Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Courtlands Aged Care Facility |
| **RACS ID:** | 0585 |
| **Name of approved provider:** | Christadelphian Homes Limited |
| **Address details:** | 15 Gloucester Avenue NORTH PARRAMATTA NSW 2151 |
| **Date of site audit:** | 11 November 2019 to 14 November 2019 |

**Summary of decision**

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| **Decision made on:** | 17 December 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 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 18 December 2019 to 18 December 2020 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Not Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Not Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Not Met |
| Requirement 1(3)(f) | | Not Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Not Met |
| Requirement 2(3)(b) | | Not Met |
| Requirement 2(3)(c) | | Not Met |
| Requirement 2(3)(d) | | Not Met |
| Requirement 2(3)(e) | | Not 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) | | Not Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | 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 | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Not Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Not 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 17 March 2020 | |
| **Revised plan for continuous improvement due:** | By 2 January 2020 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

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

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

## Introduction

**This is the report of an assessment of Courtlands Aged Care Facility (the Service) conducted from 11 November 2019 to 14 November 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 contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as 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 | 20 |
| Consumer representatives | 8 |
| Management | 9 |
| Clinical staff | 6 |
| Care staff | 10 |
| Hospitality and environmental services staff | 6 |
| Lifestyle staff | 2 |
| External contractors | 3 |
| Visiting service providers such as allied health professionals | 3 |
| Other | 5 |

## 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:

Of consumers and representatives interviewed and asked if the consumer thinks staff treat them with respect, 93% said always or most of the time. Management and staff interviewed demonstrated an understanding of what treating a consumer with respect is and observations of interactions with consumers mostly confirmed this.

The organisation’s commitment to being a culturally safe organisation is documented in policy. Practice generally includes assessment and care planning incorporating cultural care needs and related management strategies.

Consumers and representatives advised they are able to make connections with others and maintain relationships of choice. However, consumers’ assessment care plans do not reflect individualised decisions about their care and services delivered. Care and service records do not reflect consumers’ decisions on those who they wish to be involved in their care.

Of the consumers and representatives interviewed about the consumer’s experience and asked if staff encourage them to do as much as possible for themselves, 87% said always or most of the time. Consumer feedback confirms they are supported to take risks.

Of the consumers and representatives interviewed about the consumer’s experience and asked if staff explain things to the consumer, 69% said always or most of the time and 31% said some of the time. While some of the information provided to consumers is current, accurate, timely, clear, easy to understand and enables them to exercise choice, other information is not.

Observations indicate consumers’ privacy is not consistently being respected and their personal information is not kept confidential.

#### Requirements:

##### **Standard 1 Requirement 3(a) 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:

Management and staff described processes for initial and ongoing assessment and care planning and had some understanding of risks to the consumer’s health and well-being. Review of documentation shows while assessments are being completed routinely, there is sometimes delay and they are not consistently leading to the development of effective care plans. Consumers’ care plans include mostly generic information about needs, goals and preferences. Consumer assessment and planning does not reflect consultation with and input from consumers.

Consumers and representatives interviewed provided mixed feedback however most did not have knowledge and understanding of how they might partner in the assessment, planning and review of the consumer’s care. In relation to the inclusion of other organisations, individuals and providers of other care and services that are involved in the care of the consumer, communication and contribution to assessment and planning was mostly evident however in some cases it was not.

The service’s self-assessment against the Quality Standards includes that consumers and representatives can access a hard copy of the care plan at their request. However, most consumers and representatives interviewed were unaware of what is in the consumer’s care plan and some consumers were not aware they had a care plan.

Care and services are reviewed regularly, however the processes for this are not effective when the consumer’s needs change. In relation to this there are gaps in the assessment, planning and delivery of care and services with impact on consumers.

#### 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:

Review of care and service records and interviews with staff showed that each consumer does not always get safe and effective clinical care that is best practice, tailored to their needs and optimises their health and well-being. Several examples were identified of consumer clinical care that did not support the staff are aware of and implement best practice or that the consumer’s health and well-being has been optimised. It was not demonstrated that high impact or high prevalence risks associated with the care of consumers are managed effectively.

Consumers and representatives interviewed and asked about palliative and end of life care confirmed they are being consulted regarding the consumer’s wishes. Assessment and planning for consumers who have recently passed away shows their end of life care needs have been identified and were met to maximise the consumer’s comfort and dignity.

Whilst consumer feedback was generally, recognition and responsiveness when there is a deterioration or change in mental health, cognitive or physical function was not demonstrated for all consumers. Consumers’ information does not consistently reflect their condition, needs, goals and preferences and therefore information is not available to all responsible where care is shared. Care plans have not proved effective in guiding staff about how to care for the consumer in accordance with the consumers’ needs, goals and preferences. It has not been demonstrated that timely and appropriate referrals occur to speech pathologists, dieticians and diagnostic services to assist in meeting consumers’ clinical care needs.

Observations and staff interviews demonstrate staff practices support precautions to prevent and control infection. Observations show hand washing and sanitising stations and personal protective equipment are readily available throughout the service. The organisation has introduced an antimicrobial stewardship policy to guide management and staff and implementation of this is in the early stages with impact not yet been established.

#### 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) 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:

Consumers and representatives generally provided positive feedback that the consumer’s emotional, spiritual and psychological well-being is optimised, and review of documentation conforms this in relation to provision of spiritual supports and services. However, review of consumers’ care and services records shows that whilst some consumers have received services and support for their emotional and psychological well-being, others have not.

Some consumers and representatives interviewed provided feedback about a lack of physiotherapy to improve their mobility and therefore their independence. Care and service records supported that consumers’ mobility and quality of life has been impacted by this.

In relation to participation in the community, people come into the service to help deliver activities and to provide entertainment, there are bus outings, and some consumers go out of the service themselves and with family members and friends. Feedback was received from consumers and their representatives that consumers can maintain their social and personal relationships if they choose to do so.

It was not demonstrated that information about the consumer’s needs and preferences is communicated within the organisation. Information in the care plans is general in nature and does not provide an individualised approach, including to cultural needs, which would enable a care staff member who is not familiar with the consumer to provide appropriate assistance.

Consumers and representatives provided information, and review of consumers’ care and services records supports, that the need for timely and appropriate referrals to individuals, other organisations and providers of other care and services is being identified for consumers and actioned.

Of the consumers and representatives interviewed about the consumer’s experience and asked if the consumer likes the food here, 67% said always or most of the time and 33% said never. Views about the food were opposing with dissatisfaction expressed by/on behalf of consumers living in two areas of the service. Follow-up of the care and service records of two consumers shows other health professionals have noted the consumers’ dissatisfaction with meals at the service. Management demonstrated there are processes for consulting consumers during menu development and initial implementation, and about their satisfaction with the meals on an ongoing basis. The service’s records show there has been some dissatisfaction with the meals and that this has been addressed, however some consumers and representatives interviewed said the consumer’s dissatisfaction has not been addressed.

Consumers and representatives say that equipment to support consumers’ daily living is being provided and is safe, suitable, clean and well maintained. Staff interviewed and documentation reviewed confirmed this and showed there is ongoing monitoring and review of equipment in relation to safety, suitability, cleanliness and maintenance.

#### 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) 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:

Of the consumers and representatives interviewed about the consumer’s experience and asked if the consumer feels at home here, 87% said always or most of the time. Observations, interviews with staff and review of consumers’ care and service records show the service environment is welcoming and easy to understand and optimises most consumers’ sense of belonging, independence, interaction and function. However, this is not the case for consumers living with dementia in Grove due to lack of way finding signage and visual cues in the service environment. Renovations of the building are underway and management provided the plans which are already in place to address this.

Of the consumers and representatives interviewed about the consumer’s experience and asked if the consumer feels safe here, 100% said always or most of the time. Consumers and representatives also provided feedback that the service environment is clean, well maintained and comfortable. Staff interviewed, and observations made, confirmed this. Documentation reviewed shows there is ongoing monitoring and review of the service environment in relation to safety, cleanliness, maintenance and comfort.

Consumers and representatives interviewed provided feedback that consumers can move freely within the environment and can access outdoor areas. Observations show in each building there is one or more outdoor area, however access to these areas is security controlled and/or the doors were blocked at times. Management said staff facilitate consumer access to the outdoor areas.

Consumers and representatives interviewed provided information that furniture, fittings and equipment are safe, clean, well maintained and comfortable. Staff interviewed, and observations made, confirmed this. Documentation reviewed shows there is ongoing monitoring and review of furniture, fittings and equipment in relation to safety, cleanliness and maintenance.

#### 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 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.

#### Summary of Assessment of Standard 6:

Consumers and representatives interviewed were aware of ways they can provide feedback and make complaints. The resident agreements and other documents given to consumers, and information displayed within the service environment, promote feedback and complaint mechanisms. Review of documentation and interviews with management and staff show consumers are encouraged and supported to provide feedback and make complaints.

None of the consumers and representatives interviewed said they had a need for use of advocates, language services or other methods for providing feedback or making complaints. Those who had made a complaint said they communicated this verbally or in writing. The resident agreement and other documents given to consumers, and information displayed within the service environment, promotes aged care advocacy services. Review of complaint records shows consumers and representatives are aware of and have access to methods for raising and resolving complaints as they are making complaints.

Of the consumers and representatives interviewed about the consumer’s experience and asked if staff follow up when the consumer raises something with them, 69% said always or most of the time and 31% said some of the time. Some consumers and representatives said their feedback and complaints are not satisfactorily addressed. Review of records of the management of a recent complaint by one of those representatives shows the organisation’s timeframe for responding was not met and that open disclosure was not applied. The organisation’s Quality Standards self-assessment does not demonstrate an understanding of open disclosure and the organisation until recently did not have policy or procedure about open disclosure in relation to complaints. Information and training about open disclosure for staff was being provided during the performance assessment.

Most consumers and representatives interviewed who said they have given feedback or made a complaint report there has been improvement. The organisation’s policy and procedure reflects, and management advised, that feedback and complaints are used for service improvement. Plans for continuous improvement and other documentation reflects some improvements have been made as a result of consumer and representative feedback.

#### Requirements:

##### **Standard 6 Requirement 3(a) 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) 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:

Of the consumers and representatives interviewed about the consumer’s experience and asked if the consumer gets the care they need, 94% said always or most of the time and 6% said some of the time. Consumers and representatives who expressed dissatisfaction said this is due to call bells not being responded to in a timely manner and/or use of temporary agency staff; and lack of physiotherapy services and supports for mobility and independence.

The organisation and service have not regularly monitored call bell response times. Review of data shows some calls are being answered in excess of 10 minutes, which is the organisation’s benchmark. Review of rostering shows some temporary agency staff are used, although they are provided with induction to the service. Findings under Quality Standards 2-4 show some consumers are not getting the clinical care they need and/or the physiotherapy services they need and want.

Of the consumers and representatives interviewed about the consumer’s experience and asked if staff are kind and caring, 100% said always or most of the time. Observations made, and documentation reviewed, shows that staff are kind and caring towards consumers.

Of the consumers and representatives interviewed about the consumer’s experience and asked if the staff know what they are doing, 47% said always, 40% said most of the time, and 13% said some of the time. Staff have been and are being recruited to fill permanent shifts on the roster, and they receive an induction to the organisation, service and role. Interviews with management and staff, and review of monitoring of professional registrations, shows that staff have the qualifications to perform their roles. Staff performance is being formally appraised by management initially for new staff and then regularly on an annual basis.

However, there are gaps in staff knowledge to effectively perform their roles. There is a program of mandatory training for staff, and reports show attendance is monitored and rates have improved in recent months. A range of additional training has been provided for staff including about the Quality Standards. In relation to the poor performance identified through this performance assessment education records do not reflect training has been provided in some areas and some staff lacked relevant knowledge; and in other areas staff training was provided but has not been effective in giving staff the knowledge they need to perform their roles effectively.

#### 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) 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) 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:

Consumers are engaged in the development, delivery and evaluation of care and services through regular resident/relative meetings, surveys and other consultation processes of the organisation and service. Consumers have also been involved in the development of plans for significant refurbishment of the service environment, which is currently underway; and in aspects of implementation of the new Quality Standards at the service.

The governing body’s commitment to a culture of safe, inclusive and quality care is reflected in the organisation’s mission, values and signature behaviours, strategic planning and related initiatives, and in organisational policy and procedure. Initiatives have been undertaken to enhance accountability of the governing body for a culture of safe, inclusive and quality care. While these initiatives have enhanced accountability by the governing body, there continue to be some gaps in the provision of safe, inclusive and quality care and services to consumers.

Of the consumers and representatives interviewed about the consumer’s experience and asked if this place is well run, 73% said always or most of the time, 20% said some of the time and 7% said never. There were a range of reasons given for dissatisfaction, which relate to the quality of care and services for consumers. There are organisation wide governance systems and these have been strengthened, however they have not been effective at service level in relation to aspects of information management, continuous improvement, workforce governance, regulatory compliance, or feedback and complaints.

Of the consumers and representatives interviewed about the consumer’s experience, they were asked:

* If the consumer feels safe here. 100% said always or most of the time.
* If the consumer gets the care they need. 94% said always or most of the time and 6% said some of the time.
* If the consumer is encouraged to do as much as possible for themselves. 87% said always, or most of the time and 13% said never.
* If staff treat the consumer with respect. 93% said always or most of the time and 7% said some of the time.
* If the consumer has a say in their daily activities. 69% said always or most of the time and 31% said some of the time.

The organisation has a quality and risk framework and has policy and procedure relevant to managing high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can. However, findings of this performance assessment are that those risks are not being effectively managed for some consumers, the response to abuse of consumers is not always timely and appropriate, and while some consumers are supported to live the best life they can others are not.

The organisation has a clinical governance framework which has been strengthened, however it has not been effective at service level generally in relation to the delivery of safe and quality care and services or specifically in relation to minimising the use of bedrails and open disclosure. Antimicrobial stewardship is in the early stages of implementation at the service.

#### 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) 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.