Calvary St Catherine's Retirement Community

Performance Report

8-12 Coneybeer Street   
BERRI SA 5343  
Phone number: 08 8582 9911

**Commission ID:** 6840

**Provider name:** Calvary Retirement Communities Limited

**Site Audit date:** 7 January 2020 to 9 January 2020

# 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** | **Non-Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-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 30 January 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

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

The Assessment Team found consumers and representatives interviewed said 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. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are treated with respect and that they feel safe.
* they are encouraged to do things for themselves and that staff know what is important to them.
* their personal privacy is respected, and they provided examples such as doors closed when staff are attending to their personal hygiene.

Staff interviewed by the Assessment Team described how they support consumers to make choices about their care and services, such as assisting consumers with their hygiene needs when they preferred. They stated they support consumers to maintain relationships with those who are important to the consumer, such as assisting with phone conversations when asked to, and assisting consumers to visit their family outside the service.

Care plans viewed by the Assessment Team reflected what was important to the consumer. Care planning documentation viewed includes consumer preferences and staff have access to up to date information.

During the site audit the Assessment Team observed staff greeting consumers first when approaching them to provide care in their rooms, in common areas and in dining rooms at the service. Staff were also observed knocking on doors first, speaking respectfully and kindly to consumers, and using their names.

## The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure the service has a culture of inclusion and respect for consumers whereby consumers are respected and enabled to exercise choice and independence.

## 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

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

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

The Assessment Team found consumers and representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are involved in the consumer’s care planning.
* they are informed about the outcomes of assessment and planning and can have access to their care and service plans if they wish.
* are partners in their care and service.

The Assessment Team found the organisation was able to demonstrate effective assessment, planning and consultation processes for consumers in relation to identifying consumers’ needs, goals and preferences, and risks to consumers’ health and well-being. The organisation has policies and procedures to guide staff in assessment and planning processes.

Care planning documentation viewed by the Assessment Team identifies each consumer’s needs, goals and preferences and is reviewed when circumstances change to optimise care and service is safe and right for them.

Staff interviewed by the Assessment team described how they use assessment and planning to inform how they deliver safe and effective care, they provided examples of liaising with other health professionals to inform the delivery of safe and effective care and services.

Assessment team interviewed the clinical staff and described how they approach conversations with consumers and representative about end of life and advanced care planning. They provided examples of discussing this on admission, at care plan reviews or as required.

## The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning has a focus on optimising health and well-being in accordance with the consumers’ needs, goals and preferences.

## 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

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

The Assessment Team found consumers and representatives interviewed stated that the personal care and clinical care they receive is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* they get the care they need.
* they have access to a doctor or other health professionals when they need it.

The Assessment Team found the organisation has written guidance materials about best practice care delivery and these are regularly updated through the quality and clinical governance framework. The organisation has written procedures in relation to infection control and practices to reduce the risk of resistance to antibiotics. The organisation advised they have not had any infectious outbreaks in the past 12 months. The organisation has an annual vaccination program for consumers, staff and volunteers.

Staff interviewed by the Assessment Team were able to describe the individualised significant clinical or personal care risks for sampled consumers which was noted to be in line with the consumer’s care plan. The staff explained how they minimise infection related risks at the service. They provided examples such as hand hygiene, use of protective equipment and correct disposal of equipment, disinfecting working areas and wiping equipment once used.

The Assessment Team found the organisation has a multidisciplinary meeting every fortnight to discuss consumers who are high impact and high prevalence clinical and personal risk. Discussions include ensuring strategies in place are effective and if further referrals are needed.

## The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure the delivery of safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Minimisation of infection related risks through implementing:

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

# STANDARD 4 COMPLIANT Services and 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

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

The Assessment Team found all consumers and representatives interviewed said they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* they are supported by the service to do the things that they want to do, such as meet with friends, garden, paint, watch particular television shows, indulge in hobbies, and socialise with family or significant others.
* they are supported by the service to keep in touch with people who are important to them, including regular visits outside of the service for faith-based activities or other events. Consumers also stated that the service does encourage socialisation by family and the significant others of consumers.
* they liked the food, and that they always had choices about what to eat, and to some extent when they wanted to eat.One consumer said they had put on weight because the service has ‘good food’. No consumers sampled took issue with the food at the service, and consumers and representatives said that the food at the service was much better after a change in senior kitchen staff.
* satisfaction with the food choices available, how they provide feedback to staff about what they do and do not like, and what happens if they are hungry between meals.

The Assessment Team found the service could demonstrate how information regarding consumers’ condition, needs and preferences is communicated in a timely and appropriate way. Staff could give meaningful examples of how information about consumers is collected and shared, and demonstrated their knowledge of consumers’ individual needs and preferences in relation to activities, pastimes, and independence.

The Assessment Team found the service was able to demonstrate consumers and staff are supported by equipment which is safe, suitable, clean and well maintained by staff at the service and external contractors. Food services are monitored and meet legislative requirements. Consumer input into the menu is sought through various established mechanisms.

Care plans examined by the Assessment Team showed the service is capturing information pertinent to consumer goals, needs, preferences, likes, and dislikes, across various sections of the care plan summaries. This information includes details about what consumers like in relation to food, entertainment, personal care, hobbies, outdoor activities such as gardening, and religious observances.

## The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure the service provides safe and effective services and support for daily living to optimise the consumer’s impendence, health, well-being and quality of life.

## 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 services environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

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

The Assessment Team found consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they feel safe and that, although the service is not like their homes, they are comfortable in the service environment.
* they feel relatively at home, and they provided examples of how their visitors feel welcome, and what makes the service nice to live in.
* staff at the service are always polite to their family and significant others who enter the service.
* the service is regularly cleaned and well maintained.

The Assessment Team found the organisation regularly seeks feedback from consumers and staff in relation to how consumers are feeling at the service. The service reviews ‘Feedback Improvement Forms’ that are available throughout the facility and engages personally with consumers and their representatives to find out how best to attend to their needs and comfort.

The Assessment Team observed the environment to be welcoming and tidy with shared areas for consumers to engage in activities and socialise with family and significant others.

The Assessment Team observed navigational aids in the form of signs throughout the service, and some dementia enabling design features such as managed levels of stimulation, reduction of competing noises and minimal clutter in the service environment, some defined pathways, and the encouragement of consumers to have input into the environment and enhance their familiarity with the environment by personalising their rooms.

Staff interviewed by the Assessment Team described how they know the equipment used for moving and handling consumers is safe, and how regularly shared equipment used for moving and handling is cleaned

The Assessment Team found the organisation has monitoring processes in relation to Standard 5 to ensure the service provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5 Requirements

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

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

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

The service environment:

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team found consumers and representatives interviewed said they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are encouraged to discuss issues and concerns with managers on a ‘one on one’ basis, at resident meetings and via feedback forms.
* they feel safe raising issues and are confident managers respond appropriately.
* they made a complaint recently and the current manager has been working with them to resolve their concern.

The Assessment Team found the organisation provides consumers with complaints information in a variety of ways including brochures, pamphlets, handbooks and service agreements. A complaints register is maintained and monitored. There are currently not a lot of complaints, but the service intends to incorporate consumers’ survey feedback in the future. Recent complaints are mostly food related and there are currently no significant trends.

The Assessment Team viewed the organisation’s open disclosure policy and described their understanding and provided examples of this which confirmed they understood and applied it appropriately.

Staff interviews by the Assessment Team demonstrated knowledge of how to enable consumers and representatives to access feedback processes and advocacy services as needed. They also demonstrated how verbal feedback is communicated so management can address it.

The Assessment Team observed a variety of written materials on display, for example, internal and external complaints brochures, Aged Rights Advocacy pamphlets in various languages, the resident handbook and a flyer for accessing translation and language services. Suggestion boxes with feedback forms were observed throughout the facility.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service 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 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found consumers and representatives interviewed said they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* staff are kind and caring and know what they are doing.
* staff are available to meet their needs and they do not have to wait long for call bells to be responded to.
* there are enough staff available to meet their needs and their call bells are responded to in a timely manner.

The Assessment Team found the service demonstrated processes ensure the workforce is planned to ensure sufficient numbers and skill mix of staff is appropriate for the delivery of safe, respectful and quality care and services.

The Assessment Team viewed various staff documents (including the organisation’s mission, vision and values statements; the staff induction template which includes code of conduct and customer service training; and position descriptions) all reflecting Calvary’s requirement for staff to demonstrate empathy and respectful behaviours. A consumer survey viewed by the Assessment Team in August 2019 indicated consumers report staff know what they are doing ‘most of the time’ or ‘always’.

Staff interviewed by the Assessment Team said they receive regular training and feel competent and supported to perform their roles. Staff said they have enough time to provide care to consumers and are supported to attend education sessions. Education is provided to meet mandatory requirements as well as service needs. Staff confirmed they participate in annual performance appraisals.

The Assessment Team observed staff interactions to be kind, caring and respectful.

## The Assessment Team found the organisation has monitoring processes in relation to Standard 7 to ensure the service has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 NON-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

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

The Assessment Team recommended requirement (3) (d) in Standard 8 as not met. I have considered the Assessment Team’s findings, approved provider’s response and the totality of the evidence within the report to come to a view about compliance with the requirement and find it Non-Compliant. I have provided my reasons for my decision in the respective requirement in the body of the report.

The Assessment Team found consumers and representatives interviewed said the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* they thought that the service is well run.
* their involvement in the development, delivery and evaluation of care and services through attendance at ‘Resident’ meetings, participation on interview panels for recruitment of new staff members, and as consumer advisors.

The Assessment Team found the organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, and feedback and complaints. The service demonstrated they involve consumers and their representatives in the delivery and evaluation of care and services, providing examples of how consumers are supported on a day-to-day basis. The continuous improvement plan incorporates improvements across all the Aged care quality standards.

Staff interviewed by the Assessment Team understood the principles of anti-microbial stewardship and open disclosure. Staff could describe how they would respond to such incidents and management demonstrated appropriate systems in place to support staff.

The Assessment Team found the service was unable to demonstrate effective risk management systems and practices in relation to managing high impact of high prevalence risks, identify and responding to abuse and neglect of consumers and therefore did not report a consumer’s allegations of staff assaults in line with their responsibilities under the legislation.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensures the governing body is accountable for the delivery of safe and quality care and services.

## 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) Non-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.

The Assessment Team found the service was unable to demonstrate effective risk management systems and practices in relation to identify and responding to abuse and neglect of consumers and provided the following evidence relevant to my decision:

### The service did not report a consumer’s allegations of staff assaults in line with their responsibilities under the legislation.

### The organisation has a Reportable assaults policy and procedures to guide staff; however, this information was not effective in assisting staff to identify, escalate and report allegations of assault made by one consumer.

* A consumer accused staff of physical assault on five occasions and sexual assault on one occasion between 21 September to 13 November 2019, the incidents were documented by staff on the consumer’s Behaviour charts and were not escalated to management at the time of occurrence.
* Care staff were unaware of their requirement to immediately report the accusations of assault to their manager.
* Management were not fully aware of their responsibility to report the allegations to the Police and the Department of Health within 24 hours. Management reported the incidents to the police on 22 November 2019 and to the Commission on 9 January 2020.

### Staff training records viewed show seven staff had not yet completed mandatory training in relation to Identifying and responding to abuse in the last 12 months.

The approved provider has acknowledged the service has breached their legislative requirement under the legislation. However, the approved provider indicated that the Assessment Team viewed the service’s mandatory reporting register that demonstrate 30 incidents were reported in line with the legislation and with service organisation’s policies and procedures. Even though not all staff have undertaken mandatory training they understand their responsibility to immediately report any allegation or suspicion of assault. The service has a policy in place to meet their obligations in managing allegation of assault, the service acknowledged that discretion not to report was incorrectly applied in the incidents.

The approved provider’s response includes the following actions:

* All allegations were reported during the site audit and have been included in the mandatory reporting register for the service.
* The incidents have been reviewed with all the staff involved in the alleged incidents interviewed individually.
* All staff have completed the mandatory online training. Eight of 14 Registered and enrolled nurses have completed additional mandatory competency assessment and the remaining six clinical staff will have completed by 5 February 2020.
* All staff meeting one-to-one with site manager to discuss Mandatory Reporting Requirements; at present 35 staff have completed the training, remainder to be completed by 5 February 2020.
* Staff requirements under the aged care act have been provided to all staff via email.
* Calvary St Catherine’s senior leadership team have reviewed the mandatory reporting policy and procedure.
* Mandatory reporting has been discussed at all staff review meetings.
* Mandatory Reporting is now a standing agenda item for the staff meeting.
* The new mandatory reporting flowchart has been sent to all staff and has been put up around the facility.

While I acknowledge the approved provider’s proactive actions to address the Assessment Team’s findings, I find that at the time of the Reaccreditation audit this requirement was Non-compliant.

For the reasons detailed above, I find that the approved provider is Non-compliant with the requirement. The organisation’s system did not effectively identify and respond to the alleged abuse and staff did not escalate the allegation to management in a timely manner. The Service did not report the alleged abuse to the Department of Health until the Assessment Team informed the management team on 9 January 2020.

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

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

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

# Areas for improvement

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

**Requirement 8(3)(d)**

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.

Develop a process to ensure all staff understand their roles and responsibilities for

preventing and reporting abuse.