Cameron Park Care Community

Performance Report

60 Northlakes Dr   
CAMERON PARK NSW 2285  
Phone number: 02 4944 1300

**Commission ID:** 0895

**Provider name:** DPG Services Pty Ltd

**Site Audit date:** 27 January 2021 to 1 February 2021

**Date of Performance Report:** 30 March 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** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the 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 23 February 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 most sampled consumers considered 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 and representatives confirmed staff make them feel respected by treating them kindly and always attending to their care promptly. Consumers said staff always close the door prior or utilise the privacy curtains in the shared rooms to assist consumers with their personal hygiene requirements or activities of daily living. Consumers and representatives interviewed confirmed they are encouraged to do things for themselves saying they have a choice in what they do every day and staff know them well and know what is important to them.

Observations by the Assessment Team were that confidential information is returned to secure areas after use, staff do not speak about consumer’s confidential information in public spaces and computers in the nurse’s stations were logged off when not in use.

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.

Most sampled consumers and representatives considered they feel like partners in the ongoing assessment and planning of their care and services. Most consumers said they have no concerns about their plan for care and are happy with the assessment and delivery of their care and services. Consumers and representatives sampled said staff discussed risks associated with their personal and clinical needs and preferences when they are admitted to the service.

Care documents demonstrated assessment and planning that considered risks to the consumers health and well-being to inform the delivery of effective care and services, and demonstrated care and services are reviewed regularly and when needs change.

The Assessment Team found that over half of the consumers at the service had no advanced care planning documented in the event of a deterioration in the consumer’s condition.

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.*

The Assessment Team found that advanced care planning or end of life planning had not been documented for 69 consumers. Some consumers interviewed could not recall having discussed advanced care planning with the service.

In their response, the approved provider acknowledged advanced care and end of life planning was not documented for all consumers, as this planning occurs when the consumers wishes. The approved provider gave evidence to show that during the service’s admissions pathway a conversation is held with consumers and representatives about advance care and end of life planning and written documentation is provided. There are opportunities for further ongoing discussions about end of life planning and the service is guided by consumers and/or representatives’ preference and choice of when they believe it is appropriate to do this planning.

While not all consumers have an advanced care plan or end of life planning completed, the approved provider was able to demonstrate advance care planning and end of life planning is offered to all consumers at the service.

I find this requirement is Compliant.

### 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.

Most sampled consumers and representatives consider they receive personal care and clinical care that is safe and right for them, and said staff were kind and caring. Most consumers and representatives interviewed said they were satisfied with how staff responded when they were unwell and the timely treatment they received. Consumers sampled were satisfied with the steps the service had taken in relation to the prevention of possible COVID-19 infection transmission.

A review of care planning documentation demonstrated that staff monitor and recognise deterioration in sampled consumers cognitive and physical condition and respond in an appropriate and timely manner, and clinical and personal care referrals are made in an appropriate and timely manner. Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation in assessments, care plans and progress notes. This is shared with other practitioners where responsibility for care is shared.

The Assessment Team found gaps in the monitoring of challenging behaviours, pain, and for possible side effects following the cessation of psychotropic medication. However, the service was able to demonstrate that generally, consumers receive safe and effective clinical and personal care.

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.*

The Assessment Team found that wound measurements were not consistently documented for consumers with pressure injuries. Care documents reviewed demonstrated that behaviour management interventions were not consistently evaluated for effectiveness and pain monitoring was not always completed as recommended by clinical staff and specialised services. While the service demonstrated evidence of reducing the use of psychotropic medications, documentation reviewed by the Assessment Team did not support that consumers were monitored for possible side effects of the cessation of the medication.

Regarding wound measurements for pressure injuries, in their response the approved provider identified that for each of the wounds there is regular wound photography with a wound ruler in place to allow for measurement of the wounds.

The approved provider demonstrated that for consumers in the Assessment Team’s report, they had regular consultation and review with their medical officer and other allied health such as the geriatrician for behaviour management and pain management. The approved provider demonstrated that pain is generally assessed to determine if it is a trigger for challenging behaviours. While the evaluation of behaviour management interventions are not consistently documented, the approved provider’s response demonstrates ongoing review by specialist services to identify strategies and manage behaviour.

The approved provider’s response demonstrated regular review by the consumer’s medical officer when ceasing psychotropic medication. While the approved provider’s response did not demonstrate specific documentation or monitoring of the possible effects of cessation of psychotropic medication, it was identified that one of the consumers was on a gradual tapering regime as recommended by the geriatrician. The response demonstrated other consumers had reviews to their care plans and behaviour plans following the cessation of the medication.

The approved provider demonstrated that generally, consumers receive safe and effective clinical and personal care.

I find this requirement is Compliant.

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

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

The Assessment Team found that the service did not provide effective management of high impact or high prevalence risks associated with the care of each consumer including behaviour management, falls, cessation of psychotropic medication and the risk of possible COVID-19 transmission.

The approved provider’s response demonstrates that the risk of falls was generally managed appropriately for a consumer identified in the Assessment Team’s report. The response identifies the service had a large number of interventions in place to manage the risk of falling at the time of the site audit. The approved provider’s response demonstrates the service is appropriately managing the risk of developing pressure injuries for a consumer identified in the Assessment Team’s report.

While the service did not correctly identify a consumer, who was waiting for results of a COVID-19 swab, I have considered this in my assessment of Standard 3, Requirement 3(g).

In their response, the approved provider was able to identify processes and systems in place at the time of the site audit to identify and communicate information about consumers with high impact or high prevalent risks. The response included clinical indicator data used to identify and manage the high impact/high prevalent risks across the service.

I find this requirement is Compliant.

### 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.*

The Assessment Team found the service did not minimise infection related risks to prevent and control potential infection. The service was unaware that a consumer was awaiting COVID-19 test results at the commencement of the site audit.

Evidence in the approved provider’s response demonstrates that most of the time, the service implements appropriate standard and transmission based precautions to prevent and control infection. The approved provider did not dispute that the incorrect information regarding precautionary tests for COVID-19 was supplied to the Assessment Team on entry to the service. The consumer was however isolated in their room with infection control precautionary measure in effect.

While there was a communication breakdown between shifts where not all staff were aware a COVID-19 swab had occurred, the service had implemented the required infection control measures, and this did not demonstrate systemic issues with the service’s infection control precautions.

I find this requirement is Compliant.

# STANDARD 4 NON-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.

Most consumers interviewed confirmed they are generally supported by the service to do the things they like to do. However, most representatives of the consumers in the memory support unit did not feel staff demonstrate an understanding of how to engage with the consumers in ways that are meaningful to them. One representative said they need things to stimulate their minds and keep them busy.

Consumers interviewed confirmed that they are supported to keep in touch with people who are important to them. Feedback from consumers interviewed included meals provided are of a suitable quality, variety, and quantity and are provided in a safe environment. Consumers are able to give feedback about the quality of the food.

The service has demonstrated they are providing sufficient religious or spiritual services for consumers. However, care documents reviewed demonstrated that consumer’s goals do not always reflect the consumer’s personal preferences, and in most cases, they are written generically.

Care staff interviewed by the Assessment Team were not aware of consumer’s leisure and lifestyle profiles in their care plan and said they have never really looked at consumer care plans. Staff in the memory support unit said they don’t have time to engage with consumers on a meaningful level or do things of interest to them, apart from attending to their care needs.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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 found that representatives of consumers from the memory support unit said when they visit their relative there is often no activities for consumers to do to optimise their independence, health, well-being and quality of life. They said care staff don’t seem to know how to engage with consumers other than to attend to their care needs. Throughout the site audit, the Assessment Team observed consumers in the memory support unit sitting in the lounge area or wandering the corridors with no engagement from staff.

Staff interviewed by the Assessment Team were not aware of consumer’s leisure and lifestyle profiles in their care plan and said they have never really looked at consumer care plans. Staff in the memory support unit said they don’t have time to engage with consumers on a meaningful level or do things of interest to them, apart from attending to their care needs.

In their response, the approved provider demonstrated that the service offers a number of activities for consumers to participate in, and care planning considers the activities consumers enjoy. The approved provider identifies that consumers and representatives have not previously approached management to express dissatisfaction with the activities. While I accept that consumers in the memory support unit are able to attend activities in the other units of the service, the approved provider’s response had no evidence as how to often this occurs or that meaningful engagement or activities of interest are regularly offered to consumers within the memory support unit.

In their response, the approved provider identified education had been provided to staff on how to support a meaningful life, and as part of their role, care staff are to support consumers with meaningful engagement throughout the day.

The approved provider does not accept the observations of the Assessment Team that consumers in the memory support unit were not engaged in meaningful services or supports. However, the feedback from representatives, observations of the Assessment Team and staff interviews demonstrates at the time of the site audit consumers were not engaged in services or supports to optimise their independence, health, well-being and quality of life.

I find this requirement is Non-compliant.

### 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 sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The service has a welcoming environment and consumers were observed by the Assessment Team to be moving around the service using a range of mobility assistive equipment, including wheelchairs and wheeled walkers. The service is clean and well maintained. Consumers were observed freely moving through the service, both indoors and outdoors.

The service has processes in place to ensure furniture, fittings and equipment are safe, clean and well maintained. This includes cleaning and maintenance schedules. Consumers said they felt their equipment was suitable for their needs. The furniture, fittings and equipment were generally observed by the Assessment Team to be clean, well maintained and used safely.

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 most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Most consumers stated that they had never had to make a complaint, but if they did, most knew how to, and were confident about approaching staff to do so.

Consumers were generally aware of feedback forms available to them at the service. Consumers interviewed were generally not aware of access to advocates, language services and other methods for raising and resolving complaints but felt confident that they could access this information through management and their representative.

The service has a documented complaints management process available to staff and management outlining responsibilities. This process included reference to the service’s open disclosure policy. The service has a compliments, complaints and feedback register which the service analyses data for any trends and uses complaints to improve the quality of care and services.

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.

Some sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers and representatives confirmed that staff are kind and caring towards them. All consumers interviewed said they believe staff are well trained and don’t consider that they need further training in any areas. However, most consumers said staff are constantly rushing to complete their work. Consumers also indicated the service are short of staff and staff are not replaced when sick. Feedback from consumers, representatives and staff indicates there is insufficient staff to meet consumer needs and provide quality care and engagement for consumers residing in the memory support unit.

While the service is yet to finalise 2020 performance reviews, they demonstrated systems to informally monitor staff work performance when they are on duty and use a variety of sources to assess and monitor staff performance. The service demonstrated staff are trained and supported when they start at the service.

Documentation and staff interviews indicate staff unplanned leave shifts were not replaced during the site audit. Throughout the site audit the Assessment Team observed limited consumer engagement and activities occurring for consumers residing in the memory support unit.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

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

The Assessment Team found that feedback from consumers and representatives interviewed was that the service has insufficient staff available to meet consumer needs. Most consumers said that staff are constantly rushing to complete their work, have little time to talk to them, and shifts are not replaced when staff have unplanned leave. Representatives of consumers residing in the memory support unit said the unit did not have sufficient staff to engage consumers in meaningful activities. Staff interviewed by the Assessment Team said it is difficult at times to get their work done as unplanned leave shifts are not consistently replaced and they often work short of staff. The Assessment Team reviewed staff rosters and allocation sheets which demonstrated that shift vacancies are not always filled. This included a number of lifestyle shifts and care staff shifts that were not filled over the last two months.

In their response, the approved provider identified that consumer and representative surveys delivered by the service generally report overall satisfaction with the service. The approved provider’s response, however, does not specifically address or refute the consumer and representative feedback provided to the Assessment Team during the site audit.

In their response, the approved provider identified processes the organisation has to manage leave including access to casual and agency staff and use of overtime. The approved provider identifies that on occasions, the decision is made that some roster shifts are not required or replaced, for various reasons such as occupancy and acuity needs, and some shifts may be partly covered by staff working extra hours. The approved provider’s response identifies that following the site audit, the service has increased the resourcing in the memory support unit for both care and lifestyle support.

The service did not demonstrate that at the time of the site audit the staffing at the service was planned to enable the delivery and management of safe and quality care and services.

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 most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. The sampled consumers believe they receive care from caring and knowledgeable staff. Generally, consumers are satisfied their preferences and wishes are considered in their care delivery and are supported by staff to maintain independence for as long as possible.

Feedback from consumers is sought through regular ‘resident’ meetings, multiple surveys and information gathered from feedback forms. Consumers confirmed they are aware of how to provide feedback and that management address concerns in a timely manner.

Information systems are in place to communicate with the Board and receive information from the Board. The Board of directors and the CEO is supported by a management structure that facilitates governance at operational levels. Continuous improvement forms part of the organisation’s governance.

The service demonstrated it has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints, and identifying and responding to the abuse and neglect of consumers.

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

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 4(3)(a)

*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 Approved Provider must demonstrate that:

* 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.
* Consumers that live with dementia or cognitive decline are engaged in services and supports that optimise their well-being.
* Staff are aware of consumer’s needs, goals and preferences related to services and supports of daily living and know how to engage with them in these activities.

### 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 that:

* The staffing at the service enables the delivery and management of safe and quality care and services.
* The service has effective processes in place to manage staff leave, without compromising consumer care, services and engagement.