Calvary Haydon Retirement Community

Performance Report

2 Jaeger Circuit   
BRUCE ACT 2617  
Phone number: 02 6264 7402

**Commission ID:** 2930

**Provider name:** Calvary Retirement Communities Limited

**Site Audit date:** 13 April 2021 to 15 April 2021

**Date of Performance Report:** 24 May 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | 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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-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 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 19 May 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

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 and representatives interviewed by the Assessment Team considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers interviewed confirmed their care is culturally safe and felt they are supported to form and maintain relationships with others. Consumers felt that their privacy is respected, and their information is kept confidential. Consumers confirmed they are able to make choices and that they are provided with adequate information to make informed choices.

Care planning documents reviewed by the Assessment Team reflected consumer’s individual backgrounds and things that were important to them. The Assessment Team observed staff practices that were respectful of consumers, including of their personal privacy.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Most consumers and representatives interviewed by the Assessment Team said they were satisfied in relation to the ongoing assessment and planning of consumer care and services. However, consumers and representatives interviewed said they were not provided a copy of the consumer’s care plan following case conferences or care reviews. Staff interviews confirmed that they do not always provide or ask the consumers or representatives if they wanted a copy of the care plan at the completion of the case conferences or care reviews.

Consumers and representatives interviewed reported the care and services of consumers are reviewed when a change in condition occurs. All care and service plans reviewed by the Assessment Team had been regularly evaluated by the registered nurse, however consumers and representatives were not always notified of changes in the care plan.

Care planning documents reviewed by the Assessment Team include documented goals and preferences which refer to the current needs described in care domains for the consumers sampled. The service demonstrated a process for assessment and planning for consumers, including the consideration of risks and the completion of the care plan. The service demonstrated it seeks input from various health professionals to ensure the consumer receives comprehensive assessment of their needs.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found that for sampled consumers, assessment and planning included organisations and providers of other care and services that are involved in the care of the consumer. However, consumers and representatives interviewed by the Assessment Team were not aware of the service’s process for case conferences or how they are involved in the development of care and services. Three consumers said they were not involved in the review of their care and services and had not been offered a copy of their care plan.

In their response, the approved provider demonstrated processes were in place at the time of the site audit to involve consumers and representatives in the assessment, planning and review of care and services. For the consumers identified in the Assessment Team’s report, the approved provider demonstrated the consumer had been consulted in the assessment and planning of their care and services.

While some consumers interviewed said they had not been offered a copy of their care plan, I have considered this in my assessment of Standard 2 Requirement 2(3)(d). Overall, the service had processes in place at the time of the site audit to include consumers and others they wish to be involved, in care assessment and planning.

I find this requirement is Compliant.

### Requirement 2(3)(d) Non-compliant

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

The Assessment Team found that the outcomes of assessment and care planning are documented in a care plan which is readily available where care and services are provided. However, consumers and representatives interviewed by the Assessment Team were not aware of the service’s regular care plan review process or that they could request a copy of their care plan. Three consumers interviewed said they had not been offered a copy of their care plan. Interviews with staff confirmed that consumers are not always offered a copy of their care plan after care and services are reviewed.

In their response, the approved provider identifies that the procedures for care plan reviews and case conferences is that a care plan is to be offered to the consumer and/or representative. However, this does not demonstrate that this occurred for the consumers identified in the Assessment Team’s report. The approved provider demonstrated that since the site audit, their care plan review forms have been updated to record whether a copy of the care plan was offered to the consumer or representative.

The service did not demonstrate at the time of the site audit that care plans were readily available to all consumers and/or representatives on their behalf.

I find this requirement is Non-compliant.

### 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-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.

Most consumers and representatives interviewed by the Assessment Team considered that the consumer receives personal care and clinical care that is safe and right for them.

Consumer care documents reviewed by the Assessment Team demonstrated the effective management of high impact and high prevalence risks including behaviour management, risk of falls, and constipation. The service collects, trends and analyses clinical monthly medication incidents, falls, unplanned weight loss, pressure injuries and infections. The Assessment Team found that for consumers sampled, pain and wounds were effectively assessed, managed and reviewed.

Documents reviewed by the Assessment Team shows appropriate end of life care is provided to consumers at the service, with comfort maximised and dignity preserved. For consumers sampled, the Assessment Team found the service is identifying the deterioration or change in condition with appropriate response and escalation in a timely manner. For sampled consumers, timely referral to other providers of care and services was evidenced in the care documents reviewed.

The service demonstrated ongoing implementation, monitoring and review of strategies to minimise infection related risks at the service. The service uses standard and transmission-based precautions to prevent and control infection and demonstrated safe antibiotic use.

However, the Assessment Team found that consent processes for environmental and chemical restraint at the service were not consistently best practice or in line with the organisation’s policies.

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 found that most consumers get personal and clinical care that is tailored to their needs and optimises their health and well-being. This includes in relation to skin integrity, wound management and pain management. However, the Assessment Team found that restraint processes at the service were not consistently best practice or in line with the organisation’s policies. The service did not consistently identify environmental or chemical restraint in line with the organisation’s policy and chemical restraint consent procedures were not followed for all sampled consumers.

In their response, the approved provider acknowledges some gaps in the management of environmental restraint and has implemented continuous improvement actions to address these gaps. This includes informed consent processes and new automatic door security systems.

The approved provider’s response demonstrates that for most of the consumers identified in the Assessment Team’s report, the consumer and/or representative were made aware of the restraint during the care planning process. The approved provider’s response demonstrates that since the site audit, chemical restraint consent forms have been signed by consumers and/or representatives on their behalf if appropriate.

While I accept the service worked quickly to rectify the gaps identified by the Assessment Team, at the time of the site audit, restraint processes were not in line with the organisation’s policies or best practice. The service requires time to ensure implemented processes and continuous improvement actions are effective.

I find this requirement is Non-compliant.

### 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 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 interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. All consumers interviewed reported that they were able to have family members and friends visit and can attend social activities outside the service.

Consumers interviewed reported that overall the food at the service was good. Some concerns were raised about serving sizes being too large, however this is being addressed by the service.

Staff interviewed by the Assessment Team could demonstrate their knowledge of the needs and preferences of consumers regarding services and supports. For newer staff interviewed, they could demonstrate how they would access consumer information.

Care plans for activities and lifestyle reviewed by the Assessment Team reflected the needs, goals and preferences of the consumer. The service demonstrated that spiritual and emotional care was being delivered and external services were used if required.

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 NON-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 interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed spoke positively about the service environment saying they are able to move freely within the service environment and it was clean and well maintained.

The Assessment Team observed communal spaces for socialisation and lounge areas for consumers to spend time with visitors throughout the service. The service had a foyer and café area with large doors leading onto external gardens. The Assessment Team observed consumer artworks hung on the walls, and tactile hangings were hung in the memory support units. The service had well maintained gardens and enclosed courtyards.

However, on one day of the site audit the courtyard used by the memory support unit had been locked so consumers were unable to go outside. The Assessment team observed some equipment such as lifters and wheelchairs stored in the corridor.

The Assessment Team identified a consumer’s call bell was not working. As a result, during the site audit the service conducted an audit of all call bells which identified an additional six call bells were not working. The service advised that the call bell maintenance schedule has now been amended from yearly to monthly services to ensure equipment is working as required and well maintained.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements has been assessed as Non-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) Non-compliant

*The service environment:*

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

Most consumers interviewed by the Assessment Team said the service environment is safe, clean and well maintained. The Assessment Team observed the service environment to generally be safe and clean. However, on one day of the site audit the courtyard used by the memory support unit had been locked so consumers were unable to go outside. The Assessment team observed some equipment such as lifters and wheelchairs stored in the corridor and chairs in one consumer sitting room were obstructed by lifters and a cleaning trolley. The Assessment Team observed a light on the roof was missing the cover.

In their response, the approved provider acknowledged that the doors to the outdoor courtyard were locked by mistake and have implemented continuous improvement actions to address this including new automatic door security systems and staff monitoring. In their response, the approved provider acknowledged some lifters and trolleys were stored incorrectly in consumer sitting areas. The service has undertaken staff training to ensure equipment is stored correctly and implemented regular monitoring and auditing of staff practices regarding this.

Regarding the light missing the cover, the approved provider’s response demonstrated this had been reported per the service’s procedures prior to the site audit and was fixed during the site audit.

While I accept that the service has rectified some of the issues raised by the Assessment Team, the service needs time to implement more proactive and preventative processes to identify and action risks to the safety, cleanliness and maintenance of the service environment. This includes ensuring the service environment is comfortable and enables consumers to move freely, both indoors and outdoors.

I find this requirement is Non-compliant.

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

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

The Assessment Team observed furniture, fittings and equipment to be clean. The service demonstrated preventive and reactive maintenance and cleaning procedures were in place. Consumers interviewed by the Assessment Team were generally satisfied with the safety, cleanliness and maintenance of equipment. However, one consumer said their call bell may not be working as often he uses it however staff do not attend to him. As a result, during the site audit the service conducted an audit of all call bells which identified an additional six call bells were not working as required.

In their response, the approved provider clarified additional information regarding the malfunctioning call bells identified by the Assessment Team. The approved provider’s response identifies that all call bells were functioning and able to call staff at the time of the site audit. The call bells identified in the Assessment Team’s report as malfunctioning did not have an additional feature to alarm when the pendant is unplugged. This additional feature has since been programmed onto all call bells. The approved provider’s response identifies that the call bell maintenance schedule has been amended from yearly to monthly services to ensure equipment is working as required and well maintained.

While there were some issues identified by the Assessment Team with some of the call bells at the service, I accept that at the time of the site audit the call bells were functioning and consumers were able to use them to call staff. Overall, the service demonstrated furniture, fittings and equipment is safe, clean, well maintained and suitable.

I find this requirement is Compliant.

# 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, consumers and representatives interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers confirmed that changes have been made at the service in response to complaints and feedback.

Some consumers interviewed were unaware of advocacy services they could access. However, the service demonstrated that it provides information to consumers about different advocacy and interpreter services, and external complaint mechanisms.

The Assessment Team reviewed documentation such as complaint logs and minutes of consumer meetings that showed consumer feedback and complaints are documented, analysed and resolved. The service has a policy for open disclosure and staff understood how what open disclosure means and how it relates to complaint management.

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-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall, consumers and representatives interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable and capable. Most consumers and representatives interviewed said staff are kind, caring and respectful of their identity, culture and diversity. This was also observed by the Assessment Team throughout the site audit.

However, feedback from consumers, representatives and staff consistently said there was not enough staff at the service. Several consumers interviewed by the Assessment Team said they have to wait up to 30 minutes for staff to attend to them after using their call bell.

The Assessment Team found that staff training and education is conducted regularly, and the service has processes for identifying staff training needs and incorporating these into the training schedule. Documents reviewed by the Assessment Team show that all mandatory training has been undertaken and that staff are qualified for their relevant roles. The service demonstrated that assessment, monitoring and review of each member of the workforce is undertaken regularly.

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

Most consumers and representatives interviewed by the Assessment Team said there was not enough staff at the service to enable the delivery and management of safe and quality care and services. Several consumers interviewed by the Assessment Team said they have to wait up to 30 minutes for staff to attend to them after using their call bell. One consumer said she is unable to have a shower in the morning in accordance with her preference as there is not sufficient staff, and one consumer said she was left on the toilet for 30 minutes before staff came to assist her.

The Assessment Team reviewed call bell response data which identified long wait times that exceeds the service’s expectations in the week prior to the site audit. Staff interviewed by the Assessment Team said the number of staff impacts on their ability to provide personal care to consumers and ensure medication is given on time. Management advised the Assessment Team that additional short shifts have been introduced recently to improve the number and mix of members of the workforce deployed.

In their response, the approved provider demonstrated that issues with the number and mix of members of the workforce deployed was identified by the service prior to the site audit. As a result, a number of continuous improvement actions have been implemented included a revised staffing profile and roster. As a result of these recent improvements, the approved provider advised that the service has received positive feedback from consumers and representatives.

I accept the service had identified issues with the number and mix of members of the workforce deployed prior to the site audit and had commenced actions to address this. I acknowledge the recent positive feedback regarding improvements in staffing noted in both the Assessment Team’s report and the approved provider’s response. However, at the time of the site audit, consumer and representative feedback and call bell response data still indicated some issues with staffing at the service enabling the delivery and management of safe and quality care and services. The service needs time to demonstrate and evaluate the effectiveness of the implemented improvements to meet this requirement.

I find this requirement is Non-compliant.

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

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

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

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

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

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

### Requirement 7(3)(e) 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, consumers and representatives interviewed by the Assessment Team said the service is well run and mentioned the good work that the management team are doing. The service was able to demonstrate that consumers are engaged in the design and delivery of care and services, both at the service level and at the organisational level.

The Assessment Team found that the organisation provides oversight across a range of management systems as part of the organisational governance program. The service has governance systems, a risk management framework and clinical governance framework for the delivery of safe and quality care and services.

Information provided by senior management demonstrated the governing body promotes or is accountable for a culture of safe, inclusive and quality care and services. This includes undertaking a range of quality activities to monitor the service’s performance. The service demonstrated there are key performance indicators relating to the care of consumers, with data being collated, analysed and actioned. The quality system provides information to senior management across a range of clinical indicators which supports the development and implementation of strategies to minimise risks to consumers.

The Assessment Team found that the organisation has a documented clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. However, the Assessment Team identified gaps in the identification and consent processes of environmental and chemical restraint.

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.*

The organisation has a documented clinical governance framework and the Assessment Team found this is generally implemented effectively at the service. The service demonstrated implementation of the principles of antimicrobial stewardship and open disclosure in line with the service’s policies and procedures. However, the Assessment Team identified gaps in the identification and consent processes of environmental and chemical restraint.

In their response, the approved provider acknowledged the gaps in the environmental and chemical restraint processes and identifies the service worked quickly to rectify these issues. The approved provider’s response demonstrates that for most of the consumers identified in the Assessment Team’s report the consumer and/or representative were aware of the restraint, and the service is working to minimise the use of restraint.

While some gaps were identified by the Assessment Team in the identification and consent processes of environmental and chemical restraint, I have considered this in my assessment of Standard 3 Requirement 3(3)(a). Overall, the organisation has an effective clinical governance framework including antimicrobial stewardship, minimising the use of restraint and open disclosure.

I find this requirement is Compliant.

# Areas for improvement

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

### Requirement 2(3)(d)

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

The approved provider must demonstrate:

* 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/or representative on their behalf.
* The service follows the organisation’s procedures regarding assessment and planning and offering a copy of the care plan to consumers following case conferences.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 3(3)(a)

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

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

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Restraint processes, including regarding consent, are consistently best practice and in line with the organisation’s policies.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 5(3)(b)

*The service environment:*

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

The approved provider must demonstrate:

* The service environment is safe, clean, well maintained, comfortable, and enables consumers to move freely indoors and outdoors.
* The service has effective processes in place to identify and actions risks to the safety, cleanliness and maintenance of the service environment.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 7(3)(a)

*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 approved provider must demonstrate:

* The workforce deployed enables the delivery and management of safe and quality care and services.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.