Brightwater The Village

Performance Report

150 Dundas Road
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**Commission ID:** 7415

**Provider name:** Brightwater Care Group Limited

**Site Audit date:** 31 January 2022 to 2 February 2022

**Date of Performance Report:** 30 March 2022

# Performance report prepared by

James Howard, 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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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 was considered in developing this performance report:

* the Assessment Team’s report for the Site Audit conducted from 31 January 2022 to 02 February 2022; 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 Approved Provider’s response to the Site Audit report, received 11 March 2022
* other information and intelligence held by the Commission in relation to this service

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Management advised the Assessment Team the service is a dementia-specific facility, and all consumers have a moderate to severe cognitive impairment due to advanced dementia diagnosis. The Assessment Team noted few consumers were able to contribute to the interviews and therefore conducted more interviews with consumer representatives to gather information on consumers’ experiences at the service.

Overall, consumers and representatives considered consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. For example:

* Representatives said staff treated consumers with respect and dignity and valued their individual identities.
* Consumers and representatives said staff valued consumers’ cultures, values, and diversity by describing what was important to them and how staff provided care and services that were physically, socially, and emotionally safe.
* Consumers and representatives said consumers were supported by the service to make decisions about their care, make decisions about who should be involved in their care and make connections and maintain relationships of choice including intimate relationships.
* Representatives provided positive feedback and gave examples of how the service supported consumers to be independent, take risks, exercise choice and make decisions about care and services provided.
* Representatives confirmed consumers received accurate and timely information and their personal privacy was respected.

Staff demonstrated respect towards consumers and an understanding of their care preferences.

Care planning documents and meeting minutes showed the service understood and supported consumer choice.

The service demonstrated that consumers’ privacy was respected, and information kept confidential. Consumers and representatives were satisfied that consumer privacy was respected.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Overall, consumers and representatives considered they felt like partners in the ongoing assessment and planning of consumers’ care and services. For example:

* Consumers and representative expressed satisfaction with the assessment and care planning process at the service.
* Consumers and representatives said the staff involved them in the assessment and planning of their care through conversations with staff, family meetings, case conferences and care plan reviews.
* Consumers and representatives described how the consumer and the people important to them were involved in assessment and planning on an ongoing basis.
* Consumers and representatives generally expressed their satisfaction with the information that was provided to them about, and their involvement in, care planning processes.
* Consumers and representatives confirmed they were involved in care planning, including when there were changes to consumers’ care needs.

The service demonstrated assessment and planning reflected care and services that centred on the need and goals of consumer and reflected their personal preferences. The service ensured advance care planning, including completion of advance care directives, and end-of-life planning occurred in line with consumers’ preferences.

The service had an electronic care planning system which supported planned care and services to meet each consumer’s needs, goals and preferences and informed the delivery of safe and effective care.

The Assessment Team reviewed care planning documentation for consumers and identified assessment and planning included the consideration of risk and reflected consumers’ current needs, goals and preferences, including advance care planning and end-of-life planning, and consideration of risk for the consumer.

Care and services were reviewed for effectiveness, and when circumstances changed or incidents occurred.

Care and service plans for consumers showed integrated and coordinated assessment and planning that involved other organisations, individuals and providers of other care and services, including general practitioners, allied health professionals, and specialists in wound care, diabetes and dementia care.

The service demonstrated assessment and planning was effective and processes supported staff to deliver safe and effective care.

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 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

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 – reviewed care plans and assessments and asked staff about how they ensured the delivery of safe and effective care for consumers. The team also examined relevant documents.

Most consumers and representatives considered that consumers received personal care and clinical care that was safe and right for them, in accordance with their needs, and optimised their health and well-being.

* Consumers and representatives were satisfied that high impact or high prevalence risks including falls, swallowing and pain were effectively managed.
* Consumers and representatives expressed confidence that when consumers needed end of life care, the service would support them.
* Consumers and representatives said care was provided in accordance with consumers’ individual needs and preferences, including the recognition of deterioration or changes in the consumer’s condition.

Consumers were referred to appropriate health professionals in response to changing personal or clinical care needs.

Staff described how they ensured care was best practice, opportunities for continuing education and how they ensured information was shared both within the organisation and with others outside the organisation.

Staff demonstrated an understanding of precautions to prevent and control infection and the steps taken to minimise the need for antibiotics.

Staff identified the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

However, some consumers and representatives raised concerns about inadequate delivery of safe and individualised care at the service. The service did not demonstrate restrictive practices were always used in line with legislative requirements and there was a lack of evidence that appropriate and timely assessment of consumers regularly occurred.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has 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 recommended this requirement was not met, due to a lack of timely identification and management of skin integrity issues for two consumers and a lack of assessment and documentation related to restrictive practices.

The Assessment team identified 34 consumers who were prescribed psychotropic medications without an appropriate assessment or determination as to whether they were subject to chemical restraint. Documentation for consumers who were determined to be subjected to chemical restraint did not contain evaluations of its effectiveness or alternative behavioural strategies for use prior to medication being administered.

The Assessment Team found two consumers with current pressure injuries had not had their pressure injury risk re-assessed within the service’s required timeframe.

The approved provider’s response acknowledged the deficiencies in the service’s management of the named consumers’ pressure injuries and in the identification and management of chemical restraint. The service audited these areas, identified areas for improvement and provided an action plan and plan for continuous improvement outlining changes to procedures and education provided to staff to address these issues.

However, at the time of the site audit, the service’s systems failed to identify these deficits and the service failed to demonstrate each consumer was receiving safe and effective personal care and clinical care, that was best practice, was tailored to their needs and optimised their health and well-being. Furthermore, the actions taken by the service to address the issues raised by the Assessment Team have yet to be evaluated for effectiveness.

Having considered the above information, I decided the service does not comply with this requirement.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – took observations, asked consumers about the things they like to do and how the service enabled or supported those things and asked staff about their understanding and application of the requirements. The team also examined relevant documents.

Overall, consumers considered that they received services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. For example:

* Consumers and representatives said they felt supported by the service to do things of interest to them, which included participating in activities in the service’s lifestyle program and/or spending time on independent activities, such as walking or listening to music.
* Representatives confirmed the service supported consumers to keep in touch with the people important to them. This was achieved through visitors attending the service, going out on social leave, and talking with family via the telephone.
* Consumers and representatives reported they enjoyed the food, received plenty of food and had access to other food or snack items in-between meals.

Review of care planning documentation demonstrated that each consumer file captured what and who was important to individual consumers to promote their well-being and quality of life. This information was available in care plans to inform staff of individual preferences and to guide their practice in caring for consumers.

The service demonstrated services and supports for daily living promoted each consumer’s emotional, spiritual, and psychological well-being.

Consumer care planning documentation identified the involvement of other organisations and providers of care to promote the consumer’s well-being.

The Assessment Team observed equipment used to support consumers with their independence and to engage in lifestyle activities, such as mobility aids, exercise equipment and televisions, was safe, clean, well-maintained, and suitable for consumers’ needs.

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, consumers considered they felt they belonged in the service and felt safe and comfortable in the service environment. For example:

* Consumers and representatives considered consumers felt at home in the service and liked their rooms.
* Most of the consumers and representatives reported the service was generally clean and well maintained.
* Consumers and representatives said consumers could move freely around the service and could access outdoor areas within the service if they wished, with staff supervision.
* Consumers and representatives said equipment, furniture, and fittings in the service were clean, safe, well maintained, and suitable to the needs and preferences of the consumers.

The Assessment Team observed the service environment was welcoming and easy to navigate. The service contained single and shared residential rooms, bathrooms, and communal areas.

Cleaners were observed cleaning individual rooms and communal areas, and the service environment, furniture, fittings, and equipment were generally clean, well maintained, and appropriate for consumers’ needs.

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 – asked them about how they raised complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Most consumers and representatives considered that they were encouraged and supported to provide feedback and make complaints. When they did, action was taken in response. For example:

* Representatives said they were encouraged and supported to provide feedback regarding care and services and felt comfortable raising concerns when the need arose.
* Consumers and representatives were satisfied they had access to advocates, interpreting services and external avenues for raising complaints.

The organisation had a feedback and complaints process in place. The service provided information to consumers about how to access this process, including information about advocacy services and language services. Information was provided about how to access external complaints processes.

The service’s management kept records of complaints. Information included who submitted the complaint, when the complaint was submitted and the outcome of any investigation.

Feedback and complaints informed the service’s continuous improvement system and were used to improve the performance of the service and the organisation.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Most consumers and representatives did not consider consumers received quality care and services when they needed them, from people who were knowledgeable, capable and caring. For example:

* A majority of consumers and representatives said they were generally satisfied with the quality of care and services consumers received at the service. However, representatives said the service was short staffed and staff were sometimes not available to help with activities of daily living.
* All interviewed consumers and representatives said staff are kind, caring and gentle when delivering care.
* Consumers and representatives said they felt confident staff had the skills needed to meet consumers’ care needs and could generally meet their social, cultural, religious, spiritual, psychological, and medical care needs.
* Consumers and representatives were generally satisfied with the knowledge and skills of staff. However, two representatives stated some staff would benefit from further training in non-verbal communication and positive engagement.

Staff reported that they received annual mandatory training and had access to additional training modules. Training was provided electronically and in-person, and included modules such as infection control, serious incident reporting and restrictive practices.

The service demonstrated that the performance of the workforce was assessed, monitored, and reviewed. Staff received formal performance assessments near their employment anniversary date.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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 recommended this requirement was not met, based on feedback from consumers and representatives that staff were not always available to provide personalised, timely care and assistance with activities of daily living.

Representatives gave examples of a consumer being outside unsupervised on a day of extreme heat (40C) and a consumer’s visible incontinence not being attended to until it was brought to the attention of staff. They also commented that the single staff member in an area of the service left a medication trolley unattended when consumers required attention. Representatives also remarked on consumers being upset and confused due to frequent staffing changes.

Care staff in some areas said they did not always have enough time to provide timely assistance to consumers for tasks such as assisting with the toilet and with meals. Care staff stated they were responsible for cleaning 6 days a week which takes them away from direct consumer care.

The Assessment team examined call bell records and noted that a large number of calls remained unanswered for extended periods. Management stated these were due to staff failing to cancel the alarms and/or due to site works influencing call bell activation. Management also stated approval was given for additional care staff to be rostered between 1.00pm and 3.00pm, with the change to be implemented shortly.

The approved provider’s response to the Audit Report stated additional care staff hours were implemented as described above, with effect from 7 February 2022. However, the response did not provide evidence of the additional hours being effective in improving staff responsiveness or staff availability to meet consumers’ needs. The additional care hours have yet to be evaluated in terms of consumer outcomes.

Having considered the above information, I decided the service does not comply with 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

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).

Most consumers and representatives considered the organisation was well run and that they could partner in improving the delivery of care and services. For example, consumers and representatives were invited to ‘resident and relative’ meetings where any key issues or concerns raised by the consumers were discussed.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. The organisation met regularly, set clear expectations for the service and generally reviewed risks from an organisational and consumer perspective.

The organisation established organisation-wide governance systems for each of the sub-requirements. However, the Assessment Team identified:

* Certain areas for improvements recommended in internal audits were not incorporated in the Plan for Continuous Improvement (PCI), reviewed or monitored by the service.
* The service was unable to demonstrate there was regular and ongoing monitoring of restrictive practices for sampled consumers.

The organisation provided a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers was managed, the abuse and neglect of consumers was identified and responded to and how consumers were supported to live the best life they can.

The organisation demonstrated it has a clinical governance framework that supported clinical care practice within the service and larger organisation. The service demonstrated how clinical care practice was governed by organisational policies pertaining to antimicrobial stewardship, restraint minimisation and open disclosure.

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 recommended this requirement was not met, due to the service being unable to demonstrate effective monitoring and governance systems relating to continuous improvement, workforce governance and regulatory compliance.

The Assessment Team reviewed the service’s plan for continuous improvement and noted various opportunities for improvement identified from internal audits were not documented. Internal audits of medication administration and supply and pressure injuries identified the need for staff training, education and increased ongoing monitoring and service improvement opportunities. These were not included in the service’s plan for continuous improvement.

The most recent clinical governance report indicated the need for a review of restrictive practices was identified in the previous quarter, with related improvement opportunities. This information was not included in the plan for continuous improvement. The Assessment Team noted no actions were taken in areas not included in the plan for continuous improvement, such as medication administration, skin integrity and pressure injury, and restrictive practices.

The Assessment Team identified deficiencies in human resource management, as outlined in Requirement 7(3)(a).

The Assessment Team identified failures in the service’s compliance with current restrictive practices legislation, medication management and wound management as discussed in Requirement 3(3)(a).

The approved provider’s response to the Audit Report included the service’s plan for continuous improvement, outlining actions taken in response to the findings of the Assessment Team.

Actions included a complete review of all psychotropic medications and the identification of two consumers subject to chemical restraint. The approved provider’s response outlined actions taken to ensure psychotropic medications were reviewed and that appropriate authorisations and consents were in place if the medications were considered as chemical restraint. The approved provider’s response indicated the service was aware of the need to review chemical restraint prior to the site audit and now complied with current requirements.

The response also detailed changes made to the service’s wound management protocols and medication systems, and outlined education provided to staff to support these improvements.

The approved provider supplied the service’s quality action plan which confirmed the outcomes of internal audits were included in the service’s quality systems and appropriate actions were recorded as having been taken.

The Audit Report and the approved provider’s response established the service identified the need for increased care staff hours and took steps to implement an expanded roster prior to the site audit. Furthermore, the Assessment Team identified the components of a workforce governance system in its assessment of Standard 7 Human Resources.

Having considered the additional information supplied in the approved provider’s response and records of actions already taken by the organisation, I find the service complies with this Requirement.

### 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 were 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.

* Monitoring and evaluation of the effectiveness of actions taken in response to deficiencies identified in the management of chemical restraint and skin integrity assessment and wound management.
* Evaluation of the effectiveness of changes to the staffing model in meeting the needs and preferences of consumers.