Bupa Sunshine

Performance Report

74 Devonshire Road   
SUNSHINE VIC 3020  
Phone number: 03 9312 2930

**Commission ID:** 4313

**Provider name:** Bupa Aged Care Australia Pty Ltd

**Site Audit date:** 2 December 2020 to 3 December 2020

**Date of Performance Report:** 25 January 2021

# Publication of report

This Performance Report **may 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** | **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 Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the 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 22 December 2020.

# 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 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 consumers confirmed 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 and representatives sampled, said staff make them feel respected and valued as an individual.
* Consumers said they are supported to be as independent as possible and, where clinical and personal assistance is needed, it is provided in accordance with their preferences.
* Consumers and representatives described how staff know what is important to them, and are supported in their relationships with co-residents, family and friends.
* Consumers feel their personal privacy is respected, including respecting personal spaces and maintaining confidentiality of personal information.

Interviews with staff demonstrate, that staff practice the principles of dignity and respect when engaging consumers on a day-to-day basis and assisting them with practical support in the delivery of care and services. Staff described tools available to them to assist meet needs of consumers from cultural and linguistically diverse backgrounds. Staff explained how consumers are encouraged to be involved in making decisions about their daily care and services and how consumers are supported to take individual risks.

The Assessment Team observed respectful interactions between staff, consumers and visitors and practices that support consumer privacy.

Care planning documentation reflects how consumers are encouraged to maintain their identity, make choices about their care and services and receive support to live the life they choose.

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 – 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.

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

* Two consumers interviewed provided examples of how they are consulted monthly in relation to their plans of care.
* Two representatives interviewed provided the Assessment Team with examples of how consumers care is discussed with them
* Consumers and representatives provided examples of how they are informed of changes and outcomes of assessments and care plan changes based on the changing needs of the consumer.
* All consumers and representatives interviewed said they had been offered a copy of the care plan and knew they would be able to get one if they asked.

Staff described processes followed to engage consumers and representatives during review of or when there are changes to plans of care. Staff described how they support the consumer and their representative to consider end of life planning.

The Assessment Team reviewed consumer files which showed individualised care planning for consumers, regular reviews completed and how changes in care based on changing needs or changing preferences are implemented. Care documentation sampled demonstrates ongoing involvement of other organisations, individuals and providers of 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 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 and/or their representatives provided feedback they receive personal care and clinical care that is safe and right for them. For example:

* One consumer interviewed expressed how “grateful they were that staff know what they need as they wouldn’t know how to look after themselves anymore”.
* Two representatives interviewed expressed how “comfortable they feel the consumer is being well looked after and getting everything, they need.”
* Consumers and representatives sampled provided examples of how they have access to medical practitioners and other health professionals when they need.

Care planning documentation sampled reflect individual care for consumers based on care needs in both personal and clinical care including in relation to restraint, skin integrity and pain management. For the consumers sampled, key high impact or high prevalence risks identified and managed include weight loss, psychotropic medication/ behaviour management and falls prevention. Care planning documents and progress notes for consumers sampled reflect the identification of, and response to, deterioration or changes in a consumer's physical health. Care planning documents evidence the input of medical professionals such as medical practitioners, allied health practitioners and specialist services when needed. Advanced care plans and end of life care plans sampled reflect the consumer’s clinical and personal care wishes including whether a consumer does not want to be resuscitated and their religious preferences during palliative care and nearing the end of life.

Staff interviewed described and provided examples of individual high impact and high prevalence risk for consumers in line with their care plans. Staff described how they provide care needs for consumers who are nearing end of life and how the service is supported by external palliative care specialists. Care staff provide recent examples of when a deterioration or change in a consumer’s condition was recognised and responded to. Staff described processes for the referral of consumers to health professionals. Staff described how consumer changes are communicated at handover daily and how the service keeps weekly handover records so that staff who have not worked for a few days have up to date information.

Management and staff demonstrated how they manage and minimise infection related risk through standard and transmission-based precautions and promoting appropriate antibiotic prescribing in line with the service’s antimicrobial stewardship.

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,*

### 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 support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 consumers sampled said they receive services and supports for their daily living. For example:

* Consumers and representatives interviewed provided feedback the food is adequate and generally good. Representatives said alternatives are available, and snacks and drinks are provided in between meals.
* Consumers and representatives expressed satisfaction with the appropriate and timely referrals made to other organisations and providers of care and services.
* Consumers sampled and their representatives described in various ways how they maintain relationships or do things outside the service.

However, feedback from some consumers and representatives highlighted a lack of variety in activities and activities of interest to the consumer.

Staff explained how they identify and provide emotional support if a consumer appears unhappy or depressed. Staff described how the service accessed external organisations to support consumers, such as community visitors and pastoral visits, and said they are recommencing following the lifting of restrictions. Staff described how individual consumers are supported to participate within their community and have social and personal relationships. Staff described the verbal handover that occurs between each shift. However, care staff also said they do not have time for supporting consumer’s with one to one activities due to time constraints, a staff said there were no trained lifestyle staff are available to offer one to one activities.

Care planning documentation covers individual lifestyle needs and preferences, attendance and regular review. Care planning documents reviewed included information about consumers’ emotional, spiritual and psychological well-being. Care planning documentation generally includes information about how consumers participate in the community and maintain relationships. Daily handover, care plans and progress notes are used to inform staff of changes in the care and support needs of consumers. Documentation review demonstrated other organisations and providers support consumer’s care and services.

A range of equipment was observed being used to support consumers in their care 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.*

The Assessment Team recommended the service as non-compliant in this requirement and included evidence based on consumers’ access to and engagement in leisure activities of preference to them. This included:

* Feedback from consumers and representatives in relation to variety of activities and activities of interest to the consumer.
* Care plans reflected the needs and preferences for the consumers sampled, however attendance records, activity calendar planning and observations of the consumers sampled during the audit do not demonstrate the consumer’s needs and preferences were met.
* Staff do not have time for supporting consumer’s with one to one activities due to time constraints, including a comment no trained lifestyle staff are available to offer one to one activities.

The provider’s response included information:

* Care documentation for the consumers named in the report reflects their current preferences, ongoing review, consultation and attendance at these activities.
* The lifestyle assistant role became vacant late August 2020 during pandemic restrictions and lifestyle shifts have been consistently replaced by staff who know the consumers well and experienced in running activities. In addition, catering and care staff help manage activities, such as happy hour and exercise groups.
* The activities calendar is developed in consultation with consumers, and a post audit focus group review attended by a third consumers/representative, confirmed satisfaction with existing program.
* Individual activity and lifestyle preferences are reviewed monthly.
* Improvements currently being implemented include expanding the staff handover sheet to include individual consumer lifestyle information.
* A dementia specialist from within the organisation has since offered suggestions for meaningful activities to enhance the lifestyle program at a visit during December 2020.
* A lifestyle assistant has been recruited and commences mid-January 2021.

In weighing up the available evidence, I have considered the nature of the consumer/representative comments and observations during the audit, and the documentary evidence made available by the provider along with actions in place to manage the lifestyle role from the time it became vacant. I have also noted the actions in progress at the time of and since the audit. I find, on balance, the service is Complaint in this requirement.

### 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 sampled indicated they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers and representatives sampled said they feel at home in the service.
* Consumers and representatives confirmed the environment is safe, clean and well maintained.

Consumers were observed accessing areas across the service including secure outdoor areas. Consumers were observed moving freely across the service independently, or with the support of their representative or staff. The interior and outdoor areas are comfortable, neat and tidy. Consumers were observed using a range of equipment including walkers and wheelchairs.

Staff described the service’s processes to ensure equipment maintain consumer equipment and the cleaning practices. Management seek feedback from consumers and representatives regarding through meetings and surveys.

Maintenance documentation demonstrates planned and reactive maintenance.

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 and their representatives considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives said they felt comfortable to raise concerns or complaints with the staff and/or management.
* Representatives were satisfied that consumers who lived with difficulty communicating, have access to supports to help them provide feedback or make complaints.
* Consumers interviewed felt that changes were being made at the service in response to complaints and feedback. If they were unhappy they said staff worked towards a resolution and they are satisfied with the outcomes.

Management demonstrated that appropriate action is taken in response to complaints and when things go wrong. This was evident in reviewing the service’s complaint folder. Feedback forms and a confidential ‘feedback box’ were available in the service.

Management uses an open disclosure approach in the management of incidents and complaints. Management outlined, and feedback confirmed, consumers or their representatives are contacted following each incident with discussion of what occurred, and the actions taken.

Staff described strategies to assist consumers with a language other than English or with communication difficulties. Staff were aware of the advocacy supports available to consumers and would assist them to engage with them if needed.

Documentation shows complaints are recorded, actioned and reviewed, and analysed for trends and reported to the executive management and collated with clinical data for the Board.

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 o*f consumers and representatives sampled, overall are satisfied the service has listened to their concerns.

# 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.

Consumers and representatives were satisfied staff know consumers, respect them and are always kind even when they are busy. However, some consumers and representatives expressed dissatisfaction about delays in response for requests for assistance and access to lifestyle staff.

Staff interviews and roster documentation reviewed by the Assessment Team indicate unplanned leave is not always filled or staff work extended shifts to replace staff. Casual care staff or staff on light duties are used to fill the vacant role for providing lifestyle and leisure activities. Management highlighted the challenges posed by public health directives and recruiting for a new lifestyle and replacement casual care staff staff during the pandemic restrictions, and they had already implemented a continuous improvement initiative in relation to staffing.

Staff interactions were observed during the audit to be kind, caring and respectful, however some consumers were noted to wandering the service unoccupied.

Registered nurses are rostered to every shift. Management advised there are minimum qualifications and annual mandatory training for staff to complete. Not all staff have completed their mandatory training due to pandemic restrictions. Staff confirm they have access to training.

Management advised that through the recruitment process, staff’s qualifications are checked prior to employment. All new staff serve a probationary period where their competency is reviewed and again reviewed through performance management. Management and staff interviewed explained how the performance appraisal is applied at the service.

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.*

The Assessment Team recommended the service as non-compliant in this requirement and included evidence that:

* Consumers and representatives provided feedback about delays in response to requests for assistance, access to activity staff, and that staff are constantly rushing.
* Roster documentation and staff interviews indicate the service is not always in the position to fill unplanned leave shifts or staff work extended hours to fill in for these situations.
* Casual care staff or staff on light duties are currently used to fill the vacated lifestyle position.
* Management highlighted the challenges posed by public health directives where staff were required to work at single services and the impact of the pandemic on recruitment. A continuous improvement initiative in relation to staffing is in progress.

The provider’s response included:

* The staffing roster and staff allocations for the last two weeks of November 2020.
* Analysis of call bell response for the two months preceding the audit, showing low levels of responses longer than the benchmark. The response states staff are counselled where required and as a quality improvement a staff member is now assigned to answer call bells during each handover.
* Information on level of clinical incidents and complaints during roster period as reviewed by the Assessment Team.
* A lifestyle staff, recruited to replace the position vacated in August 2020, commences mid-January 2021.

In weighing up the available evidence, I have considered the consumer and representative comments along with the roster, staffing skills mix and call bell evidence from the approved provider. I have taken into consideration actions taken by the service in response to planned leave and temporarily filling the lifestyle role during pandemic conditions, and that management had already implemented a continuous improvement process in this area. I note from the Assessment Team’s report and recommendations the service’s workforce circumstances has not impacted personal and clinical care or on services and supports for daily living, apart from leisure activities. Thus, I find, on balance, the service is Complaint 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.*

The Assessment Team recommended the service as non-compliant in this requirement and included evidence that:

* not all staff have not completed required mandatory training over the last year, including manual handling
* temporary staff filling the vacant leisure and lifestyle position are not trained to develop and review lifestyle plans and activity calendars.

The approved provider’s response provided additional information relating to the evidence including circumstances in 2020 limiting onsite training and recruitment of a replacement lifestyle staff, the mandatory training monitoring tool, and, the profile and experience of the staff filling the lifestyle role.

Taking this information into account, on balance I find the service is compliant with this requirement.

### 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 the organisation is well run and they can partner in improving the delivery of care and services. For example:

Consumers and representatives interviewed confirmed that the service is well run.

Consumers and representatives provided examples of how they are involved in consumer development, delivery and evaluation of care and services through the monthly resident of the day process, resident and relative meetings and being comfortable to provide feedback.

The service’s organisation governance system is managed and implemented at an organisation level. Assessment of the service demonstrated how this system works and how the Board are involved in the implementation of care across the organisation and across specific services. Management demonstrated understanding and knowledge of the organisations governance system.

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.*

### 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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.