Brightwater Huntingdale

Performance Report

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**Commission ID:** 7195

**Provider name:** Brightwater Care Group Limited

**Site Audit date:** 23 November 2021 to 25 November 2021

**Date of Performance Report:** 24 January 2022

# Performance report prepared by

Alice Redden 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) | Non-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 24 December 2021.

# 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

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

Consumers interviewed reported they are treated with dignity, kindness and respect and are supported to maintain their cultural, religious and spiritual practices. Representatives and consumers interviewed also reported staff are aware of consumer’s personal preferences, their circumstances and what is important to them. Feedback provided indicates consumers feel supported to exercise choice in how their care and services are delivered and are supported to maintain their independence and their relationships of choice.

Sampled consumers advised they are supported to take risks to enable them to live the best life they can, however not all consumers reported being supported to understand the risks of their decision-making. Consumers reported they are generally provided with sufficient information in a timely enough manner to make decisions about their care and lifestyle. Representatives reported they are informed of incidents involving the consumer and are informed of other matters of importance to them. Overall, consumers and representatives interviewed felt that consumer privacy is respected, and consumer information is kept confidential by staff.

Staff who were interviewed spoke about consumers in a respectful way and demonstrated knowledge of consumers’ circumstances, personal preferences and important relationships. Staff were able to describe how they provide culturally safe services to individual consumers, and how they support consumers to maintain their important connections. Staff described, and physical observations verified, that consumer’s space is respected, privacy afforded, and confidential information protected.

The service demonstrated it has processes to identify consumer’s cultural, spiritual and personal preferences, goals and needs and their decision-making preferences. The service evidenced that they support consumers to exercise choice in their daily lives and they have processes to identify risks which may result and how to mitigate them. Consumer choices, preferences and needs are recorded and communicated to staff and those providing care and services. Staff described how they support consumers with varying communication abilities, to exercise choice and independence in their daily lives.

## 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

Consumers and representatives advised they were satisfied with and involved in the assessment and care planning processes used at the service. Consumers stated they felt comfortable to discuss their care preferences and goals with staff and that their preferences were respected. Representatives reported they can access care plans, are provided with information on request and feel comfortable to raise concerns with staff, either directly or in writing. Consumers and representatives also reported they are advised of the outcome of assessment and planning processes and that other external providers are involved in meeting their needs. Consumers reported that staff understand their End of Life (EOL) wishes.

Sampled care planning documents showed care plans were accurate and up-to-date. The assessment and planning processes consider risk to consumers and care planning documents reflect consumers’ current needs, goals and preferences. Documentation evidenced that the provider uses effective assessment and planning which supports the delivery of safe and effective care, including advanced care planning and EOL planning for those consumers who want it. The Assessment Team found that the provider partners with consumers and their representatives in assessment, care planning and review, both upon admission and during subsequent reviews.

The provider uses an integrated approach to assessment and planning. Assessments are conducted and the ongoing medical and personal care needs of consumers are met by both internal and external clinicians, Allied Health Professionals (AHP) and other professional service providers. Care plans are reviewed annually, when there is an incident and when the consumer’s needs change.

Staff and management interviews, observations of staff handovers and review of the provider’s electronic care management system (ECMS) showed how staff use care plans and the ECMS to inform their day-to-day work with consumers. Staff interviews and observations also showed how the service identifies consumer risks and responds to incidents, identifies the need for external referrals and ensures that consumer representatives and other stakeholders are consulted with. Interviews and observations also demonstrated that care staff are aware of individual consumer needs and care preferences, staff involve consumers and their representatives in the assessment and care planning process and that external organisations, clinicians, specialists and AHPs are regularly a part of consumer care teams.

The service is supported by a suite of organisational policies and procedures that are relevant to assessment and planning, and which support staff to work in partnership with consumers, their representatives and members of their care team who are external to the organisation.

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

Consumers and their representatives interviewed were satisfied consumers receive personal care and clinical care that is safe, effective and right for them. Consumers confirmed their personal and clinical care is in line with their preferences, they can access the health professionals they need and referrals are made in a timely manner. Consumers expressed confidence that when they require EOL care, the provider will support them to be as pain free as possible and to be close to those who are important to them. Most consumers and representatives felt consumer care needs and preferences were effectively communicated between staff members, however one representative noted agency staff were often unaware of consumer preferences and care needs.

Staff reported they are guided by a suite of policies and procedures which inform their provision of personal care and clinical care, including the management of high-impact and high prevalence risks. Staff could explain incident reporting processes and how incidents were used to drive changes in practice. Review of consumer files and the ECMS demonstrated that the service’s systems are effective. The provider demonstrated they identify, monitor and respond to changes, including pain, behaviour management, falls, wounds and weight loss. Staff confirmed they receive information about changes in consumer’s needs through written and verbal handovers, progress notes, clinical reviews and meetings.

Senior staff explained how they monitor consumers’ personal and clinical care for safety and effectiveness, through daily reviews of progress notes and clinical monitoring records as well as the review of care plans to ensure assessments are current. Senior staff routinely monitor to ensure any changes in clinical needs or consumer preferences are communicated to the care team. Senior staff regularly perform visual checks of consumers, to monitor skin integrity and pressure injuries and to check for changes or deterioration in consumer welfare.

Staff were able to demonstrate knowledge of individual consumer preferences and needs and could explain how they manage high-impact and high-prevalence risks in individual consumers. They could describe how they ensure their care is in line with best practice and that information is shared with all internal and external members of a consumer’s care team.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and 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

Most consumers and representatives considered that the service provides care and supports for daily living which optimise consumer’s emotional wellbeing, quality of life, health and independence. Most consumers and their representatives interviewed confirmed the service supports them to do the things they want.

The service demonstrated that staff members support consumer emotional wellbeing using the strategies and information recorded in care planning documents and which is communicated to staff via handovers, the ECMS, progress notes and communication books. The service demonstrated they engage with external organisations and volunteers to provide support, company, conversation and specialised support to individual consumers, according to their needs.

Consumers and representatives confirmed consumers are supported to stay in touch with external people, communities and groups important to them and they are supported to do things they enjoy. Care planning documents, as well as staff interviews, reflect this. Consumers and their representatives also advised consumers receive supports from external organisations, service providers and care providers. Care planning documents and staff interviews verified this, with organisation policies and procedures in place to guide staff in making referrals to external providers.

The service employs an Occupational Therapist and a Therapy Assistant to deliver a lifestyle program that is adapted to consumer needs, preferences and functional abilities and which supports consumer’s emotional, spiritual and psychological well-being. Most consumers interviewed reported that the range of lifestyle activities available at the service were enjoyable, however two consumers reported they preferred spending time in their rooms pursuing their own interests. One of those consumers also expressed desire for more one-to-one conversation.

It was reported that lifestyle program staff experience time constraints in their roles, which impacted on their ability to monitor and improve the lifestyle program. Management had been made aware of these time constraints and were considering their response.

At the time of audit, the service prepared meals on-site and had a four-week rotational menu in place. Interviewed consumers and representatives mostly expressed satisfaction with the quality and quantity of meals provided by the service. Care planning documents reflect the dietary needs and preferences for individual consumers and consumers reported having access to snacks between meals.

The service will move to an external meal provider during the next period of accreditation, where consumers will choose their meals from a range of options each day.

## 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

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

Consumers and representatives considered consumers feel at home in the service, their rooms were satisfactory, and the service is welcoming, clean and well-maintained. Consumers reported they can move about the service freely and can go outside if they wish.

Observations of the service environment showed consumer rooms are personally decorated, consumers access indoor and outdoor areas freely and quiet spaces are provided for consumers to meet with visitors. The layout of the service encourages consumers to interact with each other and to engage in activities independently if they wish. The space is easily navigated, and clear signage is displayed throughout the service.

The service demonstrated processes are in place to ensure the service environment is safe, clean, well-maintained and comfortable. External cleaners are contracted and on-site five days per week, with care staff being responsible for cleaning the rest of the time. The service regularly audits the performance of the cleaners and reports this information back to the organisation.

The service has a planned maintenance schedule and a procedure which staff follow when problems are identified with equipment. Interviewed consumers and representatives considered that furniture, fittings and equipment are safe, clean, well maintained and suitable for them, and there is enough equipment for their needs.

The Assessment Team observed some consumers smoking outside of the Designated Outdoor Smoking Area (DOSA) and cigarette butts were found on the ground at other no-smoking areas. Furthermore, some consumers mentioned their dissatisfaction with the smell of cigarette smoke wafting into their rooms when smokers wander outside of the DOSA. This feedback was immediately addressed by management during the period of the site audit. Management also advised approval is being sought to construct a new undercover DOSA away from the activity area. I note that consumers and representatives sampled were satisfied overall with the safety and cleanliness of the service. As a result of the overall consumer satisfaction and management’s immediate response to Assessment Team feedback, the service is assessed as meeting Standard 5(3)(a), in spite of the deficiencies identified in relation to smoking.

## 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

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

Consumers and representatives reported they feel comfortable and are encouraged to make complaints and provide feedback to staff, with one representative stating that the service employs an open communication approach to complaints and feedback. Consumers and their representatives may make complaints in writing or verbally and can choose to remain anonymous if they wish.

The service maintains a complaint register and suggestions boxes and feedback forms are on display in the service. Review of monthly consumer meeting minutes showed consumers also use meetings to raise issues and make requests to the provider.

Staff were aware consumers have access to an advocacy service, could explain where complaint forms are located and the assistance they would provide to consumers unable to complete the forms. Interviewed staff confirmed they are aware of the open disclosure policy and demonstrated shared understanding of that policy and how they apply it.

The service demonstrated that complaints made during the period of accreditation had been resolved in a timely manner and was able to describe how complaints received are used to inform continuous improvement at the service, in line with the Continuous Improvement Plan.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team recommended Requirement (3)(a) in relation to this Standard as Non-compliant. Based on the evidence in the Site Audit report and the Approved Provider’s response, I find the service Non-compliant with Requirement (3)(a) and have provided reasons for my decision in the relevant Requirement below.

In relation to the remaining requirements in this Standard, I find the service Compliant.

Most sampled consumers and their representatives considered they receive quality care from staff who are capable and caring. However, through consumer, representative and staff feedback, the Assessment Team found staff are sometimes not available to provide personalised care or engage in one-to- one conversations and activities with consumers.

Consumers and their representatives confirmed permanent staff deliver care and services which support consumers’ choices and preferences, however expressed this is not always the case with agency staff. All sampled consumers considered that staff are kind, caring and gentle when delivering care.

The service has systems, and is supported by the wider organisation, to recruit and train staff who are appropriately qualified and experienced to perform their roles. The service monitors staff performance through internal unannounced audits, consumer feedback, review of staff training records and through direct observation. Staff are required to have appropriate qualifications and experience, including relevant registrations. The service has scheduled performance reviews for new staff at three and twelve months, and annual reviews thereafter. Performance issues are also identified through incidents or other adverse events. The service demonstrated they actively manage staff underperformance.

## 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 found the service did not demonstrate the workforce is planned to ensure the delivery and management of safe and quality care and services. Summarised relevant evidence included:

* Consumer and representative feedback indicated that there are not always enough staff to deliver safe and quality care and services. For example, four consumers interviewed reported that there were insufficient staff numbers and mix and provided examples of how this impacted on their care, including having to wait for staff or not having staff respond to their needs.
* Interviewed staff said they have insufficient time for individual conversations with consumers, while lifestyle program staff hours had recently been cut, preventing them from monitoring and evaluating the program and ensuring consumer care plans are current.
* Management advised staff are allocated based on care and support needs in each house, with a mix of clinical and care staff in each house during weekday morning shifts, and floating staff during afternoon shifts. There is a Registered Nurse (RN) employed during weekdays and an Enrolled Nurse (EN) employed 7 days per week from morning to afternoon, as well as during evenings on an ad hoc basis. When there is no RN on site, an on-call RN is available via telephone.
* Management advised that no formal analysis of call bell response times had been completed since July 2021, but they review data monthly and response times greater than 15 minutes are discussed with the relevant staff member. Management does not follow up with the affected consumer or their representatives, however.
* The Assessment Team received a call bell analysis report for a recent one-month period which showed 24 call bell responses times longer than 15 minutes. Of these, there were 5 responses that took between 16 and 53 minutes to be answered in one day. On that day a training session occurred taking several staff members off the floor, and no additional staff were deployed to ensure consumer requests were met.
* Care planning documentation for the consumer who had waited 53 minutes for a response to his call bell did not contain any record of pain management or medication being administered when the call bell was eventually attended to, despite the consumer being on regular pain medication at the time.
* As a result of the above findings, the Assessment Team recommended Non-compliant in relation to this requirement.

In their response to the Assessment Team Report, the provider acknowledged the long call bell response times on 19 October 2021 but argued their records indicate, on an averaged basis, less than one call bell per day was left unanswered for more than 15 minutes. The provider also stated they had not been able to provide additional personnel on the relevant day, due to staff shortages and recruitment challenges.

The provider further advised the service has vacant EN shifts in the afternoons and evenings which are backfilled with agency staff when possible, and the service continues recruitment efforts. The provider advised therapy assistance hours at the service had not been reduced as indicted in staff feedback and that the service had conducted a survey of six consumers, who all expressed satisfaction with the personal and clinical care they receive.

While I acknowledge the provider’s response, at the time of the Site Audit, the service did not demonstrate it always has sufficient staff to ensure the delivery of safe and effective care in line with consumers’ needs. Call bell data viewed at the time of audit demonstrated significant delays in response times during the sampled period. While I note the provider’s response that call bell data, when considered on an averaged basis, indicates much shorter response times, the provider has not supplied evidence to indicate they have systems in place to identify trends in call bell response, or follow up on individual extended response times with consumers and their representatives.

I also acknowledge the provider’s response that therapy assistance hours had not been reduced at the service. However, the specific finding that lifestyle program monitoring, evaluation and review does not occur as a result of insufficient staff hours, was not addressed in the provider’s response.

Finally, while I also acknowledge the provider’s response that they have conducted a survey of six consumers who all expressed satisfaction with their care and services, I do not find that this survey data displaces the Assessment Team’s findings on the date of the site audit.

Based on the summarised evidence above, I find the service Non-compliant in this Requirement.

### 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

Most sampled consumers considered that the service is well-run, and they are engaged in designing and improving the delivery of care and services at the facility. Consumers felt they are supported to make suggestions for improvement and they are invited to monthly consumer meetings with management and staff members, where they can raise issues for discussion, report concerns or make requests.

The service is one of several belonging to a wider organisation which has established governance policies and procedures which define roles, responsibilities and accountabilities. The governing body has a committee that is responsible for reviewing clinical indicators for the service. The service reports against the Quality Standards on a weekly and monthly basis and in turn receives feedback, which has led to specific improvements in care and service delivery during the registration period. The organisation has a framework for continuous improvement, which is monitored by management and by the organisation. Opportunities for improvement are identified through unannounced internal audits, regular meetings and by responding to complaints and incidents. The Continuous Improvement Plan links improvement areas to the Quality Standards and contains evidence of use during the period of registration.

The governing body drives the culture of the organisation and promotes a culture of safety, quality and inclusive care. The governing body is accountable for the delivery of care and services at the facility. The organisation has systems in place to support effective financial governance, information management, workforce planning, compliance and regulation, complaints management, open disclosure practices and clinical care. The organisation’s clinical governance framework addresses microbial stewardship, minimisation of restrictive practices and antimicrobial stewardship. The organisation also partners with universities and private research bodies to conduct industry-relevant research which informs service delivery.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

# Areas for improvement

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

* Standard 7 Requirement (3)(a): Ensure sufficient staff numbers at the service to deliver safe and quality care to consumers in line with consumers’ needs. Ensure effective monitoring systems are in place to identify and action areas for improvement in staffing allocations and rosters, including through monitoring of call bell response data.