language services and external complaints resolution processes is available in the foyer at the service.

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

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.

Consumers generally consider that they get quality care and services from people who are caring. For example:

* Consumers and representatives said staff are kind, caring and gentle when providing care.
* Most consumers and representatives said staff are qualified and have the knowledge to perform their roles.
* While consumers were not dissatisfied with staffing, consumers and representatives provided mixed feedback response to calls for assistance.

Staff were observed staff providing care with respectful interactions toward consumers.

Staff are satisfied there are adequate staff and mix of skills and unplanned leave is replaced, however noted they sometimes work short. Staff said they are supported in their roles and are satisfied they have access to education. Education staff described how training needs are identified.

Documentation confirmed staff have completed mandatory training modules and have access to other topics relevant to the Quality Standards. The service has a staff appraisal and development policy that guides regular assessment, monitoring and review for each member of the workforce.

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 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).

Management described how the organisation’s board and executive management team is committed to and promotes a culture of safety and quality. Management described how consumers are engaged in the development, delivery and evaluation of care and services. The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance. The organisation provided a documented risk management framework supported by policies and procedures documented to manage risk.

While the service had not implemented environmental restraint assessment/consent processes, the service demonstrated there is a clinical governance framework that includes minimising the use of restraint, open disclosure and antimicrobial stewardship.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

While the Assessment Team presented evidence relating to the service not implementing organisational assessments/consents and policy in relation to environmental restraint, the service demonstrated a governance framework that includes minimising the use of chemical and physical restraint, open disclosure and antimicrobial stewardship. I disagree with the Assessment Team’s recommendation and find the service is compliant with 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.

**Requirement 3(3)(a)**

* Ensure effective processes are in place to minimise environmental restraint for individual consumers.

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

* Ensure effective management of high impact risks associated with the care of each consumer in relation to the management of challenging behaviours.

**Requirement 4(3)(b)**

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