Carinya of Bicton

Performance Report

220 Preston Point Road   
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**Commission ID:** 7230

**Provider name:** Bansley Pty Ltd

**Site Audit date:** 10 March 2021 to 11 March 2021

**Date of Performance Report:** 11 June 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** | **Non-Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-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) | Non-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 26 March 2021
* referral information received by the Commission.

# 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

Overall sampled consumers considered they were treated with dignity and respect, could maintain their identity and live the life they choose. Consumers said they were listened to by staff and could make decisions about their life, even when it involved an element of risk. Consumers stated they felt connected with their friends at the service and were supported to be independent as well as maintain relationships of importance to them.

Staff were familiar with consumers’ likes and preferences and described the ways they respected the different cultural needs of consumers including consideration of language and communication needs.

There were policies and procedures for staff to follow in the event a consumer would like to take risks and staff had received training in these policies. Staff provided examples of how consumers were supported to take risks and staff were observed to interact with consumers in a respectful manner.

Care files sampled showed consumers’ choices and preferences including cultural considerations were documented and communicated to staff who deliver care and services.

The service had implemented practices to ensure the secure storage of confidential information.

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

Overall sampled consumers considered they felt like partners in the ongoing assessment and planning of their care and services. Consumers were satisfied the care and services they received were individualised and reflected their goals and preferences. Representatives said they were informed of outcomes of assessment and planning and were invited to meet with the service annually and as needed. Consumers and representatives said they had access to care plans whenever they requested them.

The service engaged with consumers to develop advance care plans on entry if consumer and/or their representative wished to complete this or as conditions changed.

Clinical staff described the assessment and care planning process and how they use the information gathered to determine the consumer’s daily care needs and preferences. Staff were encouraged to involve consumers in making decisions about care and services. Where consumers were unable to provide input, the service showed it had sought engagement from representatives in the process.

Assessments and care plans sampled were generally found to be comprehensive and included consumers’ care and service preferences as well as information gathered from a variety of sources. Identified care needs were generally transferred to a care plan, including any identified risk.

There were policies and procedures to support staff in undertaking assessment and planning and generally processes for the regular review of care and services including in response to changes. The Assessment Team identified some inconsistencies in the review of strategies following incidents of physical aggression. The service had commenced action to address this and I have considered this information in relation to Standard 3 Requirement 3(3)(b) and Standard 8 Requirement 8(3)(c).

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

### Requirement 2(3)(d) Compliant

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

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 NON-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

Overall sampled consumers considered they received personal care and clinical care that is safe and right for them. Consumers stated the personal and clinical care they received supported their health and well-being and was tailored to their needs, goals and preferences. Representatives confirmed regular consultation regarding any incidents, they were satisfied with care provided, prevention strategies were discussed and confirmed strategies in place to ensure the consumer’s ongoing safety.

The service was able to demonstrate that the needs, goals and preferences of consumers nearing the end of life were recognised and addressed, their comfort maximised, and their dignity preserved. A review of documentation and feedback from representatives showed the service maximised the comfort and dignity of consumers nearing end of life.

Staff demonstrated knowledge of consumers’ needs and reported they were informed of changes to procedures and practices via the communication diary, handover and on the electronic care planning system.

Staff described how they monitored consumers’ health for changes and care documentation showed the service monitored and documented any changes and the response to those changes through handover and progress notes. Clinical staff interviewed were able to describe the service’s process for referring consumers to other health professionals.

A review of sampled consumers’ files including progress notes, referrals, consumers’ incident reports and care plans generally reflected individualised care that is safe, effective and tailored to the specific needs and preferences. However, the Assessment Team found the service did not effectively manage high impact risks relating to behaviour management.

The service was able to demonstrate it had implemented practices to reduce the risks of infection control through an antimicrobial stewardship policy, regular review of antibiotic prescriptions and use as well as the monitoring of staff practice in relation to infection control.

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) 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) Non-Compliant

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

The Assessment Team found the service was not able to demonstrate the effective management of high impact risks associated with each consumer specifically in relation to behaviour management and monitoring of a consumer at risk of falls.

Behaviour management

The Assessment Team identified between December 2020 to March 2021, there had been several incidents of aggression by a consumer (with a diagnosis of dementia), towards staff and other consumers. The majority of these incidents had been identified as occurring to one particular consumer, who was known to be a potential trigger for the other consumer’s aggressive behaviours.

In coming to a view about compliance, I have considered the Assessment Team’s report and the Approved Provider’s response. Although a range of interventions had been implemented by the service, which included additional staff, reviews by medical officers and specialists, implementation of lifestyle activities and regular consultation with the representative regarding strategies to support the consumer’s safety, the service did not adequately demonstrate strategies were consistently effective in managing the risk of aggression by this consumer. My reasons are outlined below:

In relation to the first consumer, I note:

* Behavioural strategies to manage the consumer’s behaviours were not always reviewed in a timely manner following incidents of physical aggression and when strategies had been documented as being ineffective. Further evidence considered under Standard 8 Requirement 8(3)(c) identified behaviour management strategies had not been consistently reviewed in a timely manner following 11 incidents.
* Between December 2020 and March 2021, there had been a total of 12 incidents of physical aggression by this consumer towards the other consumer. These incidents had resulted in the second consumer being hit or punched. While I note the number of physical incidents had initially declined (following December 2020), overall strategies implemented were not effective in managing the risk of aggression. The consumer had continued to be hit or punched over an extended period (four times between January and March 2021).
* During a three month period (December 2020 to February 2021) there was an upward trend in the number of behaviours recorded in behavioural charting for this consumer. In January 2021, the consumer was noted to be increasingly agitated by other consumers walking to close to them and in the following month there was a reported increase in inappropriate behaviours. While I acknowledge there had been a subsequent reduction in inappropriate behaviours following a medication review, the Assessment Team reported that a number of strategies implemented had been documented as ineffective and had not been reviewed.

In relation to the second consumer, I note:

* The service had identified this consumer to be a potential trigger due to their intrusive behaviours such as walking near or touching the other consumer’s belongings. Interventions implemented to manage behaviours included, half hourly observations, keeping both consumers separated and engaging the consumer in activities of interest. However, the Assessment Team identified these strategies were ineffective, as evidenced below:
  + The Assessment Team observed on multiple occasions, lifestyle interventions had limited effect in engaging the consumer, before continuing to walk along the corridors again.
  + Care staff interviewed indicated strategies to redirect or engage the consumer in activities was limited in their effectiveness. Staff reported incidents would occur as the consumer walked quickly and even though they would redirect, the consumer would still walk past and touch the other consumer’s walker.
* Both consumers’ behavioural care plans did not inform staff of the risk aggression.

The Approved Provider’s response disagreed with the Assessment Team’s findings and outlined the subsequent actions taken to improve its systems such as the implementation of a checklist to ensure all areas of behaviour management processes were completed for each incident and a staff reminder had occurred relating to behaviour management, escalation procedures and the new legislative reporting requirements. Its response also identified consumers’ care plans had since been updated to reflect the risk of aggression.

Although I acknowledged the Approved Provider’s response which outlined the ongoing assessments were being completed, including the three day behaviour and pain charting following these incidents, its response did not adequately address or demonstrate the effectiveness of strategies implemented.

Furthermore, I note following the site audit a new medical officer had been appointed and due the inability to manage the first consumer’s behaviour, they had been transferred to an external facility to enable further assessment and review. While I acknowledge the actions taken by the Approved Provider, at the time of the audit, the risk of aggression was still ongoing and strategies implemented were not always effective in managing these behaviours.

Falls management

In relation to a consumer, who was experiencing multiple falls, I note there had been three instances of falls occurring where the Assessment Team had noted gaps in half hourly observations being recorded. The Approved Provider acknowledged a lack of evidence that half hourly observations had been completed over a one week period. It reported it had reminded staff of the monitoring requirements and would remove sight observations for those consumers where this was no longer required.

While I am of the view that staff did not adhere to the service’s process for recording these observations, I also note that staff interviewed said they monitored the consumer every half hour. As I do not have any further information, I am not able to come to a view about these three specific incidents.

However, in considering other information about the consumer’s fall management, I am satisfied that the service had overall responded and managed the consumer’s falls, based on:

* Staff were knowledgeable of the consumer’s falls risk and prevention strategies.
* The consumer’s medication had been reviewed following an increase in falls and clinical staff reported a recent intervention implemented by a health professional, was effective in reducing the potential for further injuries.
* Documentation showed a range of medical and allied health professionals were involved in reviewing the consumer on a regular basis, including monitoring of their health and medical condition post fall.
* Care plans reflected strategies implemented by allied health specialists and evidence of discussion by allied health professionals for the ongoing management of the consumer.
* Feedback from their representative confirmed regular consultation regarding any incidents, prevention strategies were discussed and confirmed strategies in place to ensure the consumers’ ongoing safety.

Based on the information before me, the service was not able to demonstrate effective management of high impact risks in relation to the management of behaviours. Although improvements and actions were being implemented, the service will require a period of time to demonstrate its effectiveness. I therefore find the service Non-Compliant in this requirement.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Overall consumers sampled were satisfied with the services and supports they received for daily living and were able to undertake activities of interest to them. Consumers provided examples of how they were supported to keep connected with friendship groups within and outside of the service environment and were satisfied with the emotional and spiritual support provided by staff. Consumers also reported satisfaction with the provision of meals and the dining experience.

Staff described the ways they supported consumers to engage in services for daily living and including support for when consumers are feeling low. Staff were able to describe how they were made aware of any updates and changes in a consumer’s condition. Staff reported there was sufficient equipment to deliver the lifestyle program and observations showed consumers were generally engaged in small and larger group activities.

A review of care plans for sampled consumers showed they include information about what consumers liked to do, ways they participate in the community and the relationships they have made within the service. Care planning documents reflected the involvement of others in the provision of lifestyle supports including volunteers and allied health professionals as well as identified emotional and spiritual strategies.

Staff were knowledgeable of consumers’ likes and dislikes in relation to meals and documentation sampled identified consumers’ dietary requirements including allergies, were current and communicated to staff assisting with meals.

The service demonstrated that equipment provided is safe, suitable, clean and well maintained. Regular maintenance on equipment was undertaken to ensure safety when in use.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall sampled consumers were satisfied with the service environment reporting it was clean, safe and comfortable. Consumers said the service welcomed their family and friends and they were able to access the outdoor area when they wished to.

Observations showed the service environment was clean, welcoming and supported consumer interactions. Consumers were able to personalise their rooms and were observed to be freely accessing indoor and outdoor areas.

Management outlined the methods they seek feedback about the service environment and reported support from external specialists had been used to improve the identification of consumers’ rooms.

Care staff advised they undertake a check of equipment prior to use and observations of equipment and furnishings by the Assessment Team showed these to be well maintained and fit for purpose.

Maintenance documentation showed regular checks on equipment and furnishings was completed as part of monthly environmental audits and where issues were identified these were resolved in a timely manner.

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

Consumers and their representatives advised they were encouraged and supported by staff to provide feedback. They were satisfied the complaints process was effective in ensuring their concerns lead to improvements to services.

The service had multilingual staff and management advised they have access to other resources for consumers from a culturally and linguistically diverse background. Observations showed resources on internal and external complaint processes including advocacy systems were available within the service.

Management said they acknowledge all feedback including complaints and work with consumers to resolve the issues to their satisfaction. Documentation showed complaints were registered, actioned in timely manner and appropriate steps taken in response to feedback.

The service had an open disclosure and complaints policy that guided staff on management of complaints and directed actions with regard to open disclosure. Staff demonstrated awareness of what open disclosure meant and representatives confirmed the service applied an open disclosure process when things went wrong.

The service was able to demonstrate that feedback and complaints were reviewed and used 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 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

Overall sampled consumers considered they received quality care and services when they need them and from people who were knowledgeable, capable and caring. Consumers and their representatives considered the mix and number of staff was right in ensuring care and services provided met their needs, goals and preferences.

Staff felt supported and reported they had enough staff to undertake the roles allocated. Replacement of staff occurred through the use of internal or external staff and staff provided examples of where staffing hours had increased in response to a specific need.

The service generally demonstrated its workforce interactions with consumers were kind, caring and respectful of each consumer’s identity, culture and diversity. Observations showed staff interactions with consumers were kind and caring and staff described ways in which they valued consumers’ identity and culture.

The service demonstrated their recruitment and monitoring processes ensured their workforce was competent with the necessary qualifications and knowledge to effectively perform their roles. Policies and procedures showed the service had documented core capability and competencies expected for each role.

Staff were provided with training during the onboarding process and on an ongoing basis. The service’s training matrix showed all staff had completed and were up to date with mandatory training modules.

Staff performance was monitored through regular assessment, observations and feedback and as required, staff were performance managed to improve their practice.

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

## Assessment of Standard 7 Requirements

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

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

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

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

I note there had been a complaint by a consumer where an agency staff member had not been respectful in their interactions. The service had undertaken an investigation and provided feedback to the relevant service provider on the agency staff member’s performance.

Although this interaction was not appropriate, in coming to a view about compliance, I have considered consumers’ overall feedback, observations made by the Assessment Team and actions taken in response to the complaint.

Based on this information, I am satisfied that overall the service was able to demonstrate its workforce interactions with consumers were kind, caring and respectful and where this had not occurred followed up action had been undertaken.

### 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

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The service demonstrated that it engaged consumers in the development, delivery and evaluation of care and services. Consumers provided feedback they were included in developing their care and service plans.

Although there were organisational governance systems and processes in place, this system was not effective in ensuring compliance with relevant regulatory requirements. The service was unable to demonstrate it had consistently met required timeframes for ensuring strategies were put in place, when a discretion to not report an incident of physical aggression was applied.

The organisation had a clinical governance framework which included policies and procedures including antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff were knowledgeable of these policies and how they implement them into their daily work practices.

The organisation analysed clinical incidents, hazards and feedback from consumers, their families and staff on a regular basis to identify opportunities for improvement and these were tabled for discussion at the clinical governance committee meetings. Management confirmed the organisational governance team had oversight of all care and service delivery and met every six weeks to discuss the service’s performance.

The organisation generally had effective risk management systems in place. The Assessment Team however identified that high impact risks relating to the management of two consumers’ behaviour was not effective and reviews following incidents of physical aggression did not consistently occur within required timeframes. The Approved Provider’s response identified these matters were being addressed and I have considered this information in respects to Standard 3 Requirement 3(3)(b) and Standard 8 Requirement 8(3)(c).

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

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The service had organisational wide governance systems in place relating to information management, continuous improvement, financial and workforce governance and feedback and complaints. However, its regulatory compliance processes have not been consistently effective in ensuring relevant legislative requirements were met within required timeframes. In relation to:

#### Information management

* The service had an electronic case management system which restricted access based on staff roles.
* Staff were informed of any changes in consumers’ conditions and information about consumers’ needs, goals and preferences were communicated via care plans and other feedback mechanisms.

#### Continuous improvement

* Senior management reported opportunities for improvement were identified using various inputs including feedback directly from consumers and their representatives, audit and clinical indicators. Documentation showed improvements were identified and added to the continuous improvement plan.

#### Financial governance

* Management advised the service has a Financial Manager who works with the management team and provided updated reports on the financial performance of the service.
* The service had a capital budget for the purchasing of equipment required for care and service delivery and all acquisitions were managed through the financial team.

#### Workforce governance, including the assignment of clear responsibilities and accountabilities

* The organisation had systems for ensuring appropriately skilled and qualified staff were available.
* Recruitment, training and performance management processes were implemented to support the workforce in providing safe and quality care and services.

#### Feedback and complaints

* The service had an effective feedback system. Consumers were supported to provide feedback including complaints to the service in a variety of ways, and where a need arises, they have access to language and advocacy services.
* The service acted upon complaints in a timely manner using an open disclosure process as well as followed up on the complainant’s satisfaction with the outcome.

#### Regulatory compliance

Although the service has a process for identification of changes and updates to legislative requirements, the service had not adequately demonstrated that arrangements had been put in place for the management of behaviours within the required timeframes, when a discretion not to report was applied.

The Assessment Team noted multiple incidents (during December 2020 to March 2021) whereby the service had not demonstrated that when a discretion not to report was applied, that arrangements had been put in place to manage those behaviours within the specified timeframe.

The Approved Provider’s response disagreed with the Assessment Team’s findings and highlighted evidence considered by the Assessment Team in relation to Standard 3 Requirement 3(3)(b), that staff had undertaken behavioural and pain charting for three days following an incident of physical aggression. Its response also focused on outlining improvements taken to address these areas, which included the implementation of a behaviour checklist, staff reminded of the requirements for reporting, escalating a discretion not to report to relevant personnel and the completion of three day charting.

Although behaviour and pain charting was identified as being implemented following incidents of physical aggression for one consumer, I am not persuaded by the Approved Provider’s response that it had adequately demonstrated it had met its obligations (within the required 24 hour timeframe) in relation to the multiple incidents identified by the Assessment Team.

Furthermore, I note:

* When a discretionary report had been applied for another consumer, the service had not evidenced strategies put in place for the management of their behaviour following an incident in January 2021. During the visit this was confirmed by clinical staff and subsequently a behavioural assessment had been completed to inform strategies.
* The service had identified staff were not reviewing behaviour strategies in a timely manner and it had reminded staff at the December 2020 meeting. However, based on the above two consumers identified by the Assessment Team, there were a further four incidents between January to March 2021 where the service had not been able to demonstrate the effectiveness of its process to ensure compliance with relevant legislative requirements.
* Management at the time of the visit, acknowledged behaviour management strategies have not been reviewed in a timely manner each time (post incident), a discretion to not report was applied. As a result, they reported follow up with registered staff would occur.

In relation to a complaint made by a consumer about an agency staff member in early 2021, I find the interaction was not respectful or supported the consumer’s dignity. I have considered this information in relation to Standard 7 Requirement 7(3)(b) pertaining to workforce interactions. The service had completed an investigation and advised the incident had not been reported as it had not been identified as being of a sexual nature. I note the service had provided feedback to the external agency about the complaint and subsequent reporting to the Police and Commission had occurred at the time of the visit.

While I acknowledge the actions being implemented by the Approved Provider in relation to the timely review of consumers following a discretion not to report, I am not persuaded that there were effective processes in place to ensure compliance with this requirement. As the service is continuing to implement actions, it will require a period of time to demonstrate the effectiveness of these actions. Therefore, based on the information before me, I find this requirement as Non-Complaint.

### 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.

In relation to Standard 3 Requirement 3(3)(b)

* Ensure the effective management of high impact and high prevalence risks for each consumer.

In relation to Standard 8 Requirement 8(3)(c)

* Ensure effective organisational governance systems are in place, including relation to regulatory compliance.