BaptistCare Warena Centre

Performance Report

15 Bangaroo Street   
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**Commission ID:** 0253

**Provider name:** BaptistCare NSW & ACT

**Site Audit date:** 18 May 2021 to 20 May 2021

**Date of Performance Report:** 16 June 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-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** | **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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-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 15 June 2021.

# STANDARD 1 NON-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 interviewed by the Assessment Team 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. However, two consumers interviewed felt that a staff member did not treat them respectfully. One consumer stated the staff member was very rough and hurt them while providing care and is fearful it will happen again. Another consumer mentioned the same staff member was disrespectful towards them when they entered their room at night which frightened them. The approved provider took action in response to these allegations during the Site Audit.

Most consumers interviewed confirmed that their care is culturally safe, and that staff know them well. They feel they are encouraged to do things for themselves and staff know what is important to them. Consumers felt that they are able to make choices and are provided with adequate information to make informed decisions. Consumers interviewed felt that their privacy is respected, and their information is kept confidential.

While most consumers felt they are supported to take risks to live the best life they can, the service does not always identify, document and review these risks to demonstrate a balance of independence and risk in accordance with the organisation’s procedures.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

The Assessment Team found that most consumers interviewed said staff at the service make them feel respected and valued as an individual. However, two consumers interviewed said one staff member does not make them feel respected and they did not feel safe when care was being provided by this staff member. One consumer stated the staff member was very rough and hurt them while providing care and is fearful it will happen again. Another consumer mentioned the same staff member was disrespectful towards them when they entered their room at night which frightened them.

In the Assessment Team’s report and the approved provider’s response, the service demonstrated that appropriate action was taken in response to the issues raised by the consumers, including formal human resource processes.

While the service has process in place to train staff in delivering care in a respectful way, this was not effective for all staff. The service did not demonstrate that each consumer was treated with dignity and respect at the time of the Site Audit.

I find this requirement is Non-compliant.

### 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.*

The Assessment Team found that the organisation’s procedures relating to balancing independence and risk had not been implemented for all consumers in the service. The Assessment Team found that risk assessments had not been completed for some consumers who were undertaking activities involving some risk, and not all consumer’s care plans included relevant information to guide staff in supporting these consumers to take risks to live their best life.

The approved provider’s response demonstrates that for the consumers identified in the Assessment Team’s report, information was included in their care plan to guide staff in risk mitigation and supporting the consumer to live their best life. While not all consumers had risk assessments completed, this was actioned by the service during the Site Audit for one consumer and after the Site Audit for another consumer.

The approved provider’s response demonstrated, while not all risk assessment were completed, that risk mitigation strategies were in place for identified consumers at the time of the Site Audit, and the service takes a balanced approach to supporting consumers to take risks to live their best life.

I find this requirement is Compliant.

### 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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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.

Consumers and representatives interviewed by the Assessment Team 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 the initial and ongoing planning of their care on entry to the service, six-monthly and when there is a change to their needs, goals and preferences.

Consumers and representatives interviewed confirmed they are informed of the outcomes of assessments and care planning. Some consumers and representatives interviewed said they had been offered or received a copy of their care plan, others said they feel confident that they can have access to their care plans when they want.

Consumers interviewed confirmed the service seeks input from their medical officer, other health professionals, and families where appropriate to inform their care and services. Most interviewed consumers and representatives said the service had discussed end of life planning with them and that end of life preferences were regularly discussed during care plan reviews and case conferences.

The Assessment Team reviewed assessment and care planning documentation for consumers sampled and identified that reviews of care and services are completed regularly and in consultation with the consumer and/or representative. Assessment and care planning documentation reviewed reflected individual consumer's current needs, goals and preferences, and considered risks to the consumer's health and wellbeing.

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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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.

Overall, consumers interviewed by the Assessment Team considered that they receive personal care and clinical care that is safe and right. Consumers and representatives interviewed confirmed the consumer gets the care they need including personal hygiene, meals, medication, wound and skincare, pain management, mobility and exercise, and assistance with continence needs. Consumers and representatives interviewed confirmed that they could access a medical officer or other health professional when they need it.

The Assessment Team found the service has policies and procedures to guide staff in providing clinical and personal care that is best practice and tailored to consumer needs and preferences. The service has effective systems to identify and manage high impact or high prevalence risks associated with each consumer's care. Staff demonstrated they have access to relevant consumer clinical information, and they can share this information with allied and medical health specialists.

The Assessment Team found end of life care is provided to consumers in line with their choices and preferences, and with allied health involvement where appropriate. Care documents reviewed by the Assessment Team demonstrated referrals occur promptly, and consumers with changing conditions are recognised and responded to in a timely manner. The Assessment Team found that the information about the consumer's condition, needs and preferences is documented and generally communicated with others where responsibility of care is shared. However, the Assessment Team found one occasion where information about an incident was not fully communicated with the consumer’s representatives.

The Quality Standard is assessed as Compliant as seven of the 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.*

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enables them to do the things they want to do. All consumers interviewed reported that they were able to have family members and friends visit and can attend social activities outside the service. Consumers interviewed reported that the food provided at the service was good and that they never went hungry.

Consumer care plans reviewed by the Assessment Team for activities and lifestyle generally reflected the preferences of the consumer. Staff interviewed could demonstrate their knowledge of the consumer and how they would access consumer information to keep up-to-date of any recent changes. The service demonstrated that spiritual and emotional care was being delivered to consumers and external services were used if required.

However, consumers and representatives interviewed reported limited interaction with other consumers and staff and that limited activities are offered. Consumers and representatives identified activities offered are not always engaging for consumers.

During the Site Audit visit in most areas of the service, consumers were observed to be sleeping in their rooms or on lounges in front of the television. The Assessment Team observed limited activities during the visit. No activities were observed in the afternoons.

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.*

Consumers and representatives interviewed by the Assessment Team reported that activities at the service were limited and not always engaging. Many consumers and representatives interviewed said that consumers stay in their rooms all day watching television and had limited interaction with other consumers in activities. One consumer said they would like to go to the shopping centre, however they cannot walk this far and do not have access to a mobility scooter to support them to get there. A review of the activities calendar by the Assessment Team identified that all activities across the service concluded shortly after lunch on weekdays.

In their response, the approved provider demonstrated that the service’s lifestyle activity offerings are development with input form consumers, taking into account their interests and preferences. The approved provider identified that the draft monthly activity calendar is tabled at consumer and representative meetings to gain feedback before finalisation. The approved provider’s response identifies that activities continue to be arranged and offered at the service throughout the day, however, are not always documented on the activity calendar. Additionally, the approved provider identified that watching television is the activity most consumers at the service have identified they enjoy.

Regarding the consumer identified in the Assessment Team’s report who wished to go to the shopping centre, the approved provider’s response identifies the service has offered to the consumer to organise alternative transport such as a wheelchair accessible taxi.

While some consumers and representatives interviewed by the Assessment Team reported that activities at the service were limited and not always engaging, the approved provider’s response demonstrates that the activity offerings at the service are developed in consultation with consumers and take into account their interests and preferences. Overall, services and supports for daily living are provided based on the assessed need of consumers. The service demonstrated that generally, consumers are supported to maintain relationships and participate in their community within and outside the organisation’s service environment.

I find this requirement is Compliant.

### 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.*

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### 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.

Most consumers interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Most consumers and representatives interviewed spoke positively about the service environment saying it was clean and well maintained.

The Assessment Team observed communal spaces for socialisation and lounge areas for consumers to receive guests throughout the service. The Assessment Team observed the service environment to be clean and well maintained, and doors leading to external spaces and accessible gardens were open to enable consumers to move freely indoors and outdoors.

The Assessment Team observed furniture and equipment used for consumers to be clean, safe and well maintained. The service demonstrated a preventative and reactive maintenance schedule which includes external servicing, and daily cleaning schedules for furniture and 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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 6 NON-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 consumers interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers said they raise issues at consumer meetings and with staff and management.

The Assessment Team interviewed consumers and representatives who had recently raised concerns with the service, and most were satisfied the service responded appropriately. However, for one consumer and consumer representative it was found that management did not follow an open disclosure process as per the organisation’s policy, with the consumer representative not being given all information regarding the details of an incident.

The Assessment Team found consumers and representatives are made aware of and have access to advocates, language services and other methods for raising and resolving complaints and are encouraged to do so. The service demonstrated that complaints trends are analysed and reviewed by the service to improve the quality of care and services.

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

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team found the service had followed an open disclosure process for most complaints. However, the Assessment Team identified that open disclosure was not used in response to a consumer fall. The consumer’s representative had raised a complaint about the service’s response to their family member’s fall, and the Assessment Team identified that not all information regarding the timing of the incident and the potential impact on the consumer’s health and wellbeing had been disclosed to the representative. While staff interviewed by the Assessment Team could describe how they assisted consumers with their concerns and complaints, staff did not have a good understanding of open disclosure.

In their response, the approved provider acknowledged that the concurrent staff investigation that was underway impacted on the communication to the consumer and the representative, and documentation of the open disclosure process. Following the Site Audit, the service met with the consumer representative to discuss the incident, apologise for the miscommunication, and outline the steps taken to mitigate the risk of the incident reoccurring.

In their response, the approved provider identified that further training on open discourse has been delivered to staff following the Site Audit.

The service did not demonstrate that open disclosure is consistently used in response to complaints or incidents. Staff interviewed and complaint documentation reviewed by the Assessment Team did not demonstrate that staff have a good understanding of open disclosure or consistently use this approach.

I find this requirement is Non-compliant.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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.

Most consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable and capable. Consumers interviewed confirmed that staff know what they are doing and felt confident they had the skills and knowledge to meet their care and lifestyle needs. However, some consumers raised concerns about the adequacy of staffing and that they do not receive the care they need in a timely manner.

The majority of consumers interviewed confirmed that staff are kind and caring. However, two consumers interviewed told the Assessment Team that they had been handled in a rough manner and felt unsafe with one staff member. In response, the service commenced an investigation into the allegations during the Site Audit. Other consumers interviewed were satisfied with the staff at the service and that they attend to their needs in a kind manner.

The service demonstrated a comprehensive recruitment and orientation process, and effective training and education systems, to ensure staff have the required knowledge and skills to deliver the outcomes required by the Quality Standards. The service demonstrated systems in place for the regular assessment, monitoring and review of the performance of 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.*

Consumers interviewed by the Assessment Team confirmed that their needs were met but not always in a timely manner and that sometimes they have to wait an extensive period of time for staff to attend to them. Two consumers who require two-person assist for mobility and care said they often have to wait for two staff to be available. Staff interviewed by the Assessment Team also raised concerns that they are rushed at times and feel like they should have more staff on the roster to support consumer’s needs. Management demonstrated an effective system to ensure vacant shifts are filled, and call bell reports reviewed by the Assessment Team demonstrated most units had an average response time of five minutes or less.

In their response, the approved provider demonstrated monitoring and planning systems to ensure the number and mix of members of staff deployed enables the delivery and management of safe and quality care and services. Regarding one of the consumers identified in the Assessment Team’s report, the approved provider identified that an additional lifter was purchased prior to the Site Audit to minimise wait times for transfers. Since the Site Audit, the service has had a case conference and implemented a toileting schedule to alleviate concerns about toileting and further wait times.

While some consumers interviewed by the Assessment Team raised concerns about long wait times for staff assistance, consumers generally confirmed they get safe and quality care and services. The approved provider’s response demonstrates action taken prior to the Site Audit to minimise wait times for consumers.

I find this requirement is Compliant.

### Requirement 7(3)(b) Compliant

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

Consumers interviewed by the Assessment Team said most of the time the staff interactions with consumers is kind caring and respectful. The Assessment Team observed respectful, kind and caring interactions between staff and consumers throughout the Site Audit. However, two consumers interviewed said one staff member does not make them feel respected and they did not feel safe when care was being provided by this staff member.

In the Assessment Team’s report and the approved provider’s response, the service demonstrated that appropriate action was taken in response to the issues raised by the consumers, including formal human resources processes.

While one staff member was found to not treat two consumers with dignity and respect at the time of the Site Audit, I have considered this in my assessment of Standard 1 Requirement 1(3)(a). Interviews with consumers and observations by the Assessment Team demonstrated that generally workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

I find this requirement is Compliant.

### 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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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).

Overall, consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services as representatives on various committees, attending food and lifestyle and ‘resident and family’ meetings.

Management interviewed by the Assessment Team described the comprehensive range of consumer feedback and engagement strategies used by the service, and consumers also discussed these with the Assessment Team. The management team were able to demonstrate the governance systems through which the board engages in the provision of safe, quality and effective consumer care, compliant with legislative requirements and the Quality Standards.

The service demonstrated effective implementation of organisation wide-governance systems and frameworks. The service has effective risk management systems and clinical governance framework. Staff interviewed by the Assessment Team confirmed they had been educated about these systems and were able to provide examples of the relevance to their work.

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

### 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.

### Requirement 1(3)(a)

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

The approved provider must demonstrate:

* Each consumer is treated with dignity and respect by all staff at the service.
* The service’s processes in relation to preventing and identifying reportable incidents is effective in ensuring consumers are treated respectfully.

### Requirement 6(3)(c)

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The approved provider must demonstrate:

* Open disclosure is consistently used in response to incidents and complaints.
* Staff have an understanding of open disclosure and practice this in response to incidents and complaints where appropriate.