Glaica House

Performance Report

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Tuncurry NSW 2428
Phone number: (02) 6554 5521

**Commission ID:** 0210

**Provider name:** Great Lakes Aged & Invalid Care Association Ltd

**Site Audit date:** 10 December 2019 to 13 December 2019

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-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) | Non-compliant |
| Requirement 8(3)(e) | Non-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 13 January 2020.

# STANDARD 1 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 Assessment Team found that overall, consumers interviewed during the site audit confirmed that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers and consumer representatives said staff treat them how they wish to be treated and treat consumers with respect.
* Consumers are encouraged to do things for themselves and are supported to undertake risks to enable them to live the best life they can.
* Consumers and consumer representatives said staff respect consumers personal privacy, respecting their space and environment and maintaining confidentiality when discussing aspects of their care.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Staff interviews demonstrated they know the consumers and staff were observed having meaningful interactions with consumers whilst providing care and services.

The Quality Standard is assessed as compliant as all of the six specific requirements have been assessed as compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

### Requirement 1(3)(b) Compliant

Care and services are culturally safe.

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

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

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

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

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

### Requirement 1(3)(e) Compliant

Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

### Requirement 1(3)(f) Compliant

Each consumer’s privacy is respected and personal information is kept confidential.

# STANDARD 2 NON-COMPLIANTOngoing 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

The Assessment Team found that some consumers interviewed during the site audit confirmed they feel like partners in the ongoing assessment and planning of their care and services.

The following examples were provided by consumers during interviews with the Assessment Team:

* Some consumers and consumer representatives said they are involved in care plan reviews through a care plan consultation meeting to some extent.
* Most consumers and consumer representatives had some understanding of what a care plan is.
* Some consumers and consumer representatives were not aware of what a care plan is and whether they are able to access this information.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Management and staff could describe the processes for initial and ongoing assessment and care planning. However, review of documentation showed the process for ongoing assessment and review is not occurring consistently, particularly when consumers’ circumstances change, or incidents occur.

The Quality Standard is assessed as Non-compliant as three 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.

I have considered the Assessment Team’s report and the approved provider’s response and I am satisfied the service has systems in place for assessment and planning to inform the delivery of safe and effective care to consumers. The Assessment Team identified reassessments were not occurring and I have considered this in the context of Standard 2 requirement 3(e). I have come to a view that the inconsistencies identified in the care documentation identified by the Assessment Team do not indicate non-compliance in relation to this requirement.

### 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.

I have considered the Assessment Team’s report and the approved provider’s response and I am satisfied the service has assessment and planning to identify the consumer’s current needs, goals and preferences. The Assessment Team identified examples where bowel care plans were the same for different consumers, and where this relates to delivery of care, I have considered this in the context of Standard 3 requirement 3(a). The Assessment Team identified advance care planning and end of life planning is occurring and addresses consumer goals and preferences. I have come to a view that the similarities in the care documentation identified by the team do not indicate non-compliance in relation to this requirement.

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

I have considered the Assessment Team’s report and the approved provider’s response and while the service is undertaking care planning consultation there is not evidence to show assessment and planning are based on ongoing partnership with the consumer. The approved provider will be sending information out to all consumers and their families to advise them about assessment and care planning and their involvement.

### 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.

While the Assessment Team found consumers have a documented care plan feedback from consumers and consumers representatives interviewed does not show that the outcomes of assessment and care planning are effectively communicated to the consumer and that the care and services plan is readily available to the consumer.

### Requirement 2(3)(e) Non-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 Assessment Team found that change in consumer’s condition or treatment does not consistently result in reassessment or review of care and services. This includes after incidents, medication changes, changes in consumer behaviour, and changes to bowel management.

# 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 found most consumers and consumer representatives interviewed said consumers get the care they need.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Evidence to show the use of alternative strategies prior to use of physical and chemical restraint are not evident. Whilst there are processes in place to escalate and recognise deterioration and changes in consumers’ condition, this does not consistently occur. Timely and appropriate referrals to other individuals and organisations have not occurred. Current information about the consumer’s condition is not always documented and communicated.

The Quality Standard is assessed as Non-compliant as five 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 found the service is using physical restraint and chemical restraint without evidence to demonstrate other strategies have first been trialled. There is a lack of pain monitoring for consumers and indications of pain are not always recognised and responded to in a timely manner. Bowel management is not always optimised to each consumer’s individual need. The approved provider is planning to provide further education to staff on the use of physical restraint and minimising the use of restraint. Review of consumers’ care needs and case conferences with consumers and consumer representatives are planned.

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

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

The approved provider is committed to reducing physical restraints and will be proving further education to staff and consulting specialist external services for further advice. Since the site audit the approved provider has given direction to registered nurses for completion of medication incident reports where there is no medication stock. Although the approved provider is in the process of reviewing their current practices for restraint, at the time of the site audit the service could not demonstrate the use of restrictive practices are consistent with best practice, used as a last resort and comply with relevant legislation.

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

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

### Requirement 3(3)(d) 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 approved provider is planning further education for registered nurses to respond to changes in consumer’s emotional health in a timelier manner. The approved provider is taking action to address recognition and response to changes in bowel management. Support is also being sought from a dementia specialist external service.

### Requirement 3(3)(e) Non-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 approved provider advised care plans are being created with more individualised observations, goals and assessments. The service is undertaking reassessment of consumers, case conferences and referral to specialist services which will provide information to update care plans. Staff could describe the process for communication amongst the care team. Although the approved provider is in the process of improving their documentation on consumers, at the time of the site audit the service did not meet this requirement.

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

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

While the service has a process for referrals, timely and appropriate referrals are not always made for consumers to access specialist behaviours advisory services, there has also been a delay in a referral to speech pathology. The approved provider confirmed they have and will be seeking assistance from a dementia specialist external service for assistance with consumers’ behaviour management and engagement. Although the approved provider is improving their referral processes, at the time of the site audit the service did not meet this requirement.

### 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.

Staff were able to explain their role in the prevention and control of infection. The approved provider response showed the service has introduced practices to promote appropriate antibiotic prescribing and care practices to reduce the risk of increasing resistance to antibiotics.

# STANDARD 4 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

Consumers get the service and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

* The service utilises volunteers and the local community to support consumers to participate in activities in the community including bowls, church services and shopping.
* Consumers who don’t feel comfortable in group activities receive one on one social support.
* Consumers overall report the food is varied and of suitable quality and quantity. The service has processes to monitor consumer’s allergies, dislikes and other preferences such as larger meals.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

Services and supports for daily living assist each consumer to:

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’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 organisation overall provides a safe and comfortable service environment however it does not always promote the consumer’s independence, function and enjoyment.

* Consumer’s rooms are personalised including making space for consumer’s special interests such as craft and leatherwork.
* The layout of the service is complex, and staff, consumers and representatives all reported getting lost while trying to find their way around.
* Not all consumers have easy access to outdoor areas.
* Consumers and representatives interviewed were mostly positive about the service environment saying that they feel at home and there are no bad smells.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Non-compliant

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

The service environment is welcoming, and consumers feel like they belong, but the environment is not always easy to understand, and doesn’t always optimise each consumer’s independence, interaction and function. Consumers’ rooms and doors are personalised with personal items and consumer’s own furniture. Consumer’s report feeling at home at the service and feeling safe. Consumers, consumer representatives and staff reported getting lost in the service. Since the site audit the service has added extra directional signage to assist consumers and visitors move freely around the service. The Assessment Team observed equipment being stored in common areas and staff reported that there isn’t enough storage space for all goods and equipment.

### Requirement 5(3)(b) Non-compliant

The service environment:

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

The service environment is overall safe, clean and comfortable but it does not always enable all consumers to move freely, both indoors and outdoors.

The service has a maintenance officer and program to provide regular and as needed maintenance services. Staff understand the process to notify maintenance staff of issues that require attention. Not all consumers have easy access to outdoor areas as some areas are locked to ensure staff are able to supervise consumers adequately. Since the site audit the service has begun investigating an outdoor monitoring system and, in the meantime, has added an extra staff member during the day to allow consumers more freedom to move outside. The service has not been able to conduct its twice annual external cleaning due to recent water restrictions and fires. The service is planning work to reduce the need for external cleaning.

### Requirement 5(3)(c) Compliant

Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

# STANDARD 6 NON-COMPLIANTFeedback 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

For the most part consumers feel safe and are encouraged and supported to give feedback and make complaints. Consumers are mostly engaged in processes to address their feedback and complaint and appropriate action is taken. However, complaints and feedback are not always used to improve the quality of care and services.

* Most consumers and consumer representatives interviewed said they feel comfortable to go directly to management if they have a complaint or concern.
* Staff assist consumers to write their complaints and advocate for consumers at resident meetings if required.
* Consumers don’t always feel confident that the service will take action in response to their complaint.
* At the time of the site audit the service didn’t have a process to record verbal complaints resulting in these complaints being missed in trends analysis.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaint trend analysis and tested staff understanding and application of the requirements under this Standard.

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

Feedback and complaints are reviewed and used to improve the quality of care and services.

Feedback and complaints are not always reviewed and are not consistently used to improve the quality of care and services. It was identified at the site audit that the service didn’t have a process to identify and review verbal complaints. During the site audit the service implemented a new process to ensure these types of complaints are recorded and can be included in complaints analysis. Some consumers reported that they don’t complain because nothing changes. The Assessment Team identified that the continuous improvement log was incomplete and contained inconsistent information. The service demonstrates that they manage written complaints effectively, in a timely manner and with positive outcomes. However, they do not monitor changes to ensure they are effective or whether the consumer is satisfied with the outcome.

# STANDARD 7 NON-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

The service does not always have a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

* Consumers, representatives and staff reported that there is not enough staff at the service to provide timely care and services at all times.
* Consumers and representatives were mostly positive about staff interactions with consumers.
* While staff have completed compulsory training including about the new quality standards, this training has not always been effective and staff don’t always have a good understanding of the new standards.

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed and observed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

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

## Assessment of Standard 7 Requirements

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

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

The workforce is not planned to enable, nor does the number and mix of members of the workforce deployed enable, the delivery and management of safe and quality care and services. Consumers, staff and consumer representatives all reported that there is not enough staff at the service. Call bell response times also demonstrated that staff are not always able to provide timely assistance to consumers. The service has not completed a call bell and sensor mat audit and management were not aware of a number of extended call bell and sensor mat times. The Assessment Team reviewed rosters and identified numerous unfilled shifts in the last month. The available information indicates that there are insufficient staff to ensure the delivery and management of safe and quality care and services. Since the site audit the service has taken steps to minimise unplanned leave and has employed three new care staff. The service plans to undertake regular call bell audits.

### 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) Non-compliant

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

All consumers and representatives interviewed said staff know what they are doing. However other available evidence demonstrates that not all staff have an adequate understanding of elder abuse and compulsory reporting, dementia care, delirium screening, behaviour management and minimising the use of both physical and chemical restraint. The service has a system for monitoring the completion of competency assessment and training however the Assessment Team identified that this is not consistently completed. The service also doesn’t have a process to reassess staff’s competency to ensure they remain competent in their skills. Information considered under standards three and eight go into further detail of the impacts on consumers of staff’s knowledge and competency. Since the site audit the service has implemented more regular monitoring of new staff, planned training for staff and reminded staff of policies and procedures.

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

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

While all consumers interviewed were satisfied staff know what they are doing, the available evidence shows that the workforce is not always recruited, trained, equipped or supported to deliver the outcomes required by these Standards. Staff at the service completed an ongoing training program for the new quality standards however this did not include adequate open disclosure, antimicrobial stewardship, minimising restraint or risk assessment education. Staff reported that there has not been follow up discussions or extra training and staff do not have a good understanding of the new standards. Since the site audit the service has stated that they will investigate further methods of training to ensure staff receive adequate training to deliver the outcomes required by the quality 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 service does not always demonstrate that their governing body is accountable for the delivery of safe and quality care and services. For example:

* While the service has an elected resident representative not all consumers are aware of this representative.
* The Board lacks strategies to adequately monitor clinical care provided at the service to ensure safe and quality care is provided.
* The service clinical governance framework has limited application in the day to day care provided to consumers.

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The Quality Standard is assessed as non-compliant as four 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.

Consumers of the service elect a resident representative at the annual meeting for consumers. However, not all consumers were aware of their representative. Since the site audit the service has updated the resident handbook with the name of the consumer representative and has commenced a consumer representative body to discuss and escalate matters of interest of consumers. Eleven consumers putting their hands up to join this group. On balance, while the information indicates that not all consumers were aware of the resident representative at the time of the site audit there was a process in place to engage consumers in the development, delivery and evaluation of care and services.

### 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 organisation’s governing body does not always promote a culture of safe, inclusive and quality care and services and is not always accountable for their delivery. The Members of the Board are volunteers and come from a range of industries in the local community. However, the Board does not have a member with clinical knowledge or background and does not have a robust process to ensure their accountability for the delivery of safe and quality clinical care. The Members of the Boards’ understanding of the Quality Standards is limited and does not reflect inclusive, person centred care. Since the site audit the service has commenced work developing a robust monthly reporting system for the Board.

### 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 organisation has some effective governance systems and some that require continuous improvement to be compliant with this requirement.

Staff report that they are able to access information when they need it and if they’re not sure about a procedure they would look it up in the service’s policies and procedures.

The service’s continuous improvement processes do not always include adequate consultation with consumers including identifying areas for improvement that are important to consumers or keeping consumers up to date with progress. Since the site audit the service has implemented plans and processes to better monitor and progress their continuous improvement plan.

The service’s financial governance systems enable resources to be made available when required based on consumer care needs including new beds and other equipment and changes to staffing.

The service’s regulatory compliance requires continuous improvement to ensure the service is compliant with relevant legislation including compulsory reporting. Two incidents identified by the Assessment Team demonstrate that the service staff have misinterpreted their responsibilities under compulsory reporting. The service does not have a robust system to ensure they monitor and comply with changes in legislation.

Since the site audit the service has commenced broad work on this requirement including developing an internal audit program and changes to the governing body meetings.

### Requirement 8(3)(d) Non-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 organisation was unable to provide a documented risk management system including policies describing how:

* high impact or high prevalence risks associated with the care of consumers;
* identifying and responding to abuse and neglect of consumers;
* supporting consumers to live the best life they can.

The service has a risk register which identifies some consumers “taking risks” however this register doesn’t include all consumers taking similar risks or other identified high risk behaviour.

Staff do not have a clear understanding of how to identify and manage high impact and high prevalence risks.

Since the site audit the service has planned elder abuse training and discussion at the next registered nurse and board meetings.

### Requirement 8(3)(e) Non-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.

The service has a clinical governance policy and a clinical governance and continuous improvement subcommittee however these do not always effectively govern antimicrobial stewardship, minimising the use of restraint or open disclosure at the service.

Staff were not able to identify these policies or say how the clinical governance framework applies to the work that they do providing care for consumers.

Since the site audit the service has made changes to their committees including how they will report their progress to consumers, staff, management and the Board. The service has engaged expert consultant to assist them in identifying further strategies to minimise the use of restraint at the service. Further education has been scheduled for all staff on these issues.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 2(3)(c)

*The organisation demonstrates that assessment and planning:*

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

### Requirement 2(3)(d)

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

### Requirement 2(3)(e)

*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.*

### Requirement 3(3)(a)

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

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

### Requirement 3(3)(b)

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

### Requirement 3(3)(d)

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

### Requirement 3(3)(e)

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

### Requirement 3(3)(f)

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

### Requirement 5(3)(a)

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

* Monitor and ensure consumers, in particular those with a cognitive impairment, are able to find their way around the service.
* Ensure adequate storage for equipment to keep communal areas clear.

### Requirement 5(3)(b)

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*
* Ensure consumers, including those who live in the dementia specific areas, are able to move freely and safely indoors and outdoors.

### Requirement 6(3)(d)

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

* Ensure feedback and complaints are accurately recorded and analysed to ensure they are used to improve the quality of care and services.
* Ensure consumers are involved in the complaints process and are consulted about the solution to the problem they have raised.

### Requirement 7(3)(a)

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

* Ensure an appropriate number of staff are deployed to enable the delivery and management of safe and quality care and services.
* Ensure systems and processes to monitor care and services is adequate and accurate.

### Requirement 7(3)(c)

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

* Ensure systems are in place to ensure staff competency is maintained.

### Requirement 7(3)(d)

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

* Ensure staff have adequate understanding of all requirements of these standards.

### Requirement 8(3)(b)

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

* Ensure systems and processes ensure the Members of the Board are able to adequately monitor and evaluate quality of care including clinical care.

### Requirement 8(3)(c)

*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.*
* Ensure the systems and processed ensure the Service meets all regulatory requirements.

### Requirement 8(3)(d)

*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.*
* Ensure the Service has an adequate risk management system and practices.

### Requirement 8(3)(e)

*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.*
* Ensure an adequate clinical governance framework is in place, staff understand the framework and apply it to the care they provide.