BaptistCare Griffith

Performance Report

45 Blaxland Crescent   
GRIFFITH ACT 2603  
Phone number: 02 6195 6600

**Commission ID:** 2983

**Provider name:** BaptistCare NSW & ACT

**Site Audit date:** 13 January 2020 to 17 January 2020

# 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** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **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** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Non-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) | Non-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.
* the provider’s response to the Site Audit report received 12 February 2020.
* Referral information

# 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.

Consumers said staff know them well and who is important to them and keep them informed of and involved in their care. Consumers from various cultural backgrounds said they felt their culture was respected and their cultural needs were catered to.

Consumers said they were supported to take risks if they chose to do this. They said the risks were explained to them, but they still had the choice to live their life the way they wanted and felt the staff supported them in this.

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.

Staff interviews confirmed staff awareness of individual consumers’ needs and preferences and consistent practices to meet these needs. They were able to provide many examples of individual cultural needs which consumers families involved in services and how they assist consumers to make choices for themselves.

Care planning documentation included information on individual consumers’ needs and preferences relating to all requirements under this standard. Examples included use of interpreters and/or language related resources for staff, risk assessment forms and assessment and care plans outlining preferences for male or female care staff and who they wish to be involved in their care.

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

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 NON-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

Most sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

Consumers and representatives interviewed confirmed that they are involved in care and consulted about care planning. Consumers and representatives confirmed care is based in their needs and they are supported to make decisions regarding care and services. Consumers and representatives confirmed they are informed about the outcomes of care and planning and have ready access to care plans. Consumers interviewed confirmed that where they chose to have others involved in decision-making, the service facilitated this.

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.

Care case conferences are held following a consumer’s admission to the service, annually or when requested.

While the service demonstrated that assessment and planning is conducted in partnership with consumers and consideration of specific risks to consumer health and wellbeing are incorporated in care planning, they did not adequately demonstrate that care and services are reviewed for effectiveness, or when circumstances change. The service did not demonstrate that care planning documents reflect current consumer needs or that the goals of care planning are personalised and consumer centric.

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

The Assessment Team found that the Approved Provider was unable to demonstrate 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. The Assessment Team provided evidence and findings that consumers goals were generic in nature and not specific to the individual consumer and care planning documents were not always current to the care needs of consumers to inform care delivery.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings.

I have considered the Assessment teams information in relation to goal setting for consumers and consumer feedback around accurate care planning documents. I have also considered the Approved Providers response including progress note extracts and clinical reports.

I find that at the time of the site audit, the service did not demonstrate that goals for consumers were individualised and that care planning documents were not current to inform care delivery.

I find the Approved Provider does not comply with the Requirement.

### 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) Non-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.

The Assessment Team found that the Approved Provider was unable to demonstrate 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. The Assessment Team provided evidence and findings that consumers care needs were not reviewed in a timely manner in relation to skin integrity, pain and following incidents.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings.

I have considered the Assessment teams information and findings including for consumers named in the site audit report. I have also considered the Approved Providers response, including actions taken to improve systems, educate and monitor staff. I acknowledge the Approved Provider has a process for the regular review of care and services.

I find that at the time of the site audit, whilst the Approved Provider has processes for the regular review of care and services, the Approved Provider did not demonstrate that care and services are reviewed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

I find the Approved Provider does not comply with the Requirement.

# 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

Most sampled consumers/representatives did consider that they receive personal care and clinical care that is safe and right for them.

Consumers and representatives confirmed they have access to a doctor and allied health professionals when they need specialist care. Consumers reported they receive prescribed medications in a timely manner.

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.

Information regarding clinical care and personal care is documented and communicated within the service to promote continuity of care. Consumers nearing the end of life are supported through a comprehensive palliative care assessment and planning process. Infection related risks are minimised at the service.

However, the Approved Provider could not demonstrate that all consumers consistently receive safe and effective personal care and clinical care that is best practice, tailored to consumer needs and optimises health and well-being. Deterioration or change in a consumers’ condition is not consistently monitored or responded to in a timely manner.

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 found that the Approved Provider was unable to demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care. The Assessment Team provided evidence and findings that consumers were not consistently assessed and monitored for pain and that restraint processes were not consistent with best practice, including risk assessment processes and review processes.

The Approved Provider submitted a response to the Assessment Teams report which included the Approved Provider did not agree with the Assessment Teams findings and provided additional material clarifying some matters raised in the report.

I have reviewed the Assessment Teams report and the Approved Provider response including progress note extracts, clinical reports, monitoring forms, and medication charts. I acknowledge information supplied that provided clarity for some of the consumers named in the report. However, the Approved Provider response did not demonstrate that pain is effectively assessed and monitored and did not demonstrate best practice in restraint use.

I find the Approved Provider does not comply with the Requirement.

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

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

The Assessment Team found that the Approved Provider was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team provided evidence and findings that falls management, skin care and pain management were not consistently managed.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings, including management of falls and skin care for consumers named in the report..

I have considered the information and evidence provided by the Assessment Team and the Approved Provider response and I have considered the information related to pain management under Requirement 3(3)(a).

I find the Approved Provider does comply with the 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) Non-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.

The Assessment Team found that the Approved Provider was unable to demonstrate that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. The Assessment Team provided evidence and findings that consumers who experience changes in skin conditions such as bruising, that these changes are not recognised in a timely manner, and that the service does not respond to changes in a consumers condition in a timely manner.

The Approved Provider submitted a response to the Assessment Teams report which included an outline of actions taken by the service as well as progress note extracts in relation to a consumer named in the site audit report.

I have considered the Assessment teams report and the Approved Provider response, I have formed a view that the Approved Provider did not recognise and respond to changes in consumers conditions in a timely manner, including in the management of pain and changes in skin conditions, including bruising.

I find the Approved Provider does not comply with the Requirement.

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

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

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

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

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

Minimisation of infection related risks through implementing:

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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.

Consumers said they felt supported to live their life the way they wish and had their preferences considered. Most consumers said the staff know them very well and what they like. Consumers interviewed confirmed that they are supported to keep in touch with people who are important to them both inside and outside the service.

Most consumers like to participate in the outings into the community organised by the service and said they provide feedback and suggestions on these. Several consumers are enjoying accessing the outside community and said the service supports them to do this. Examples were visiting family and friends and going shopping.

Most consumers said they enjoyed the food. Those that didn’t said they had choices regarding food and the staff will usually get them what they ask for. Several consumers and representatives said the cultural events and food were very good.

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.

Referrals are made to external providers for services and the provision of equipment when needed. All consumers said they have access to a range of various services which meets their needs.

Staff are aware of the organisational consumer-directed philosophy of care. Examples were provided by staff, management and consumers/representatives of how consumers’ individual needs are met and how they are supported to live the life they want.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

Services and supports for daily living assist each consumer to:

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s services 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

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

Consumers interviewed confirmed they feel safe and secure in the home. Representatives commented they feel welcome and the service makes it easy for them to visit. Parking is easy and there are plenty of spaces for them to go to spend time with their family member, such as the café on the ground floor or a choice of siting areas.

All consumers and representatives interviewed about the service environment responded that the service is always kept clean and well maintained. Some commented that there is a system for quickly organising repairs, however this is rarely necessary.

Consumers who were interviewed, including those who have been in the service a short time said they can find their way around the service easily. They also said they have good access to outdoor areas.

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.

Care, clinical and lifestyle staff who were interviewed about equipment all agreed that there is plenty of equipment to meet consumer needs, it is well maintained, and they have had adequate training on the use of equipment.

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

Most consumers and representatives sampled consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. In general consumers said that that the service responded to the feedback provided and made changes in response to this feedback, for example changes made to the menu following feedback from consumers.

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.

The organisation has systems and process to manage and resolve complaints. The service uses information from incidents, meetings, external reviews and internal audits to initiate continuous improvements in the feedback and complaint management process. Consumers and their representatives endorsed the open and transparent manner in which the service managed complaints and the timely actions taken to resolve any complaints or implement improvements.

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 NON-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

Most of the consumers sampled indicated that they get quality care and services when they need them and from people who are knowledgeable, and capable.

The majority of consumers sampled said staff were kind and caring when delivering care. Consumers interviewed said that they generally knew the members of the workforce who care for them and that they had the skills to deliver the care required.

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 organisation has systems and processes to recruit, induct, and monitor staff performance. Workforce skill requirements are contained within position descriptions and shift responsibilities for each category of staff. The organisation has a structured training program to ensure that the workforce is skilled and qualified to deliver care.

Whilst consumers interviewed indicated staff were kind, caring and respectful, workforce interactions were not consistently observed to be kind, caring and respectful, including for consumers with a cognitive deficit.

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

The Assessment Team found that the Approved Provider was unable to demonstrate 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 provided evidence and findings that consumers and representatives reported delays in the provision of cares and delays in responding to call bells.

The Approved Provider submitted a response to the Assessment Teams report which included floor plans of the service, call bell response times, staff restructure and increased shift information and the introduction of a new staffing model.

I have reviewed the Assessment Team report and the Approved Provider response. I find that the Approved Provider had prior to the site audit identified opportunities for improvement in staffing. A management restructure has been implemented including the creation of a position to assist in clinical oversight and education. Additional care hours had been introduced and following feedback from the consumers a new model of staffing was developed and implemented. I note the consumer and representative feedback on the new model of staffing to be positive and demonstrating an improvement in the staffing model. Call bell information identified that in general call bells are responded to in a timely manner.

Noting that the Approved Provider had introduced improvements in the staffing model, had increased staff hours and positive feedback was provided in relation to the new staffing model, I find the Approved Provider does comply with the Requirement.

### Requirement 7(3)(b) Non-compliant

Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

The Assessment Team found that the Approved Provider was unable to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. The Assessment Team provided evidence and findings that included observations of staff practices that did not demonstrate all consumers are treated in a respectful manner.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken in response to the observations made by the Assessment Team. The Approved Provider acknowledged that the observed behaviours were not acceptable practices. The Approved Provider commenced performance management on the staff involved and is providing ongoing education to staff in relation to dignity and respect.

I have considered the Assessment Teams report and the Approved Provider response. I find that on two occasions the Assessment Team observed staff practices that did not promote consumers being treated with respect, including during preparation for hygiene/showering and also during the showering process. I also note that multiple staff were present during both occasions that the consumers were not treated with respect.

I find the Approved Provider does not comply with the Requirement.

### 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.

The Assessment Team found that the Approved Provider was unable to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The Assessment Team provided evidence and findings that regular performance appraisals were not occurring at the service.

The Approved Provider submitted a response to the Assessment Teams report which included suppling clarifying information to the information provided to the Assessment Team during the Audit. Whilst the Assessment Team were informed that approximately half of the staff had completed performance appraisals during 2019, the Approved Provider corrected this information in the response indicating that 100% of staff had completed a performance appraisal. The Approved Provider also demonstrated that additional avenues to review the performance of staff are in operation including during disciplinary process.

I have considered the Assessment Teams report and the Approved Provider response and I find that on balance between the information provided that the Approved Provider was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

I find the Approved Provider does comply with the Requirement.

# STANDARD 8 NON-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

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

Consumers say that they are involved in their care and service delivery. Consumers provided a recent example of involvement in care delivery with the introduction of a new staffing model at service level. Consumers were mostly satisfied with the level of involvement in the implementation of this partnership in care delivery.

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.

The organisations governing body has structures in place to generally support the safe delivery of care and services. The organisation has systems to support governance of information management, continuous improvement, feedback and complaints, and financial and workforce governance.

However, the Approved Provider was not able to demonstrate effective organisational governance in relation to identifying and responding to abuse and neglect of consumers.

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

The Assessment Team found that the Approved Provider was unable to demonstrate consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The Assessment Team provided evidence and findings that while consumers are engaged in the delivery and evaluation of care and services, they were not involved in the development of care and services.

The Approved Provider submitted a response to the Assessment Teams report which included information on how consumers are supported to be engaged in the development, delivery and evaluation of care. This included through meetings, complaints processes, one to one discussions with staff, care plan assessment, development and review processes and most recently in the establishment of a new staffing model. The Approved Provider demonstrated that the new staffing model has developed and introduced after feedback from consumers was received. Consumers were consulted in relation to the new model, including in the selection of staff who would be providing them care. The new staffing model was piloted for three months, during which time consumers input and feedback was provided. Consumers and representatives provided positive feedback in relation to this consumer driven initiative.

I have considered the Assessment Teams report and the Approved Provider response and I find that on balance between the information provided consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

I find the Approved Provider does comply with the Requirement.

### 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) Non-compliant

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

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

The Assessment Team found that the Approved Provider was unable to demonstrate effective risk management systems and practices. The Assessment Team provided evidence and findings that the Approved Provider did not have effective processes in identifying and responding to potential abuse and neglect of consumers. A review of mandatory reporting incidents and interviews with representatives identified delays in the identification of potential abuse.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken once an allegation of abuse is made, however the Approved Provider identified that staff were not providing the appropriate level of care that would have identified potential abuse in a timely manner.

I have considered the Assessment Team report and the Approved Provider response, on balance of this information I find that the organisational governance systems to ensure potential abuse and neglect of consumers is identified are not effective.

I find the Approved Provider does not comply with the Requirement.

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

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

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure assessment and planning identifies and addresses the consumer’s current needs, goals and preferences.
* Ensure 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
* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care
* Ensure 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
* Ensure workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity
* Ensure effective risk management systems and practices, including but not limited to identifying and responding to abuse and neglect of consumers.