Glengollan Village

Performance Report

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**Commission ID:** 3631

**Provider name:** Glengollan Village

**Site Audit date:** 19 January 2022 to 21 January 2022

**Date of Performance Report:** 4 March 2022

# Performance report prepared by

Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-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) | Non-Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | 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 Assessment Contact - Site; the Assessment Contact - Site 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 dated 22 February 2022.

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as 6 of the 6 specific requirements have been assessed as Compliant.

Consumers/representatives interviewed by the Assessment Team stated consumers were treated with respect by staff and felt valued. They said staff take the time to understand what is important to the consumer and take a genuine interest in who consumers are. They stated consumers were encouraged to maintain their independence, make decisions and felt supported by staff to exercise choice and to take risks. They said that consumers personal privacy was respected, and their private information was kept confidential.

Staff interviewed by the Assessment Team consistently spoke about consumers in a respectful manner and demonstrated an understanding of consumers’ personal circumstances, backgrounds, needs, preferences and managed risks. Staff demonstrated knowledge of the people important to each consumer and could describe how they are supported to maintain relationships with family, partners/significant others and friends. Care staff demonstrated that they are aware of consumer’s backgrounds and gave examples of how that influences the care they provide on a day-to-day basis. Staff have received training on consumer dignity, respect, culture and diversity.

Staff described the practical ways they respect the personal privacy of the consumers sampled, including how personal information is managed to maintain confidentiality. The Assessment Team observed staff interacting with consumers respectfully, greeting them by name, ensuring they were comfortable with assistance being provided during care and facilitating window visits or virtual calls to maintain connection with family members.

Care planning documents provided information about consumers’ backgrounds and ‘life story’, their relationships, life experiences, interests, religious preferences, cultural needs and what was important to them. Care planning documents included strategies for meeting the consumers’ expressed preferences and backgrounds. The service assessed risks to consumers and documented strategies to maintain their independence, choice and function.

Consumers’ files contained evidence of consultation with consumers, their representatives and provision of general information via a range of methods such as telephone calls, case conferences, newsletters and organised meetings.

The organisation has a range of policies and training programs that guide staff practice, including on topics such as acknowledging diversity, delivery of culturally safe care, communication with consumers, maintaining privacy and confidentiality.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements have been assessed as Compliant.

Consumers/representatives interviewed by the Assessment Team advised they were involved in the initial and ongoing assessments and planning of consumer’s care and services. They confirmed the service involves medical officers and other health professionals in the assessment and planning process as required. Consumers reported they were provided with information about their assessed care needs and a copy of their care plan is available if they wish to access it.

Registered staff described the assessment process undertaken in establishing a consumer’s care plan, how and when it is reviewed including referral to other health and allied health professionals for their input. Registered staff stated they informed consumers’ representatives when there had been a change in a consumer’s health and well-being and discussed if any changes in care planning were required. Care staff were aware of their responsibility in relation to the incident reporting/escalation, and reporting changes in the consumers condition, needs or preferences which may prompt a reassessment.

Consumers’ care planning documentation was individualised; identified needs, goals and preferences; and included specific risks to each consumer’s health and well-being, such as falls, skin integrity and management of specific health conditions. The Assessment Team reviewed sampled consumers’ assessment and care planning documentation and identified:

* Registered staff completed initial assessments on a consumers’ entry to the service and identified consumers' needs, choices and preferences.
* Consumers’ needs were reviewed three-monthly and when changes occur.
* Consumers and their representatives, medical officers, allied and other health professionals were involved where necessary during assessments and planning processes.
* Advance care planning and end of life planning information was discussed with consumers and representatives on entry to the service; when the consumer wished, during review of consumer care plans and as a consumer’s care needs changed.
* Reviews were completed on a regular basis and when circumstances changed, or incidents occurred.

Outcomes of assessment and planning were documented in a care and services plan that guided staff in the delivery of care and services and was available to the consumer and their representative. Care staff said they accessed consumer care plans on the electronic care system and were given information about updates on consumers’ care needs during handover and alerts published within the electronic care planning system.

The Assessment Team observed care planning documentation to be readily available to staff and visiting health professionals.

The service had clinical guidelines, policies and procedures to guide staff in their practice. Clinical assessment tools were available on an electronic care planning system. Staff were guided by organisational policies and processes to support palliative care and advance care planning.

The service monitors and analyses trends from clinical indicators monthly and reports are generated to inform governance decisions.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as 7 of the 7 specific requirements have been assessed as Compliant.

Consumers/representatives interviewed by the Assessment Team said consumers received safe, effective care and provided examples of how staff ensured care delivery was aligned with their personal and clinical care goals and needs. They confirmed the consumer’s needs and preferences were effectively communicated between staff, their medical officer and other providers of care. Consumers and representatives said referrals are undertaken and changes to care directives are communicated appropriately.

The Assessment Team identified consumer care documentation was individualised and demonstrated that care was safe, effective and tailored to the specific needs of the consumer. Care documentation of sampled consumers evidenced staff identified, communicated and responded to a deterioration or changes in a consumer’s condition and health status resulting in referrals to and input from, a range of medical officers, specialists and allied health professionals such as geriatricians.

Staff demonstrated knowledge of individual consumer’s needs and preferences including risks associated with consumers’ personal and clinical care such as falls and compromised skin integrity; and described strategies implemented to manage or minimise those risks.

Organisational policies and procedures ensure staff are guided in the delivery of personal and clinical care in line with best practice, including for minimising restraint, maintaining skin integrity and management of pain. These policies outlined, and staff demonstrated knowledge of, the requirements for assessment, treatment, review and monitoring the use of restrictive practices, consumer pain and consumer’s wounds. Care documentation evidences directives and monitoring regimes are established and actioned as required.

The service documented clinical and personal risks for each sampled consumer within their care plans and monitors the impact or prevalence of risks through compilation of clinical incident data. The data was analysed; and responses implemented to manage risks to consumers.

The service had procedures to ensure palliative or end of life care was delivered in accordance with consumers’ documented preferences and wishes. The service had clinical staff to support and maximise the physical comfort of consumers approaching the end of life. Care documentation of sampled consumers supported palliative care was delivered in accordance with the consumers wishes.

The organisation had policies and guidance resources available for staff to support them in recognising and responding to deterioration or changes in consumers’ condition including referral to medical officers or transfer to hospital when required. The service had registered nurses on site 24 hours a day with management staff and medical officers available if further advise is needed.

Staff described to the Assessment Team how they ensured care was best practice and how information was shared internally and externally to the service. The Assessment Team observed the handover of consumer information which included changes in care, assessment outcomes or ongoing monitoring requirements. Documentation confirmed sharing of information occurred following review by medical officers and allied health professionals with care plans and progress notes being updated. Care documentation evidences referrals to medical officers and allied health professionals are undertaken in response to emergent issues.

The Assessment Team observed information on infection control was displayed throughout the service with personal protective equipment and hand sanitiser readily available. A review of documentation confirmed consumers, representatives and staff have received information from the service regarding minimisation of infection related risks including for COVID-19. Staff described strategies implemented, such as pre-entry screening, annual influenza vaccinations, handwashing, social distancing and use of personal protective equipment to reduce transmission risks. Care and clinical staff also described strategies implemented to minimise the use of antibiotics and these reflected antimicrobial stewardship policy requirements. The service had policies, procedures and plans to prevent or manage an infectious outbreak and had infection prevention control leads on site.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as 7 of the 7 specific requirements have been assessed as Compliant.

Consumers/representatives interviewed by the Assessment Team indicated consumers felt supported to do the things they want to do and the availability of equipment and resources enables them to be as independent as possible and participate in activities, both internal and external to the service, that promotes their well-being and quality of life. Consumers confirmed staff were aware of their individual needs and ensured they were supported emotionally by being available to talk to or assisting them to maintain relationships with people who are important to them. Consumers said they have input into the menu, they generally like the meals provided.

Staff demonstrated to the Assessment Team, a shared understanding of what was important to individual consumers including but not limited to, what they liked to do, their relationships of significance, their emotional, cultural and spiritual support needs. Staff confirmed the activities program contains a variety of individual or group activities and these are held indoors, outdoors and external to the service. Consumers and their family members were informed of activities via an activities calendar displayed throughout the service and were also prompted or assisted by staff to attend.

Staff described to the Assessment Team the individualised assistance provided to consumers when they were feeling low or experiencing an emotionally difficult event. Staff advised consumers access the community to attend external appointments and external organisations are engaged to support and entertain consumers.

The Assessment Team reviewed care planning documentation used to guide staff on meeting consumer needs and confirmed the service captures information on each consumer’s likes, dislikes, nutritional requirements or preferences, activities of interest and who is important to the consumer such as close family contacts.

Equipment used to support consumers independence, such as walking aids and wheelchairs, was observed to be suitable, clean and well-maintained. Staff described how to report damaged or faulty equipment to initiate repair or replacement. Maintenance documentation evidenced reactive and proactive equipment maintenance and monitoring was completed.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as 3 of the 3 specific requirements have been assessed as Compliant.

Consumers/representatives interviewed by the Assessment Team reported consumer’s feel at home, safe and comfortable in the service environment and the service is clean and well maintained. Consumers and representatives said consumers can personalise their rooms, they are free to go outside when they want, can go out with family and friends, and staff are available if they need assistance. Consumers said when they reported issues to maintenance these were addressed promptly. Consumers/representatives confirmed their clothing was generally laundered to their expectations.

The Assessment Team observed the service environment to be welcoming, clean, well-maintained and easy to move around, both inside and outside. Equipment was observed to be clean and well maintained. There were multiple communal areas at the service, used by consumers to participate in activities, socialise or sit quietly. Signage within the service environment was observed to be clear and accurately directed consumers and their visitors around the service.

Staff described how the service environment supports consumers to find their way around, socialise, relax both in and out of doors and how mobility equipment such as hoists and chairs are regularly checked and serviced to ensure they are safe and fit for use.

Maintenance staff advised they ensure the environment is safe and well maintained through scheduled preventative maintenance and reactive maintenance. Review of the preventative maintenance books demonstrated regular maintenance of equipment is completed according to a schedule. Any issues with equipment reported by staff or consumers were actioned.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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 Quality Standard is assessed as Compliant as 4 of the 4 specific requirements have been assessed as Compliant.

Consumers/representatives said they felt encouraged, supported and comfortable raising concerns and providing feedback, either by using the service’s feedback forms, directly to management and staff or at consumer meetings. Those consumers who had raised concerns or provided feedback said appropriate action was generally taken, and changes had been made in response to their identified concerns. Consumers were aware of external complaints, advocacy and language services.

The organisation has written materials about how to make complaints. Staff confirmed they are provided with information about feedback and complaints mechanisms and had received training on open disclosure processes. Management and staff demonstrated an understanding of their responsibilities in relation to complaints management, including supporting consumers to provide feedback or make complaints, using open disclosure principles. Staff were aware of how to support consumers to access language, interpreter and advocacy services to assist them raise a complaint or suggestion.

Consumer meeting minutes identified ‘compliments and complaints’ are regularly discussed.

The organisation has policies and procedures that provides guidance to staff on documentation, investigation, resolution and evaluation of feedback and application of open disclosure practices following adverse events and the service’s complaints register demonstrated staff were adhering to documented processes.

The service trended, reviewed and monitored feedback and complaint data at the service and organisational level.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Non-Compliant as 1 of the 5 specific requirements have been assessed as Non-Compliant.

Consumers/representatives interviewed described workforce engagement as kind, caring, respectful and gentle in their approach and confirmed their needs were generally met despite recent national staff shortages due to COVID-19/coronavirus pandemic. They advised staff have the knowledge and were competent in delivering the care that matched the consumer’s needs. Consumers said staff responded to calls for assistance promptly.

The organisation had systems and procedures in place to direct workforce planning, recruitment processes, staff leave replacement, professional development and senior staff performance appraisals. Position descriptions established competencies and qualifications for each designated role and ensured staff are informed of their responsibilities. The service monitors the credentials and competencies of staff to ensure these are maintained.

Management confirmed to the Assessment Team the number of rostered staff and allocated time was sufficient to meet the care and service needs and preferences of individual consumers. Recruitment processes are ongoing to address the current issues relating to staffing numbers with agency staff used and other staff trained across designated roles to ensure short notice shift vacancies can attempt to be filled. Staff confirmed they are required to complete an induction program and complete scheduled mandatory training across a range of topics, including but not limited to, manual handling, infection control, food safety and the Quality Standards to ensure they maintain the appropriate skills required to perform their roles. While management confirmed senior staff completed an annual performance appraisal; the performance of other staff is monitored through supervisory oversight, an invite to attend a performance appraisal if they wished to, and analysis of clinical data and audits.

Documentation reviewed by the Assessment Team confirmed policies and procedures guide the management of the workforce, the selection and recruitment of new staff, orientation and probationary processes and monitoring of staff performance. However, processes to demonstrate each member of the workforce had their performance evaluated or assessed regularly were not implemented.

The Assessment Team recommended, Requirement 7(3)(e), as met. I sought further information from the Approved Provider on their assessment, monitoring and review processes of the performance for each member of the workforce to support this. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the Approved Provider’s written response and have come to a different view from the Assessment Team and find the service Non-Compliant with Requirement 7(3)(e). I have provided reasons for my findings in the specific Requirement below.

## 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.*

### 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) Non-Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The service was unable to demonstrate the performance of each member of the workforce is assessed, monitored and reviewed regularly. In coming to a decision on compliance I have considered the evidence contained within the Site Audit Report and the written response from the Approved Provider.

During the Site Audit, the Assessment Team interviewed staff, reviewed policies, procedures and registers which identified performance review processes are conducted annually with senior staff only.

In its written response, and through the provision of supporting documentation including policies, the Approved Provider evidenced while performance reviews of other members of the workforce is mandatory during their probation period, all further performance reviews were optional. The Provider reported, and documentation demonstrated, management will provide constructive feedback when staff were observed not to be following procedures and a record of conversation will be completed. However, the regular assessment and reviews of performance of other members of the workforce are only undertaken if staff accept an invitation to participate, which the Approved provider advises, most staff decline.

It is expected that each member of the workforce has an appropriate person regularly assess and evaluate how they are performing their role; and to identify, plan and support any training and development they need.

While I acknowledge the Approved Provider’s response, including the review of current workforce performance policies and planned actions to improve monitoring of completion of performance reviews for senior staff, the response has not addressed how current processes will be expanded to ensure the performance of each member of the workforce is regularly assessed, monitored and reviewed as is required by this Requirement.

Therefore, I find the service Non-Compliant in this requirement.

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements have been assessed as Compliant.

Consumers/representatives interviewed by the Assessment Team considered the organisation to be well run and advised they are partners in improving the delivery of care and services through participation in care plan reviews, consumer surveys, discussions at consumer meetings and feedback provided. Management described consumer consultation processes relating to the installation of aquariums to promote a calm and relaxing environment.

The governing body promotes a culture of safe, inclusive and quality care through the organisation’s risk management framework. The organisation has established processes to monitor the performance of the service measured against the Quality Standards via monthly reporting of incidents, audit results and consumer feedback which is escalated to the governing body for consideration and response.

The service demonstrated it had effective information management systems to provide all staff with relevant, current and updated information to help inform their roles. Staff confirmed they could readily access the information they needed about the organisation’s processes, practices, forms and about the care and service requirements of each consumer on the organisation’s electronic systems.

A continuous improvement system reviewed by the Assessment Team demonstrated opportunities to improve care and service delivery are identified, planned, monitored and evaluated with the governing body using the information to monitor the service’s compliance with the Quality Standards, initiate improvements and enhance performance.

The service has an annual and capital expenditure budget including the ability to access additional discretionary funds to meet any emerging care or service needs of consumers.

The service has a quality management system that tracks and informs management and staff of any new documentation or updates to existing documentation. Staff could describe how legislative changes had impacted the approach of the organisation in relation to minimising the use of restraint.

The organisation’s risk management framework incorporated policies and procedures that included the identifying and responding to serious incidents involving potential abuse and neglect of consumers. Staff demonstrated knowledge of risk management and were aware of their reporting responsibilities in the event of an allegation of abuse raised or witnessed by them. Staff confirmed care and service plans contain strategies to manage risks to consumers enabling them to live their best life.

The service provides clinical care and has a documented clinical governance framework that covers antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. Staff described how these policies influence their daily practice including obtaining pathology results to inform antibiotic prescribing, providing apologies to consumers when a complaint is made and practices to promote the use of restrictive practices as a last resort.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) 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.*

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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.

* Requirement 7(3)(e) – The performance of each member of the workforce is to be monitored, reviewed and assessed regularly to identify, plan and support any training and development they need.