Borella House

Performance Report

333 Borella Road   
ALBURY NSW 2640  
Phone number: 02 6057 0702

**Commission ID:** 0221

**Provider name:** The Churches of Christ Property Trust

**Site Audit date:** 15 February 2022 to 18 February 2022

**Date of Performance Report:** 18 March 2022

# Performance report prepared by

Gill Jones, 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** | **Non-Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-Compliant |
| Requirement 2(3)(e) | Non-Compliant |
| **Standard 3 Personal care and clinical care** | **Non-Compliant** |
| Requirement 3(3)(a) | Non-Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Non-Compliant |
| Requirement 3(3)(d) | Non-Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **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 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 14 March 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff’s 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 sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

Consumers interviewed confirmed that they are treated with respect and they have a say in what they do every day and are encouraged to do as much as possible for themselves as this helps maintain their independence. Consumers said staff understand what is important to them and are respectful of the choices they make. This was also confirmed in interviews with consumer’s representatives. Consumers reported that staff always knock on closed doors, wait for an invitation before entering and close the door prior to assisting them with their personal care.

Cultural safety is reflected in consumer care plans and care and services provided respect each consumer’s identity. Evidence was sighted that appropriate measures to mitigate risk associated with activities that consumers wish to pursue are in place. Information is being provided to consumers and representatives which is easy to understand and enables them to exercise choice.

The Assessment Team interviewed staff who confirmed how they respect individual consumer’s needs, preferences and choices. Staff spoke about each consumer with respect and how they enable them to live the life they choose. Staff provided examples of how they encouraged consumers to maintain relationships with family friends and outside community organisations such as local church groups. Documentation detailing evidence of the care provided to consumers was consistent with information consumers shared with the Assessment Team during the site audit.

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 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

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

For example:

Consumers and representatives interviewed confirmed they are involved in care planning through consultation with nursing staff and attendance at care conferences.

Representatives said they are kept well informed by staff regarding changes in the consumer’s health and wellbeing and when incidents occur.

While consumers and representatives said they feel informed about the assessment and care planning process, most said they had not been offered access to their care and services plans.

Assessment and planning was observed to consider risks and consumer choice relating to their health and well-being. Care and services plans were observed to incorporate the recommendations of external providers and allied health professionals where provided to enhance the care provided to consumers. However, consumer choices, as recorded in risk assessments undertaken, were not always recorded in their care and service plans. In addition, care and service plans were observed to not always be updated to reflect the consumer’s current condition, needs and preferences.

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

## Assessment of Standard 2 Requirements

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

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

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

Consumers and representatives indicated they participated in care conferences regularly and have an opportunity to request changes to how their care is provided. However, while staff reported they offer consumers and their representative’s copies of their care and services plans at each care conference, the service was only able to produce one recent example of this occurring. Most feedback from consumers and their representatives received by the Assessment Team indicated care and services plans are not readily available to them.

The Approved Provider responded to the Assessment Team’s report by submitting a plan for continuous improvement which outlined a range of strategies to ensure consumer’s/representatives can readily access their care and services plan.

I find this requirement not met at the time of the site audit.

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

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

Care and services plans are not always updated for effectiveness when circumstances change or when incidents impact the needs of the consumer. One consumer who was hospitalised three times in three months did not receive a care and services plan review. Furthermore, a consumer at end of life did not have a care and services plan that was reflective of their care needs. One consumer was recorded as having a urinary catheter in place when it was not and alternate plans for the management of urinary complications were not recorded in their care and services plan.

The Approved Provider responded to the Assessment Team’s report by submitting a plan for continuous improvement which outlined a range of strategies to ensure care and service plans are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

I find this requirement not met at the time of the site audit.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

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

For example:

Consumers and representatives confirmed they get the personal and clinical care they need. Consumers and representatives advised they have access to medical providers and specialist services when they need them.

Care and services for consumers is provided by staff who are knowledgeable about their consumers’ preferences, needs and goals. Staff are familiar with the risks associated with consumer’s care and were able to explain the mitigation and de-escalation strategies used. Information about consumers is communicated throughout the service to staff and providers in various ways. Referrals are made to manage consumer needs, as required.

However, the Assessment Team were provided with out-of-date care planning information regarding the specialised care needs of some consumers and wound management documentation was not adequately completed. Review of end of life care documentation reflected the absence of care directives or updated care and services plans to reflect the care needs of the consumer. Documentation of a consumer’s cognitive and physical decline did not adequately reflect the spoken account of events leading to their hospitalisation which suggested the decline in condition was not recognised and responded to in a timely manner.

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 Assessment Team were provided with out-of-date information regarding consumers requiring specialised nursing care. The deterioration of pressure injuries is not appropriately recorded according to best practice with discrepancies noted in wound measurement. One consumer’s wounds continuing to be recorded as a single wound when photographic evidence reflecting the presence of at least two distinct areas. One consumer’s preferences regarding their choice of gender of care workers was recorded as a behaviour, not as a preference. Furthermore, the behaviour support plan of a consumer who was being chemically retrained was observed to contain many un-filled fields in relation to triggers etc.

The Approved Provider responded to the Assessment Team’s report by submitting a plan for continuous improvement which outlined a range of strategies to ensure care provided is best practice, is tailored to the needs of the consumer and optimises their health and well being.

I find this requirement not met at the time of the site audit.

### 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) Non-Compliant

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

The sampled care and services plan relating to this requirement was found to not be reflective of the needs, goals and preferences of a consumer nearing the end of life. Specific care directives relating to clinical and personal care were not recorded in the care and services plan and there were delays in implementing an end of life pathway for one consumer.

The Approved Provider responded to the Assessment Team’s report by submitting a plan for continuous improvement which outlined a range of strategies to ensure the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

I find this requirement not met at the time of the site audit.

### Requirement 3(3)(d) Non-Compliant

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

Narrative notes reviewed did not reflect the described cognitive decline, decreased mobility or increasing pain experienced by the consumer which resulted in her hospitalisation. The absence of this documentation suggests the decline in condition was not recognised and responded to in a timely manner, particularly in the context of a care and services plan which is not reflective of a consumer who has had 3 hospitalisations since December 2021.

The Approved Provider responded to the Assessment Team’s report by submitting a plan for continuous improvement which outlined a range of strategies to ensure the 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.

I find this requirement not met at the time of the site audit.

### 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 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 sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being including their emotional, spiritual and psychological health.

For example:

Most consumers said they are supported by the service to do the things they like, and are supported to keep in touch with people who are important to them.

Overall, most representatives gave positive feedback about how staff support their relative’s independence, well-being and quality of life.

The Assessment Team interviewed staff who confirmed how they respect individual consumer’s needs, preferences and choices and provided examples of how they encouraged consumers to maintain relationships of their choosing and to do the activities that they like to do when they want to.

Information about consumers’ needs and preferences in relation to services and supports for daily living, where responsibility for care is shared are discussed and documented upon entry to the service and reviewed every six months unless otherwise required. The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the lifestyle of consumers.

Most consumers and representatives interviewed said that the service usually communicates any changes with them immediately.

Consumer feedback regarding meals was generally positive and the service was able to demonstrate it provides meals of a suitable quality and quantity.

Consumers, management and staff interviewed reported that equipment used to support consumers lifestyle is safe 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 how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

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

For example:

Consumers confirmed they feel safe and at home at the service and representatives interviewed said they welcome when they visit the service.

Consumers and representatives interviewed agreed the service is clean and well maintained and raised no concerns relating to maintenance.

The Assessment Team observed a service that is welcoming and fitted out with furniture and equipment to adequately care for consumers with limited mobility. Staff are responsive to the environmental and maintenance needs of the service, including ensuring consumers are freely able to access the outdoors.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken when any issues are raised.

For example:

The consumers and representatives interviewed confirmed they are able to provide feedback and raise issues with staff or management.

Consumers advised the service has a regular meeting which includes a food focus forum to enable feedback as well as complaints to be raised. Consumers advised that management does provide feedback on issues being raised.

The organisation has systems in place to monitor feedback and complaints to ensure action is being undertaken to resolve concerns in a timely manner. Complaints and feedback received is reviewed at a local as well as organisational level to identify any areas for improvements regarding care and services.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

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

For example:

Feedback from consumers indicated they felt staff were kind and caring in their interactions. This was also supported by comments from representatives.

Positive feedback was received from consumers and their representatives regarding staff members knowledge and competency to effectively perform their roles. Consumers and representatives said they generally felt confident staff knew what they were doing when providing care and services. They generally felt the staff responded in timely manner if they used their call bell to get assistance and felt they were not waiting too long.

The organisation has systems in place to ensure staff have the appropriate qualifications and knowledge to perform their roles. This includes monitoring attendance at mandatory education sessions as well as those education courses or sessions deemed to be compulsory. Staff performance is regularly assessed, monitored and reviewed.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

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

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

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

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

For example:

Consumers and representatives generally reported that they felt the service was well run. Consumers advised that they are provided with feedback on issues they may raise at the resident meeting. Representatives also felt that they were being kept informed through regular emails and telephone contact especially during the period of lockdown during the COVID-19 pandemic.

The organisation demonstrated it has governance systems, a risk management plan and a clinical governance framework in place for the delivery of safe and quality care and services. The organisation provides oversight across a range of management systems as part of the organisational governance program. This includes undertaking audits and surveys to monitor the performance of individual services within the group. The service provides information to senior management across a range of clinical indicators to enable senior management to monitor any trends.

However clinical information systems are not effective in providing accurate and current information to staff. The Assessment Team identified issues with clinical documentation which was not always up to date or did not accurately reflect the consumers’ current needs. Although information was updated when identified by the Assessment Team these deficits had not been previously identified and amended by staff at the service.

The organisation has a risk management system which uses data from clinical or care incidents to improve performance and how quality care and services are delivered. This includes minimising risks and the impact on consumers wherever possible to support consumers to live the best life they can.

The organisation has systems in place as part of the clinical governance framework to provide oversight on the use of antibiotics, use of psychotropic medications and acknowledging when a mistake has been made including providing an apology as part of the open disclosure process.

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.*

The Assessment Team identified that the organisation has effective governance systems which provide oversight across key areas such a complaints, continuous improvement, workforce governance and regulatory compliance. This includes reporting mechanisms within the service to guide improvements and changes as well as inform senior management within the organisation. Information systems are effective in relaying general information to consumers, representatives and staff. However, the Assessment Team identified some issues with clinical documentation. Some of the sampled clinical documentation was not always up to date or did not accurately reflect the consumers’ current needs and, although information was updated when identified by the Assessment Team, these deficits had not been previously identified and amended by staff at the service. Also, consumers and representatives did not have access to information about their care and services as care and services plans were not readily available to them. Furthermore, information in one care plan was not written respectfully.

The Approved Provider responded to the Assessment Team’s report by submitting a plan for continuous improvement which outlined a range of strategies to address the issues identified regarding clinical documentation. I am satisfied that these issues have been adequately addressed in the plan for continuous improvement submitted by the Approved Provider in relation to Standards Two and Three. Having considered the Assessment Team’s findings in relation to all 44 Requirements across the eight Quality Standards, and in particular, the organisation’s governance systems described in Standard Eight I am satisfied the information management gaps identified are not systemic.

I find this requirement is met.

### 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 2(3)(d)

*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.*

* Ensure care and services are documented in a plan that is readily accessible to each consumer.

### Requirement 2(3)(e)

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

* Ensure care and services plans are always reviewed for effectiveness and updated, as necessary, when the consumer’s circumstances change or when incidents impact their needs, goals or preferences.

### Requirement 3(3)(a)

*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.*

* Ensure wound care provided is best practice and wound care documentation is accurately reflects the condition of the wound.
* Ensure behaviour support plans appropriately describe the consumer’s behaviour and identify triggers and interventions which meets their need and optimises their heath and wellbeing.

### Requirement 3(3)(c)

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

* Ensure care and services plans are reflective of the needs, goals and preferences of a consumer nearing the end of life and are implemented in a timely manner.

### Requirement 3(3)(d)

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

* Ensure care and services plans are reviewed when there is a change and any deterioration in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.