Blue Care Shalom Elders Village

Performance Report

190 Hervey Range Road
CONDON QLD 4815
Phone number: 07 4722 7100

**Commission ID:** 5753

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

**Review Audit date:** 25 February 2020 to 27 February 2020

**Date of Performance Report:** 1 April 2020

# 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) |  Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-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) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-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 Review Audit; the Review 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 responses to the Review Audit report received 23 and 27 March 2020
* information received from the approved provider 19 February 2020.

# STANDARD 1 NON-COMPLIANTConsumer 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

Most consumers and/or their representatives said they felt respected by staff and their culture, identity and diversity was valued. Consumers reported they are encouraged to do things for themselves and staff understand their needs and preferences and what is important to them. Consumers felt their privacy was respected.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

The organisation’s values include respect and compassion and the organisation’s service model is designed to engage and include consumers and family members in care and service planning, delivery and evaluation and to provide each consumer with information that is current, accurate and timely. Staff were observed to treat consumers respectfully while providing care and services and when speaking to consumers.

However, staff have not treated all consumers with dignity and respect and the Assessment Team were advised by management a consumer had been sexually assaulted by a staff member.

Additionally, the organisation has not provided consumers and their representatives with current and timely information about a critical incident to enable them to exercise choice about the care and services they receive.

The Quality Standard is assessed as Non-compliant as two 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 majority of consumers advised the Assessment Team they feel respected by staff. However, management staff reported that a consumer had been sexually assaulted by a staff member in November 2019 and the Assessment Team reviewed clinical records and incident reports that related to this incident.

The Assessment Team’s report and the approved provider’s response outlines actions taken to ensure all communications and contact with the consumer are respectful and dignified. I acknowledge the approved provider took action to support the consumer following the incident and has apologised unreservedly.

I am concerned the organisation had in place a model of care that enabled staff to attend to consumers without supervision. In November 2019, whilst this model of care was operational, a staff member sexually assaulted a vulnerable consumer, failing to treat the consumer with dignity and respect. For these reasons, 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.*

### Requirement 1(3)(e) Non-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.*

The Assessment Team found the provision of information to consumers was not timely or accurate and did not support consumers to exercise choice. At the time of the review audit, consumers had not been informed of a critical incident that occurred in November 2019 involving the sexual assault of a consumer by a staff member.

The approved provider’s response states that in March 2020, all consumers were advised of the incident (whilst maintaining consumer privacy). I acknowledge consumers now have this information to inform their choices about care and service delivery, however, I am of the view the provision of this information was not timely and should have been communicated earlier.

This requirement is non-compliant.

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

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

# STANDARD 2 NON-COMPLIANTOngoing 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

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

For example:

* Care planning documents reflect that consumers and/or their representatives are involved in assessment and planning and includes other providers of care and services including, for example, the Medical Officer (MO) and allied health specialists.
* The service demonstrated that consumers’ care and services are generally reviewed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

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 generally expressed their satisfaction with the information that is provided to them about, and their involvement in, care planning processes.

However, the service is not adequately able to demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, consistently informs the delivery of safe and effective care and services. The Assessment Team identified a significant number of care plans did not include detailed information, sufficient to guide staff practice.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

The Assessment Team found care planning records for six consumers did not consistently demonstrate that risks to consumers are considered during assessment and care planning. While staff generally demonstrated an understanding of consumers’ needs, strategies being implemented by staff were not reflected in the care plans.

The approved provider’s response states a suite of assessment and planning tools is available to identify consumers’ needs and preferences, and to minimise risk. A review of care planning records has been completed by the approved provider which also identified deficits in the documentation and contributing factors. Actions are being taken to address these concerns and include improved clinical monitoring and supervision, and a revision of staff orientation.

I acknowledge the improvements being implemented by the approved provider and note the Assessment Team did not identify impact for consumers, however, the organisation has not consistently included a consideration of risk as an element of the assessment and care planning process. For this reason I find the requirement is Non-compliant.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANTPersonal 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

Overall sampled consumers consider that they receive personal care and clinical care that is safe and right for them.

For example:

* All consumers interviewed said they get the care they need and confirmed that the consumers have access to a doctor or other health professional when they need it.
* Consumers and representatives did not generally provide any negative feedback in relation to referrals to individuals, organisations and providers of other care and services and felt the staff respond appropriately to changes in their health status.

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.

* Care planning documents and/or progress notes generally reflect the identification of, and response to, deterioration or changes in the consumer’s condition and/or health status. Clinical records reflected referrals and input from medical officers, a range of allied health and other medical professionals including for example physiotherapist, podiatry, dietitian.
* However, the service is not able to adequately demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is tailored to their needs and optimises their health and well-being.
* The service is not able to adequately demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. This is particularly in relation to behaviour management.
* Care planning documents do not consistently provide adequate information to support sharing of information and effective care delivery.

The Quality Standard is assessed as Non-compliant as three 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 majority of consumers at the service were satisfied with the personal care and clinical care they receive. Care planning documentation generally reflected individualised care that is safe and tailored to the specific care needs of consumers. However, this was not the case for one consumer who was sexually assaulted by a staff member in late 2019.

The Assessment Team found clinical records for this consumer, who has complex health care needs, did not include detail about emotional support provided to the consumer following the assault. Furthermore, for a period of approximately three weeks in the month following the incident, there was an absence of information in the progress notes about the consumer’s wellbeing.

The approved provider’s response indicates the service manager’s respect for the consumer’s request for privacy and confidentiality may have informed the decision not to document actions taken to support the consumer in the period following the sexual assault. While I acknowledge the desire to protect the consumer’s privacy, mechanisms should be in place to ensure clinical records remain confidential. The approved provider has however acknowledged the lack of documentation is inconsistent with organisational expectations.

The delivery of safe, effective personal care and clinical care is dependent upon accurate and timely documentation, as this information is required to ensure continuity of care and to inform clinical decision making. The organisation cannot demonstrate the consumer affected by this incident was receiving safe, effective care in the period following the sexual assault, as for a significant period of time there are no entries documented in progress notes relating to their emotional, psychological or general wellbeing. For this reason I find the requirement is Non-compliant.

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

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

The Assessment Team found that incidents of consumers’ responsive behaviours including aggression, sexually inappropriate behaviour and entering other consumer’s rooms uninvited, is not being consistently documented or addressed.

The Assessment Team identified though review of clinical information that:

* incident data is inaccurate and does not reliably inform clinical decision making,
* care plans to support consumer behaviour are not consistently in place, and
* for two consumers there is no evidence to support a review of behavioural management strategies following these types of incidents and one of the consumers was continuing to display these behaviours in February 2020.

The approved provider’s response recognises there are deficiencies in the recording of responsive behaviours. It states this was impacted by the high numbers of agency staff working at the service prior to the review audit. The approved provider did submit evidence of incident reporting that had been completed for one consumer following incidents of aggression in mid 2019 and I have considered this. I acknowledge actions are being taken to improve staff knowledge in relation to incident reporting, and there is an increased focus on clinical monitoring and supervision. I note too that for the two consumers identified, that assessment and care planning processes have been reviewed and referrals have been made to dementia advisory services. However, at the time of the review audit, the organisation could not consistently demonstrate effective management of high impact or high prevalence risks. This requirement is Non-compliant.

### 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) Non-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.*

The Assessment Team found information about consumers’ conditions, needs and preferences is not consistently available to guide staff and inform care delivery. Deficits were identified in relation to assessments, care plans and incident data.

The approved provider’s response outlines strategies that are in place to support information sharing but acknowledges the deficiencies in clinical documentation. The response states there has been increased use of agency and temporary staff in recent times and identifies actions that are being implemented to improve communication and the sharing of clinical information. While I acknowledge the work that is being done by the organisation, accurate information is essential to support the workforce in their roles; this is particularly important when temporary staff are delivering care. The organisation has not demonstrated that relevant information about consumers is consistently documented and shared with others; for this reason the requirement is Non-compliant.

### 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

Consumers said they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers interviewed confirmed they are supported by the service to undertake lifestyle activities of interest to them within the service and outside in the community and maintain contact with those people who are important to them.
* Consumers interviewed advised they enjoy the food offered and it is varied and of suitable quality and quantity.

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.

* Consumers living at the service are supported to do the things that are important to them.
* Consumers were observed to be engaged in a variety of activities during the audit. This included a church service, musical activities and art.
* Consumers were observed to enjoy the meals offered and staff were available to assist as necessary.

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

Consumers said that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers sampled confirmed they feel safe living at the service and they can freely and safely access indoor and outdoor areas.
* Consumers and representatives sampled reported the service is clean and well maintained.
* Consumers confirmed their visitors are welcome in the service and they enjoy having various indoor and outdoor areas where they can sit comfortably.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

* The Assessment Team observed the environment to be secure and clean and tidy. The temperature within the service was comfortable and there was an abundance of natural light.

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

While most consumers interviewed said they did not have any complaints, they considered that they are encouraged and supported to give feedback and make complaints. Consumers said they usually provide feedback or make complaints directly to staff or the Service manager. Those that had submitted a complaint felt that management had responded to their feedback.

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 and tested staff understanding and application of the requirements under this Standard.

The Assessment team identified the following:

* The organisation has a feedback policy.
* Information is provided to consumers and their representatives about how to provide feedback or submit a complaint. Staff will assist consumers to provide feedback or complete a complaint form.
* Complaints are investigated by the Service manager and the complainant is informed of the outcome.
* Complaints are logged on a register.
* Monthly reports provided to the governing body include complaints data.

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

Overall, consumers interviewed said they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers agreed that staff were kind and caring and felt they knew what they were doing. Most reported that staff provide the assistance they need, when they need it. However, two representatives said there had been delays in the delivery of care for their family member.

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.

While consumers are generally satisfied with staffing, some consumers said their family member had experienced delays in care delivery due to inadequate staff.

Staffing reviews have not occurred to identify the levels of support , leadership and supervision that may be required; particularly on those shifts when care staff work unsupervised.

The service did not have an effective process for reviewing staff performance and the organisation’s annual performance appraisal program was not conducted for 2019.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 identified the staffing model overnight includes three care staff working without direct supervision. The approved provider’s response states that in March 2020, a member of the management team attended the night shift to observe workflow, the nature of the care provided and team communication. Following this, a team leader role was established while the service recruits registered staff for the night shift. However, prior to March 2020 the approved provider has not demonstrated how staff performance on night duty including the need for leadership and/or supervision was being monitored.

The approved provider’s response states clinical care delivery and the completion of clinical documentation were affected by:

* increased use of agency and temporary staff prior to the review audit, and
* key staff being on leave.

The impact of this has directly contributed to the non-compliant requirements in Standard 2 and Standard 3.

While the approved provider is taking action to address the issues identified above, including supervision of night staff and reviewing succession planning and leave arrangements, the organisation has not consistently demonstrated that safe, quality care is delivered. This requirement is Non-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) Compliant

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

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

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

The Assessment Team found the service does not effectively assess, monitor and review the performance of each member of the workforce.

The Assessment Team found annual performance appraisals had not been completed in accordance with organisational requirements in 2019. While performance appraisals had commenced for some staff in 2020, the Assessment Team reviewed the associated documentation and identified that the documentation was incomplete.

The approved provider’s response advises performance appraisals for all staff are being scheduled and will be completed by May 2020.

However, at the time of the review audit, most staff did not have a performance appraisal completed and the organisation could not demonstrate how the performance of each staff member was being monitored and reviewed.

This requirement is Non-compliant.

# 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

Generally consumers interviewed indicated that they feel the organisation is well run. Consumers said their involvement in development, delivery and evaluation of care and services was through care plan reviews.

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

* Consumers are engaged in the delivery and evaluation of care and services.
* The Board promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* Risk management systems and practices are in place; and
* The organisation has a clinical governance framework.

However, the approved provider could not demonstrate effective systems in relation to continuous improvement, workforce governance and regulatory requirements.

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 reported that consumer engagement in the development, delivery and evaluation of care and services is limited. I have considered the Assessment Team’s report and the approved provider’s response and I am satisfied there is an organisation wide approach to engage consumers in this process.

I note consumers report the service is well run and they participate in the planning and review of their care. Consumers said they feel comfortable providing feedback to management and provided examples of improvement that had arisen from this.

The Assessment Team reported consumer meetings have not been consistently held however the approved provider advised of other strategies, both formal and informal, to engage consumers and provided evidence of this.

I note, the approved provider is reviewing their engagement methodology to enhance cultural safety and ensure the approach remains appropriate.

I have come to a different view to the Assessment Team and find this requirement is Compliant.

### 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) Non-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.*

The Assessment Team reported organisational governance systems are not effective.

The Assessment Team found improvements to the roster implemented following the sexual assault of a consumer in November 2019 had been removed. The team’s report states there are periods when only male staff are rostered on duty and this prevents consumers from having female staff attend to their care needs. The team also found the organisation had not considered this incident more broadly within a continuous improvement framework.

The approved provider’s response confirms there is always a female staff member on duty to attend to those consumers who have a preference for female staff. The current staffing arrangements have been discussed with the consumer who was involved in the critical incident and they have reported their satisfaction with existing arrangements.

The approved provider’s response includes evidence the critical incident was communicated to the Board and that the organisation has taken action to assess, monitor and review the quality and safety of care. This included an independent investigation which commenced in December 2019 and an organisational review of risk management and the prevention of sexual violence in aged care which is in progress. However, while I acknowledge the actions immediately taken by the approved provider, I am concerned those actions did not identify the model of care on night duty and the absence of direct staff supervision as a possible risk at that time.

With respect to workforce governance, the Assessment Team found the organisation did not undertake a review of its workforce and workforce supervision following the sexual assault of a consumer by a care staff member on night duty.

I acknowledge the approved provider has reviewed the model of care on night duty to improve leadership and increase supervision. However, this did not occur until March 2020, four months after the incident. I am of the view that a model of care where three care staff work unsupervised requires ongoing monitoring and regular review; this did not happen.

The Assessment Team found the service was not meeting all of its regulatory responsibilities. For example:

* records for influenza vaccinations are not maintained,
* incidents of assault are not consistently reported and reviewed against relevant legislation to determine if they are reportable, and
* consolidated records do not include all incidents of assault.

The approved provider reports improvements are being made in these areas to educate staff, reinforce consistent processes and improve compliance.

However, while I acknowledge all of the actions being taken by the approved provider, I am not satisfied the organisation has effective systems and processes in relation to continuous improvement, workforce governance or regulatory compliance and I find this requirement is Non-compliant.

### 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.*

I have considered the Assessment Team’s report and the approved provider’s response and am satisfied the organisation has effective risk management systems and practices.

The Assessment Team raise concerns about the organisational response to the sexual assault of a consumer. The approved provider has provided evidence that immediate actions were implemented to protect the consumer, relevant authorities were contacted, the incident was escalated and an independent investigation was conducted. An organisational review about risk and the prevention of sexual violence in aged care is in progress and is due for completion in June 2020.

While the organisation was slow to review the model of care following the assault, particularly the supervision of care staff who work unsupervised, I have considered this information under Requirement 7 (3) (a) and Requirement 8 (3) (c).

I have come to a different view to the team and find this requirement is 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.

* Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* 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.
* 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.
* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:
	+ is best practice; and
	+ is tailored to their needs; and
	+ optimises their health and well-being.
* Effective management of high impact or high prevalence risks associated with the care of each consumer.
* 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.
* 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.
* Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.
* Effective organisation wide governance systems relating to the following:
	+ continuous improvement;
	+ workforce governance, including the assignment of clear responsibilities and accountabilities;
	+ regulatory compliance.