Estia Health Forster

Performance Report

105 The Southern Parkway
Forster NSW 2428
Phone number: 02 9265 7900

**Commission ID:** 0837

**Provider name:** Estia Investments Pty Ltd

**Site Audit date:** 26 November 2019 to 29 November 2019

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Non-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** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **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) | Non-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 30 December 2019.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The results of consumer experience interviews show 100% of consumers are treated with respect always or most of the time. Many consumers and their representatives stated the staff are kind and caring.

While the service does have systems and processes to assist in recognising, respecting and supporting the unique cultural identities of consumers, they did not demonstrate how they meet the needs and expectations of consumers who are unable to read and understand English.

The Approved Provider has acquired and recorded consumers preferences for representation and decision making. Where consumers are no longer able or prefer for another person to make decisions for them this is recorded, and copies of powers of attorney and guardianship orders are kept by the service. End of life wishes are discussed.

Consumer’s personal information was observed to be kept in locked areas and where computerised information is stored it has suitable protections which control access. Consumers are consulted about the level of privacy they would like maintained and personal information such as photos and birthdays are only displayed/disclosed if it is agreed to by the consumer.

The Assessment Team spoke with consumers who stated they have a say in doing things they want to do in their daily lives.

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

Care and services are culturally safe.

The Assessment Team identified for a consumer from a non-English speaking background, that they felt isolated due to language barriers and that their preference was to receive information in a language they can read. The Approved Provider was not proactive in meeting these needs and had not supplied information such as care planning documents, menus and activities calendars in the desired language. The Approved Provider was relying on family to translate and communicate with the consumer in their native language, and pictures on the activities calendar to make choices for attending activities. However, only 13 of the 102 listed activities had an accompanying picture. Whilst the Approved Provider identified that picture cue cards are available to assist in communicating with the consumer, staff interviewed were not using these cards. Since the site audit the Approved Provider has provided translated copies of the care planning documents, the menu and activities calendar. An interpreter has been used to discuss care needs and preferences, and a community visitor, who speaks the same language, has been arranged.

### Requirement 1(3)(c) Compliant

Each consumer is supported to exercise choice and independence, including to:

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and make connections with others and maintain relationships of choice, including intimate relationships.

### Requirement 1(3)(d) Compliant

Each consumer is supported to take risks to enable them to live the best life they can.

The Approved Provider was able to demonstrate each consumer is supported to take risks to enable them to live the best life they can. In relation to the assessment of risk in managing consumer’s right to independence in the use of motorised wheelchairs, the Approved Provider has demonstrated through risk assessments and consultation with consumers and representatives, that risks for the safe operation of motorised wheelchairs is assessed by qualified allied health professionals. Where a consumer is restricted in the use of motorised wheelchairs, additional safety and monitoring strategies are established.

### 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 NON-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

Of consumers and representatives interviewed the majority of respondents say they get the care they need most of the time or always. Consumers and their representatives advised they were not aware they could access copies of their care plans. Consumers confirmed they have access to other professionals such as general practitioners, physiotherapists and other allied health services including optometry and occupational therapy.

Registered staff and care staff when interviewed by the Assessment Team demonstrated an understanding on the initial and ongoing planning assessment and care planning process for consumers.

The Approved Provider demonstrated ongoing partnership with the consumer and others, and the inclusion of others involved in the care of consumers. However, the Approved Provider did not demonstrate that the outcomes and planning are effectively communicated to the consumers and that the care and services plan is readily available to the consumer.

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

The Approved Provider was able to demonstrate that assessment and planning included consideration of risk, was used to inform the delivery of safe and effective care and services. In relation to the assessment of risk in managing consumers right to independence in the use of motorised wheelchairs, the Approved Provider has demonstrated through risk assessments and consultation with consumers and representatives that risks for the safe operation of motorised wheelchairs is assessed by qualified allied health professionals. Where a consumer is restricted in the use of motorised wheelchairs, additional safety and monitoring strategies are established.

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

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

The Approved Provider was able to demonstrate 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. For consumers who have an Arteriovenous Fistula, the comprehensive medical assessments and care plan extracts demonstrate the appropriate management of Arteriovenous Fistulas, including consultation with consumers on the management of the Arteriovenous Fistula. Where changes in care needs has occurred, the Approved Provider demonstrated that these changes are assessed, and care planning documents updated.

For consumers with advanced care planning and end of life planning, the Approved Provider demonstrated that whilst there may be a request for consumers to remain at the Service during palliation, when the need to transfer to hospital is recommended by the medical officer for treatment, this is discussed with the consumer or their appointed representative.

### 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.

The Approved Provider has demonstrated that for the consumers mentioned in the site audit report that the consumer had been involved in ongoing discussions and consultation in relation to care and services. Whilst I acknowledge some consumers could not recall being involved in the assessment and planning process, progress note extracts provided by the Approved Provider demonstrate that this process has occurred.

Where English is not the language spoken by consumers, the Approved Provider involves designated representatives in the ongoing discussions and consultation around care and services to be provided. Since the site audit, the Approved Provider has engaged interpreters to further include non-English speaking consumers in this process.

### Requirement 2(3)(d) Non-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.

Consumers and representatives informed the Assessment Team that they are not aware of mechanisms to access care and service plans. Whilst the Approved Provider indicated that the option to request a copy of the care is discussed on entry to the Service, feedback from consumers/representatives indicates that this has not been effective in informing them that they can access their care and service plans.

### 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.

The Approved Provider demonstrated through wound chart and progress note extracts that care is reviewed when circumstances change for consumers. The Approved Provider demonstrated they have a system to record and monitor incidents.

The Assessment Team identified potential issues with the auditing of the clinical care system and this information has been considered under Standard 8,
Requirement (3)(c).

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team identified the service did not demonstrate each consumer gets safe and effective personal and clinical care that is tailored to their needs and optimises their health and wellbeing. This includes timely monitoring of changes of a consumer’s physical condition, such as pain, or/and? when consumers return to the Service following changes in condition and care needs during periods of hospitalisation.

The Approved Provider did not demonstrate consumer’s documentation is reflective of each consumer showing they get safe and effective personal care, clinical care, or both personal care and clinical care. Whilst the Approved Provider did demonstrate that the needs, goals and preferences of consumers nearing the end of life are recognised, their comfort is not maximised, and their dignity not always preserved.

The Approved Provider has practices in place to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

Feedback from consumers interviewed indicated they were generally satisfied with their personal care, clinical care in accordance with their needs, goals and preferences.

The service has registered staff on duty 24 hours a day and when interviewed by the Assessment Team they could generally describe the policies and procedures they were to follow to manage personal and clinical care.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team identified deficits in the documentation and management of wound care and pain management. Wound records are not consistently maintained to reflect current wounds and wound management, staff are not effectively monitoring wounds. Consumers experiencing pain are not consistently monitored for ongoing pain, and consumers are not consistently monitored for changes in their clinical condition. The Approved Provider did demonstrate through progress note and medical record extracts that medical officers are reviewing the use of psychotropic medications in consultation with consumers and nominated representatives.

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

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

The Assessment Team identified areas of concern in the management of high impact or prevalence risk related to medication management, pain management and psychotropic medication. The Approved Provider has demonstrated that consumers medications are managed, whilst some consumers have over the counter medications provided to them by family members, this is not impacting the care of consumers. The Approved Provider has demonstrated that for some consumers, pain monitoring is occurring and alternative strategies to manage pain including massage, reorientation and support from staff is used and pain is discussed with the relevant medical officer. Whilst it is noted this has not occurred for all consumers, deficits related to this were considered in the finding of non-compliance in Requirement 3(3)(a) and Requirement 3(3)(c). The Approved Provider did demonstrate through progress note and medical record extracts that medical officers are reviewing the use of psychotropic medications in consultation with consumers and nominated representatives.

### Requirement 3(3)(c) Non-compliant

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

The Assessment Team identified that whilst the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort is not maximised, and their dignity is not preserved. Service staff did not effectively monitor changes in the clinical status of consumers. Whilst the Approved Provider has demonstrated that advanced care planning is occurring in consultation with consumers and their nominated representative, they have not demonstrated that effective monitoring of consumer’s comfort and dignity is always occurring.

### Requirement 3(3)(d) Non-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.

The Assessment Team identified delays in the monitoring of changes in consumer’s physical condition, including pain, when consumers return to the Service following changes in condition and care needs during periods of hospitalisation. Whist the Approved Provider demonstrated that some aspects of care are reviewed upon return to the Service, such as physiotherapy reviews for mobility changes and the establishment of catheter care regimes, the Approved Provider did not demonstrate that timely monitoring of pain was occurring when a consumer returned from hospitalisation and was displaying pain and/or discomfort.

### 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.

The Assessment Team identified deficits in the documenting of aspects of care provided to consumers including wound management and pain management. However, the Approved Provider has demonstrated that there are systems for the management of information about consumer’s care needs and preferences and processes for this information to be communicated within the organisation and with others as required. Extracts provided from the health matrix system and staff feedback on access to information demonstrates that these systems are generally effective. Deficits related to wound management and pain management were considered in the finding of non-compliance in requirement 3(3)(a) and
Requirement 3(3)(c).

### 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 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

While the Approved Provider demonstrated that it generally understands and applies this standard in various ways to optimise consumer independence, health, wellbeing and quality of life, they did not demonstrate how this is applied for each consumer including consumers who cannot communicate in English.

The Approved Provider demonstrated that information about consumers current conditions and needs is communicated within the organisation so that relevant clinical and emotional care is made available and can be provided. The Approved Provided provides consumers with meals and the equipment they require to maintain independence, and consumers are satisfied with the way these are provided. Equipment at the service is safe, suitable, clean and maintained.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-compliant

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

The Assessment Team identified for a consumer who does not speak English that they felt isolated due to language barriers and that they did not always attend activities as they were unable to determine what was on, as the activities calendar was provided in English. The Approved Provider was not proactive in meeting these needs and had not supplied information such as activities calendars in the desired language. The Approved Provider advised that the consumer is provided an activities calendar with pictures on the activities calendar to make choices for attending activities. However, only 13 of the 102 listed activities had an accompanying picture. Whilst the Approved Provider identified that picture cue cards are available to assist in communicating with the consumer, staff interviewed were not using these cards. Since the site audit the Approved Provider has provided translated copies of the activities calendar. An interpreter has been used to discuss care needs and preferences, and a community visitor, who speaks the same language, has been arranged.

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

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

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

Services and supports for daily living assist each consumer to:

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Service environment is designed to be welcoming, easy to understand, optimise consumer’s sense of belonging, independence, interaction and function, and enables consumers to move freely indoors and outdoors. Consumers and representatives interviewed commented that the Service is well furnished, clean and well maintained. The environment was observed to be clean, well maintained and comfortable.

The Approved Provider demonstrated there are established processes for assessing the safety, cleanliness, maintenance and suitability of furniture, fittings and equipment through environmental audits. The Approved Provider demonstrates that immediate action is taken in response to issues identified and the service has a plan in place to address concerns raised regarding the service environment as a matter of priority.

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

The Approved Provider demonstrated that it understands and applies this requirement in various ways and monitors and reviews its performance. Consumers interviewed said staff follow up when they raise things with them most of the time or always. Consumers said they feel confident in making a complaint or giving feedback to management. There is no fear of reprisal and complaints and feedback are acknowledged by management in a timely manner.

Consumers and their representatives are provided information during pre-admission, and in residential meetings regarding how to access advocates. The Assessment Team observed that these services are advertised, and brochures are available for all to utilise.

There are facilities available to enable submission of confidential complaints and ensure privacy. The Approved Provider has a system in place to use feedback from consumers to improve the quality of care and services.The service manager has an open-door policy and regularly consults with consumers/representatives on a daily basis.

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 COMPLIANTHuman 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

Consumers were satisfied with the nature and competence of the staff. Of the consumers randomly sampled:

* 100% said staff are kind and caring most of the time or always.
* 100% said staff know what they are doing, and that they get the care they need all or most of the time

The Assessment Team observed examples of staff interacting with consumers in kind, respectful ways and with familiarity.

Staff interviewed reported that the induction process is robust and that they have access to ongoing training to help them perform their roles. The organisation has a mandatory education program that is monitored for compliance and an appraisal system is in place to assist in managing staff performance

While the service could demonstrate the workforce has the qualifications to perform, deficits in the clinical management and monitoring of consumers was identified by the Assessment Team. The Approved Provider had identified the need for further support and training of registered staff and additional training is being provided to improve and enhance their skills and knowledge.

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.

### 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.

The Assessment Team identified the workforce has the qualifications to perform their roles, however registered staff did not consistently demonstrate knowledge of clinical management and monitoring of consumers. The Approved Provider had identified the need for further support and training of registered staff prior to the reaccreditation audit. A professional nurse development program has commenced, and a range of additional education has been provided including but not limited to pain management, behaviour management and end of life care. The Approved Provider has appointed a senior care director to oversee and lead the clinical care across the Service.

### 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-COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Organisation engages consumers in the development, delivery and evaluation of care and services through various feedback processes such as meetings, surveys and the complaints process. The Organisation has systems for information management, financial governance, regulatory compliance and feedback and complaints.

The continuous improvement systems are not consistently being used to develop improvements in care for consumers. Issues are identified through the services audit systems but are not consistently addressed. Oversight of this system is not occurring at an organisational level.

A clinical governance framework is in place to oversee the delivery of clinical care at the service. They have an antimicrobial stewardship policy. They support the minimal use of physical restraint and monitor chemical restraint usage. They have an open disclosure policy and provided examples of where it has been applied.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have 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) Non-compliant

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

The Assessment Team identified efforts have been made toward inclusiveness at the Service and a policy has been developed to support inclusiveness, however monitoring of this by the Organisation has not been effective. Organisational monitoring systems to ensure effective clinical leadership, including the provision of quality care and services have not been effective. The Approved Provider acknowledged that there was room for improvement in the quality of clinical leadership in the home and has commenced steps to rectify this including the appointed a senior care director to oversee and lead the clinical care across the Service.

### 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 Assessment Team identified the Organisation has systems for information management, financial governance, regulatory compliance and feedback and complaints. However, they identified deficits with the systems for continuous improvement and workforce governance. Whilst the Organisation has a system of regular audits to monitor the effectiveness of assessment and care planning systems and the systems that oversee the delivery of care, the Assessment Team identified many of the clinical audits have not been completed or where they are completed corrective actions were not consistently actioned. I accept that the timing in the audit schedule may only be a guide with the timing of audits varying depending on resource availability and other exigencies, however I find the system has not been effective in identify deficits in clinical and personal care. The Organisation has demonstrated there are workforce governance systems to monitor responsibilities and accountabilities of staff.

### 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.

The Assessment Team identified deficits in risk management systems and practices for managing high impact or high prevalence risks and in responding to abuse and neglect of consumers. However, the Approved Provider has demonstrated through risk assessments and documented risk mitigation strategies that organisational risk management systems are established. Deficits in Service level staff practices related care and services are addressed in the findings of Non-compliance in this report. The Approved Provider has demonstrated through progress note extracts that consumers are supported initially and in an ongoing manner when consumers are involved in adverse events, including elder abuse.

### 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.

* Ensure care and services are culturally safe
* Ensure 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.
* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:
* is best practice; and
* is tailored to their needs; and
* optimises their health and well-being.
* Ensure the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.
* Ensure 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.
* Ensure 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.
* Ensure the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* Ensure effective organisation wide governance systems relating to the following:
* continuous improvement;