Blue Care Gracemere Aged Care Facility

Performance Report

35 Conaghan Street
GRACEMERE QLD 4702
Phone number: (07) 4837 0500

**Commission ID:** 5435

**Provider name:** The Uniting Church in Australia Property Trust (Q.)

**Site Audit date:** 30 November 2021 to 2 December 2021

**Date of Performance Report:** 07 January 2022

# Performance report prepared by

Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **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) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-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 Commissioner’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 04 January 2022
* other information and intelligence held by the Commission in relation to the service.

# 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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation, for alignment with the feedback from consumers and tested staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers confirmed staff were respectful towards them, and their individual identity, culture and diversity was recognised and valued. Consumers were encouraged and supported to maintain their independence and were confident that staff knew what was important to them.

Consumers described the ways their social connections were supported, both inside and outside of the service, and their decisions about when and who were involved in discussions about their care and services was supported and respected by the service. Consumers were supported to exercise choice, including in relation to the way their care and services were delivered and taking risks to enable them to live the life they chose. Consumers and representatives confirmed the information provided to them was current, accurate and timely, and enabled them to make informed decisions about care and services. Care and services were delivered to consumers in a way which respected their personal privacy, and they expressed confidence that their personal information was kept confidential.

Staff were aware of what and who was important to the consumers and their individual preferences in relation to care and services, and this information aligned with care planning documentation and feedback received during interviews with consumers and representatives. Staff described how they ensured consumers’ preferences were respected, how the consumers’ culture, values and background influenced the delivery of their care and services, and how consumers were supported to take risks and exercise choice.

Electronic and hard copy documentation were securely stored to ensure confidentiality of consumer information in accordance with the organisation’s policies and procedures.

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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Consumers felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives advised the service involved them with consumer risk assessments and care planning preferences and goals. Consumers and representatives confirmed they were informed about the outcomes of assessment and planning. The outcomes of assessment and planning were documented in a care plan readily available to the consumer or representative on request.

Consumers and representatives advised care and services were reviewed regularly, when circumstances changed, or incidents occurred. Consumers’ end of life preferences was included in their care plan documentation. Care plan documentation reflected the current care needs of the consumer and the involvement of other health professionals and those persons who were important to the consumer.

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 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 consumers’ experience and to determine if the organisation understood and applied 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 ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Consumers received personal care and clinical care that was safe and right for them. Consumers and representatives provided positive feedback in relation to the provision of care and services. Consumers received the care they needed which was delivered according to their preferences and goals. Consumers had access to a Medical officer or other health professional when required.

Clinical records demonstrated consumers received appropriate personal and clinical care in relation to their end of life care and where they experienced a deterioration or change in their status. Information about the consumers’ condition, needs and preferences was documented and communicated within the organisation and with others where responsibilities was shared.

Care documents for consumers provided adequate information to support effective consumer care and reflected timely and appropriate referrals and input or recommendations from Medical officers, a range of allied health and other medical professionals.

The service had minimised the risk of infection through the implementation of standard and transmission-based precautions and used antimicrobials appropriately to minimise antibiotic resistance. The service had an Outbreak Management Plan including a local and whole of service response in the event of a COVID-19 outbreak. The service had documented evidence of consumers and staff who have consented and received influenza and COVID-19 vaccinations.

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.*

Consumers received safe and effective clinical and personal care that was best practice, tailored to their needs to optimise their health and well-being. Consumers and representatives provided positive feedback in relation to care and service delivery. Documentation supported the delivery of safe and effective care. Staff demonstrated individual knowledge of consumers’ personal and clinical care needs and how they were met.

Actions had been taken to address the previously identified Non-compliance in this Requirement identified at the Assessment Contact conducted 08 September 2022. Processes have been established in relation to restraint management, the service now maintains registers for all forms of restrictive practices including mechanical, chemical and environmental. The mechanical restrictive practice register listed the type of restrictive practice in use, commencement date for the restrictive practice, the date the review was conducted by service and Medical officer and consumer and representative preferences in relation to the use of the restrictive practice. Each consumer with a mechanical restrictive practice in place had a risk assessment completed. The psychotropic register identified consumers who were prescribed chemical restrictive practice, the medication identified as the chemical restrictive practice, risk assessments, review dates by the service and the Medical officer.

Consumers who had restrictive practices in place had a Behaviour support plan, a risk assessment and authorisations which had been signed by the Medical officer and consumers and representatives and evidenced discussions of risks regarding the use of restrictive practices, between the Medical officer and the consumer and representative. Care documentation noted consumers with bedrails were monitored whilst the bed rails were operational.

The service had policies and work instructions on minimising restrictive practices available to guide staff practice. Restrictive practice policies and processes had been updated in line with the Quality of Care Principles 2014 restrictive practice amendments which began on 1 September 2021. Staff received training regarding the management of restrictive practices.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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 supports 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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they liked to do and how these things were enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Consumers received the services and supports for daily living that were important for their health and well-being that enabled them to do the things they wanted to do. Consumers and representatives confirmed consumers were supported to do the things they liked to do to optimise their independence, health, wellbeing and quality of life. Consumers were supported by the service to undertake lifestyle activities of interest to them within the service and supported to maintain personal and previous community connections.

The lifestyle program was based on a monthly cycle and consumers were asked to provide feedback on activities they preferred and activities they would like to add to the program. Feedback is provided through the consumer meeting, satisfaction surveys and informal conversations with consumers. Consumers confirmed the service effectively communicated their condition, needs and preferences with other support organisations. Consumers and representatives expressed satisfaction with the relationships and support provided from external care providers, volunteers and community supports.

Consumers expressed satisfaction with the volunteer program at the service that gave them opportunity to develop new friendships, rekindle past interests, keep them linked to their community and enriched their lives. Consumers were supported by the service to keep in touch with people who were important to them and were supported in their emotional and spiritual care interests and social and personal relationships.

Consumers expressed satisfaction with the meals and explained they could provide feedback about food through surveys and meetings and could request alternative meals if desired.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean and well maintained.

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 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 if the organisation understood and applied 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 Assessment Team also examined relevant documents.

Consumers considered they belonged in the service and felt safe and comfortable in the service environment. Consumers confirmed they could access indoor and outdoor areas, should they choose to do so. Consumers and representatives reported the service was clean and well maintained.

Consumers and representatives confirmed visitors were welcome in the service and they had various areas where they could sit comfortably. Consumers and representatives confirmed the garden areas of the service were well maintained and it was pleasant to sit outdoors and look at the wide variety of colourful bushes and plants.

The Assessment Team observed the service environment to be secure and clean and tidy, and equipment to be clean, well maintained and suitable to the needs of the consumer cohort.

Staff interviewed demonstrated an awareness of how to report items requiring maintenance. Documentation identified reactive maintenance was attended to in a timely manner and preventative maintenance was undertaken as scheduled.

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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asked them about how they raised complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers and representatives considered they were encouraged and supported to provide feedback, suggestions and make complaints, and that appropriate action was taken thereafter. Consumers and representatives felt safe and supported to make complaints and provide feedback and suggestions, either using feedback forms, at consumer and representative meetings, or with the support of management and staff. Consumers and representatives were able to explain the internal and external feedback and complaints mechanisms available to them and advocacy support services.

Consumers and representatives who had recently made a complaint or provided feedback said management acknowledged the issue and resolved it to their satisfaction. Consumers and representatives expressed confidence their feedback, suggestion or complaint resulted in improvement actions being taken by the service as far as reasonably practicable.

Processes were in place to promote and support consumers and representatives to provide feedback and make complaints, and feedback and complaints were used to continually improve the care and services provided to consumers. Open disclosure processes were consistently applied and documented in accordance with organisational policies.

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-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and if the organisation understood and applied 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.

Processes to monitor and ensure the completion of mandatory training and competency assessments were not effective. Staff members had not completed, or were overdue in completing, training modules and competency assessments deemed mandatory by the organisation including consumer protection, hand hygiene, infection control, manual handling and workplace health and safety. Staff provided feedback stating regular and additional training would have been beneficial to ensure their understanding of best practice processes and organisational expectations.

Staff had not received training in relation to changes in legislation including the Serious Incident Response Scheme, and deficits were identified in the incident escalation and management.

While deficiencies were noted in the training and support of the workforce, positive feedback was provided from consumers relating to the quality of care and services provided by staff who were capable and caring. Consumers confirmed staff were kind, caring and respectful of their identity, culture and diversity. Review of relevant documentation demonstrated, and interviews with consumers and representatives and staff confirmed, there was sufficient staff to support and deliver consumers’ care and services, and that requests for assistance were generally responded to in a timely manner.

The organisation had documentation relating to human resource management which outlined processes to be implemented by the service to ensure staff were recruited, had the qualifications and knowledge to meet the needs and preferences of consumers across all areas of service delivery. There were defined role descriptions for all positions at the service and performance appraisal and development processes.

Interactions between management, staff and consumers and representatives were observed to demonstrate a kind, caring and respectful approach.

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.*

Workforce planning ensured the rostering and allocation of staff was adequate to meet the care and service delivery needs of consumers. Most consumers and representatives confirmed there was sufficient staff to meet the consumer’s personal and clinical care needs in a timely manner and in accordance with their care plans.

Whilst several consumers and representatives expressed concerns about staff being overworked and rushed, the consumers /representatives did not believe the consumers were negatively impacted as a result of this.

Management advised the service operated from a base roster, which was developed in consideration of the acuity and needs of the current consumer cohort. The base roster was subject to regular reviews since the Assessment Contact conducted on 8 September 2020 and the subsequent decision of non-compliance, with the most recent roster review occurring in early October 2021.

Staff stated while they felt busy and rushed at times, there was sufficient staff to provide care and services in accordance with the consumers’ needs and preferences, and that staff had sufficient time to undertake their allocated tasks and responsibilities.

Staff stated the organisation’s quality team had been on-site since late September 2021 and were willing and able to assist with the delivery of personal and clinical cares as required. Staff confirmed this alleviated the pressures of working short staffed and increased their available time to attend to their allocated tasks and responsibilities. Staff stated and interviews with consumers and representatives and management confirmed, staffing levels were sufficient to respond to calls for assistance in a timely manner, and the typical response time for a call for assistance was five minutes.

Care staff stated they seek support and assistance from fellow care staff, registered staff and the quality team, and support was readily and promptly provided. After hours, staff were able to contact a member of the quality team for support. Management advised in the event of staff taking leave, shifts were replaced by permanent staff of the same or a more senior role, by utilising a casual pool of staff, by extending shifts, or by utilising members of the quality team. The service was not able to source local agency staff to fill unplanned leave, and as a result long-term agency staff were used to fill vacant shifts on the base roster.

The service utilised a combination of registered and care staff to provide care across a 24-hour period and additional clinical support was available when required. Allocation sheets demonstrated that, where possible, permanent staff were assigned to the same care units to ensure continuity of care. Kitchen, cleaning, laundry, maintenance, lifestyle and administration staff attended to the delivery of services and supports for daily living and provide the required operational assistance to the service.

The service monitored, investigated and took action to address call bell response times in excess of the service’s benchmark time. Staff were observed responding promptly to requests for assistance from consumers, either verbally or via the call bell system. Medications were observed being administered as scheduled. Meals were observed being served on time, and staff assisting consumers with meals as required. Scheduled services and activities were observed to occur at designated times.

Actions had been taken in relation to the Non-compliance in this Requirement identified at the Assessment Contact 08 September 2021. The service undertook several roster and staffing allocation reviews which resulted in changes to the base roster. All care staff shifts are eight hours in duration ensuring the alignment of start and finish times. Additional care staff were rostered in the memory support unit which related to three dedicated staff to the morning and afternoon shift in the unit. Additional cleaning shifts were extending resulting in cleaning services every day.

A recruitment drive commenced at the service in September 2020, this resulted in the employment of approximately 20 staff, with further staff to commence following the Site audit. The service accepted limited consumers since January 2021, and no new consumers since September 2021. A review of the service’s unplanned leave processes was undertaken to improve the management of staff sick leave and absenteeism, this resulted in fewer staff taking last minute and unsupported sick leave.

Evaluation processes identified the actions taken by the service were successful in ensuring consumers are receiving the care and services they need in a timely manner. While recruitment processes continue, it is my decision this Requirement is now Compliant.

### 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) Non-compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Processes to monitor and ensure the completion of mandatory training and competency assessments were not effective. Staff members had not completed, or were overdue in completing, training modules and competency assessments deemed mandatory by the organisation including consumer protection, hand hygiene, infection control, manual handling and workplace health and safety. Staff provided feedback stating regular and additional training would have been beneficial to ensure their understanding of best practice processes and organisational expectations.

Staff had not received training in relation to changes in legislation including the Serious Incident Response Scheme, and deficits were identified in incident escalation and management.

The Approved provider in its written response to information contained in the Site audit report stated while systems are in place to ensure staff were supported with ongoing education opportunities relevant to their roles, these processes were inconsistently implemented at the service. The Approved provider has acknowledged that improvement have been necessary in relation to monitoring, follow-up and supporting staff in the timely completion of mandatory training.

While the majority of consumers expressed confidence in the ability of staff to deliver care and services, one consumer was not satisfied in staff knowledge and the management of their oxygen therapy. This concern was addressed onsite when management were made aware of the feedback during the site audit and the Approved provider in its written response has evidenced the consumer’s satisfaction in relation to the training provided to staff and the management of their oxygen.

While the service had systems to support the delivery and completion of mandatory training, this was ineffective. Most staff said they have not received training on changes to legislation and key areas relevant to their role and responsibilities, including in relation to the Serious Incident Response Scheme and incident escalation, management and reporting. Review of consumer care planning documentation and the service’s incident management system demonstrated ineffective incident escalation and management was occurring at the service.

The Approved provider in its written response has committed to the completion of all mandatory training modules by 31 January 2022. Staff competency assessments will be monitored by the Residential service manager on an ongoing basis. While I acknowledge the commitment of the Approved provider to ensure the completion of mandatory training modules, at the time of the Site audit staff had not been provided with essential training and the Approved provider requires additional time to complete this training an evaluate its effectiveness. Therefore, it is my decision this Requirement is Non-compliant.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The organisation did not have an effective risk management systems and practices specifically in relation to the escalation, monitoring, management and prevention of incidents. This resulted in inaccurate reporting of clinical incidents, primarily falls, and prevented accurate analysis and response to clinical incidents.

While the organisation did not demonstrate an effective risk management system, consumers considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives confirmed they could choose to be involved in the development and evaluation of changes to the service and the care and services they received, through their participation in consumer and representative meetings, consumer experience audits, and by utilising feedback and complaints mechanisms. Consumers and representatives were encouraged to make suggestions and provide feedback enabling the service to initiate improvement actions and to support the consumers to live their best life.

The governing body was supported by various governance committees, that set the strategic priorities and expectations for the organisation and met regularly to identify and review risks at an organisational and service level and evaluate how the service was performing against the Quality Standards.

Review of organisational documents, including policies, procedures and reports, demonstrated the governing body was committed to promoting a culture of safe, inclusive and quality care and services, and assumed accountability for their delivery.

There were organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, compliance with legislation and regulations, and feedback and complaints.

The organisation developed a clinical governance framework which promoted and enforced the core elements of clinical governance, and directed the application, monitoring and management of clinical processes.

The Quality Standard is assessed as Non-compliant as four 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.*

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

The organisation did not have an effective risk management systems and practices specifically in relation to the escalation, monitoring, management and prevention of incidents. This resulted in inaccurate reporting of clinical incidents, primarily falls, and prevented accurate analysis and response to clinical incidents.

Incidents were not consistently recorded, as a result, the service and governing body were not able to effectively trend, analyse and respond to incidents, identify risks to the consumer cohort, implement continuous improvement actions, nor determine the effectiveness of remedial actions taken.

The governing body received information relating to incidents at the service through the monthly reports generated by site specific management, which included clinical indicator and incident data. However, review of the monthly reports identified the reports were not reflective of all clinical incidents including falls. As a result, the clinical indicator and incident data received by the organisation’s governance committees and governing body was not accurate.

In response to information contained in the Site audit report the Approved provider has confirmed prior to an organisational review there was inconsistency and follow-up incident reporting and documentation which was not in accordance with organisational requirements. A complete review of staff access to the clinical information system and incident management system had been undertaken and all staff now have access to and were using the organisational systems to support improved clinical governance and oversight. Clinical staff were provided clarity regarding incident documentation requirements and this process was monitored by management.

While the organisation did not have an effective risk management framework, policies were reviewed which described how high impact or high prevalence risks associated with the care of consumers were managed, the abuse and neglect of consumers was identified and responded to and consumers were supported to live their best life.

While I acknowledge actions taken by the Approved provider in relation to improvements in the incident management system, it is my decision at the time of the Site audit these processes were ineffective in identifying, trending, analysing and responding to incidents, therefore, this Requirement is Non-compliant.

### 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.

* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards, including the attendance of Mandatory training.
* Effective risk management systems and practices, relating to managing and preventing incidents, including the use of an incident management system.