Accreditation Decision

**Decision not to revoke accreditation following review audit**

**Reconsideration Decision to vary period of accreditation following review audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Churches of Christ Care Stanthorpe Aged Care Service |
| **RACS ID:** | 5644 |
| **Name of approved provider:** | Churches of Christ in Queensland |
| **Address details:**  | 9-15 Alice Street STANTHORPE QLD 4380 |
| **Date of review audit:** | 14 August 2019 to 18 August 2019 |

**Summary of decision**

**DECISION NOT TO REVOKE ACCREDITATION FOLLOWING REVIEW AUDIT**

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| --- | --- |
| **Decision made on:** | 27 September 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 77 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service after receiving a review audit report. |
| **Decision:** | Not to revoke the accreditation of the service under section 77 of the Rules.To vary the period of accreditation under section 77(4)(a) of the Rules. |
| **Varied period of accreditation:** | 27 September 2019 to 27 September 2020 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Not Met |
| Requirement 1(3)(a) |  Not Met |
| Requirement 1(3)(b) | Met  |
| Requirement 1(3)(c) | Not Met |
| Requirement 1(3)(d) | Met  |
| Requirement 1(3)(e) | Met  |
| Requirement 1(3)(f) | Met  |
| Standard 2 Ongoing assessment and planning with consumers | Not Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | Met  |
| Requirement 2(3)(c) | Not Met |
| Requirement 2(3)(d) | Not Met |
| Requirement 2(3)(e) | Met |
| Standard 3 Personal care and clinical care | Not Met |
| Requirement 3(3)(a) | Not Met |
| Requirement 3(3)(b) | Not Met |
| Requirement 3(3)(c) | Met  |
| Requirement 3(3)(d)  | Not Met |
| Requirement 3(3)(e) | Not Met |
| Requirement 3(3)(f) | Met  |
| Requirement 3(3)(g) | Met  |
| Standard 4 Services and supports for daily living | Not Met |
| Requirement 4(3)(a) | Met  |
| Requirement 4(3)(b) | Not Met |
| Requirement 4(3)(c) | Not Met |
| Requirement 4(3)(d) | Met  |
| Requirement 4(3)(e) | Met  |
| Requirement 4(3)(f) | Met  |
| Requirement 4(3)(g) | Met  |
| Standard 5 Organisation’s service environment | Met |
| Requirement 5(3)(a) | Met  |
| Requirement 5(3)(b) | Met |
| Requirement 5(3)(c) | Met  |
| Standard 6 Feedback and complaints | Not Met |
| Requirement 6(3)(a) | Met  |
| Requirement 6(3)(b) | Met |
| Requirement 6(3)(c) |  Not Met |
| Requirement 6(3)(d) |  Not Met |
| Standard 7 Human resources | Not Met |
| Requirement 7(3)(a) | Not Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Met  |
| Requirement 7(3)(d) | Met  |
| Requirement 7(3)(e) | Met  |
| Standard 8 Organisational governance | Not Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met  |
| Requirement 8(3)(c) | Not Met |
| Requirement 8(3)(d) | Not Met |
| Requirement 8(3)(e) | Not Met |
| **Timetable for making improvements:** | By 28 January 2020 |
| **Revised plan for continuous improvement due:** | By 12 October 2019 |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 80 of the Rules.**

**RECONSIDERATION DECISION TO VARY PERIOD OF ACCREDITATION FOLLOWING REVIEW AUDIT**

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| --- | --- |
| **Decision made on:** | 28 October 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to reconsider a reviewable decision under Part 7 of the Aged Care Quality and Safety Commission Rules 2018 (Rules). |
| **Decision:** | The delegate decided to affirm the decision made on 27 September 2019 to vary the period of accreditation to a period of one year. |
| **Further period of accreditation:** | 27 September 2019 to 27 September 2020 |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 104 of the Rules.**

Review Audit Performance
Assessment Report

The Commission makes the decision taking into account this Review Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Review Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Churches of Christ Care Stanthorpe Aged Care Service (the Service) conducted from 14 August 2019 to 18 August 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 18 |
| Consumer representatives | 14 |
| Management | 7 |
| Clinical staff  | 7 |
| Care staff  | 18 |
| Hospitality and environmental services staff | 7 |
| Lifestyle staff | 3 |
| External contractors | - |
| Visiting service providers such as allied health professionals | 1 |
| Other | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### 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.

#### Summary of Assessment of Standard 1:

The Assessment Team found the service has not met four of the six requirements under Standard 1.

Most consumers and representatives interviewed said the consumer is treated with dignity and respect with their identity, culture and diversity valued, but said this does not occur. The Assessment Team observed some kind, caring and respectful interactions between management/staff and consumers. However, other information gathered by the Assessment Team shows that some consumers are not treated with dignity and respect. Management has identified the need to improve staff’s understanding of consumers’ rights, including as the relate to dignity.

Consumers and representatives interviewed about culturally safe care and services agreed this is being provided at the service. Management and staff described processes for gathering information about, and meeting consumers’ needs and wishes, relating to cultural safety. While review of care and services records for most consumers demonstrated care and service provision is culturally safe, this was not demonstrated for one consumer.Management has identified the need to improve cultural safety at the service.

Some consumers and representatives interviewed said the consumer is supported to exercise choice and independence, however some said this does not occur. Staff interviewed understood the importance of enabling consumer choice and independence, and gave examples of how they do this. However, some practices do not support consumer choice. Management has identified the need to improve staff’s understanding of consumers’ rights, including as the relate to choice, and of supported decision making.

Consumers and representatives interviewed about positive risk taking said this occurs. Management and staff interviewed understood the importance of supporting consumers to take risks. They provided examples of doing so and review of those consumers’ care and service records confirms this happens. Management demonstrated monitoring and review of processes and practices to support consumers to take risks enabling them to live the best life they can.

Some consumers and representatives interviewed said they are provided with information that is easy to understand about what is happening at the service and enables them to exercise choice. Some representatives interviewed said there is good communication from management and staff about the consumer. Management and staff interviewed demonstrated an understanding of the importance of communicating with consumers and their representatives, and of providing them with current, accurate and timely information that is easy to understand and enables the consumer to exercise choice. However, some consumers and representatives provided feedback that they are not provided with information or that there are issues with the information provided to them. Monitoring and review processes have not identified this.

Consumers and representatives interviewed said the consumer’s privacy is respected and they believe the consumer’s personal information is kept confidential. Management and staff interviewed had an understanding of the importance of respecting consumers’ privacy and of protecting the confidentiality of consumers’ personal information. Access to consumers’ personal information is controlled and there are facilities for keeping it secure for confidentiality. However, staff were observed to enter consumers’ rooms without knocking or announcing themselves and the facilities provided were not consistently used to keep consumers’ personal information secure. Monitoring and review processes have not identified that consumers’ privacy is compromised in these ways.

#### Requirements:

Standard 1 Requirement 3(a) Not Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Not Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Not Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Not Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found the service has not met all five requirements under Standard 2.

Consumers and representatives interviewed described a lack of partnership in assessment and planning processes to help consumers to receive the care and services they need for their health and well-being. Consumers and representatives interviewed were not always satisfied with communication or involvement in case conferencing and not confident the workforce is aware of their goals and preferences.

The workforce did not consistently describe how consumers and others who contribute to the consumer’s care (including representatives, medical officers, allied health professionals and other specialised health professional) work together to deliver tailored care and service plans or monitor and review the plans as needed.

It was not demonstrated that initial or ongoing assessment and planning of care and services was in partnership with consumers to identify and meet their goals, needs and preferences. The service did not demonstrate assessment or planning process that focus on optimising the health and well-being of consumers in accordance with their needs, goals and preferences; or that is responsive to consumers’ changed health circumstances. The service did not demonstrate it seeks input from other professionals to ensure consumers receive the right care and services for them.

While audits are being undertaken regularly, it was not demonstrated that the information resulting from audits is used to implement improvements in care. It was not demonstrated that consumer feedback is considered to ensure consumers are satisfied with their involvement in assessment and planning.

#### Requirements:

Standard 2 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Not Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Not Met

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.

Standard 2 Requirement 3(d) Not Met

The organisation demonstrates that 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.

Standard 2 Requirement 3(e) Not Met

The organisation demonstrates that 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:Personal care and clinical care Not Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found the service has not met six of the seven requirements under Standard 3.

While most consumers and representatives interviewed were generally satisfied with the consumer’s care at the service, feedback from some consumers and representatives reflects that strategies are not always employed for the provision of safe and effective personal and clinical care.

The workforce did not demonstrate an understanding of the highest prevalence risks for different cohorts of consumers and did not demonstrate that consumer incidents are reviewed and the findings lead to changes in practice. The workforce did not demonstrate an understanding of precautions to prevent, control and manage infections specifically in urinary tract infection. While end of life care has been delivered to maximise consumers’ comfort and to preserve their dignity in accordance with their wishes, clinical policies and procedures for the provision of safe and effective personal and clinical care are not consistently followed by the workforce.

It was not demonstrated that:

* Personal and clinical care delivery is best practice, in accordance with the consumer’s needs, goals and preferences and to optimise the consumer’s health and well-being.
* High prevalence risks for different cohorts of consumers are identified and effectively managed.
* Changes or deterioration in a consumer’s condition is recognised and responded to in a timely manner, including referrals to appropriate individuals, other organisations and providers.
* Information is documented and shared within the service and with others outside the service.
* Work practices are effectively monitored or that opportunities are sought for continuing development to ensure consumers are satisfied with safe and effective personal and clinical care in accordance with their needs, goals and preferences.

#### Requirements:

Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Not Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Met

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

Standard 3 Requirement 3(d) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(e) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(f) Not Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Not Met

The organisation demonstrates 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:Services and supports for daily living Not Met

#### 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found the service has not met four of the seven requirements under Standard 4.

Most consumers interviewed expressed satisfaction with services and support for daily living. The living environment was safe, clean and well maintained and consumers felt safe and secure living in the service. Consumers and staff expressed satisfaction with the quality and maintenance of equipment provided.

Referral processes within the service and with others from outside of the service is effective. This is in relation to food services, domestic assistance (cleaning and laundry), and pastoral care.

However, it was not demonstrated that consumers’ needs and goals to optimise their independence, health, well-being and quality of life are being identified and met. There is a lack of services and supports for the emotional and psychological wellbeing of some consumers. Recreational and social activities do not meet the needs of some consumers.

#### Requirements:

Standard 4 Requirement 3(a) Not Met

The organisation demonstrates 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.

Standard 4 Requirement 3(b) Not Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Standard 4 Requirement 3(c) Not Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 4 Requirement 3(e) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Not Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5:Organisation’s service environment Met

#### 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.

#### Summary of Assessment of Standard 5:

The Assessment Team found the service has met all three requirements under Standard 5.

Consumers, representatives and staff provided positive feedback in relation to the service environment.

The service environment was observed to be welcoming, clean and the air temperature comfortable. There is ‘way finding’ signage throughout the service. Consumers are encouraged to personalise their rooms and they have access to comfortably furnished living areas. Consumers are able to move freely throughout the service, both indoors and outdoors.

Planned and unplanned maintenance processes are in place and staff demonstrated an understanding of how to report maintenance issues and hazards. Procedures are in place for ordering furniture to ensure it supports consumer comfort and independence.

#### Requirements:

Standard 5 Requirement 3(a) Met

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

Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

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

Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6:Feedback and complaints Not Met

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

#### Summary of Assessment of Standard 6:

The Assessment Team found the service has not met three of the four requirements under Standard 6.

Most consumers and representatives interviewed by the Assessment Team said they are encouraged and supported to provide feedback and make complaints. Staff interviewed said they would assist consumers to document their complaint and/or escalate their complaint to more senior personnel. However, it has not been demonstrated that management has an understanding of how to encourage and support consumers and representatives to make complaints. Therefore some action and inaction has meant consumers and representatives were not, and are not, encouraged and supported to make complaints. Some staff interviewed said they no longer raise concerns or complaints with management as in the past when they did so these were not resolved. Monitoring and review processes have not identified these gaps.

Consumers and representatives interviewed by the Assessment Team said they were aware of methods for raising and resolving complaints, and they recognised management has promoted these methods. Review of key documents, and observations made within the service environment, show methods for raising and resolving complaints are promoted to consumers and representatives. Management said they monitor and review that consumers are aware of, and have access to, methods for complaining by looking at data about complaints.

Some consumers and representatives interviewed who have provided feedback or made a complaint to the service said appropriate action was taken. However other consumers and representatives who have done so said their complaints have not been addressed. Some staff also said their complaints have not been addressed. Records of complaint handling do not show that all complaints are actioned, the actions evaluated for effectiveness, and the complainant is consulted regarding their satisfaction with the resolution. Through discussion with management about this it was found that management has not addressed some complaints, including complaints of a serious nature.

The organisation’s policies and procedures reflect that complaints are to be analysed for trends and used to improve the quality of care and services. However it was not demonstrated this consistently occurs at the service. The Assessment Team’s review of complaints shows there are trends in complaints. These have not been identified and actioned by management to bring about service improvement. This has not been identified through the service’s monitoring and review processes.

#### Requirements:

##### **Standard 6 Requirement 3(a) Not Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Not Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Not Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7:Human resources Not Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found the service has not met all five requirements under Standard 7.

Consumers and representatives generally provided positive feedback in relation to staff and the care they provided. However, some commented on staff being busy and rushing and some spoke about responses to consumers’ requests for assistance not being timely.

Workforce planning, including the numbers and mix of staff members, does not enable the delivery and management of safe and quality care and services. Some registered nurses and care staff said they are too busy to complete all of their duties, and said this impacts on the delivery of care to consumers.

The organisation has a formal recruitment, induction, training and performance management system, however this has not ensured staff at the service are competent, equipped and supported to effectively perform their roles. Staff interactions with consumers are not always kind, caring and respectful. Staff performance has not been monitored to identify this.

#### Requirements:

Standard 7 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 7 Requirement 3(b) Not Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Not Met

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

Standard 7 Requirement 3(d) Not Met

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

Standard 7 Requirement 3(e) Not Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8:Organisational governance Not Met

#### 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.

#### Summary of Assessment of Standard 8:

The Assessment Team found the service has not met four of the five requirements under Standard 6.

Some consumers and their representatives provided feedback that they are engaged in the development, delivery and evaluation of care and services. Some said they are not and referred to a situation which arose more than 12 months ago. The organisation’s strategic plan and its policies and procedures include a commitment to engaging consumers in the development, delivery and evaluation of care and services. There are processes for this to occur at organisational level and at service level, and examples were provided of this having occurred. Monitoring and review is undertaken through tracking achievement against strategic plan priorities and through quality assurance monitoring processes.

The strategic plan reflects that the organisation’s governing body is accountable for the delivery of safe and quality care and services, and includes goals, outcomes and signposts of success for measuring this. Management demonstrated systems, processes and tools for monitoring and reporting to the governing body and provided examples of the governing body being engaged in significant matters concerning consumers’ care. However, it was not demonstrated that the governing body is accountable for the delivery of safe, inclusive and quality care and services at this service at the present time. Management described improvements being made to provide the governing body with information to understand and effectively manage risk.

Effective organisation wide governance systems are not in place in relation to information management, continuous improvement, regulatory compliance, or feedback and complaints; and there are some gaps in relation to workforce governance. Monitoring and review processes have identified some of these deficiencies and improvement work is progressing well, however other deficiencies have not been identified by the organisation and therefore action is not yet planned or underway to bring about improvement.

While the organisation has a risk management framework, effective risk management systems and practices are not in place in some areas. The organisation has not determined what are high impact or high prevalence risks to the care of consumers and there is a lack of monitoring and actioning of clinical risks. There are significant gaps in the identification and management of reportable assault incidents relating to consumers. Performance assessment findings relating to consumer dignity and choice and to personal and clinical care in particular show that some consumers are not being supported to live the best life they can.

A clinical governance framework is not yet in place for antimicrobial stewardship or for minimising use of restraint. Clinicians did not demonstrate an understanding of anti-microbial stewardship and do not have a consistent approach to testing for infection and follow-up to enable appropriate antimicrobial prescribing by medical officers. Physical and chemical restraint is being used at the service. Management did not have, and does not have, a comprehensive understanding of all restraint in use. Management has not identified or managed risks to consumers associated with use of restraint. A clinical governance framework is in place for open disclosure, however it is not consistently implemented at the service. There has been a lack of investigation of incidents and complaints to understand what happened and why and be able to provide an explanation to consumers and representatives. Management did not demonstrate an awareness of all of these gaps.

#### Requirements:

Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Standard 8 Requirement 3(b) Not Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Standard 8 Requirement 3(c) Not Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Not Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Not Met

The organisation demonstrates that 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.