Gymea Bay Aged Care

Performance Report

128 Coonong Road
GYMEA BAY NSW 2227
Phone number: 02 9524 4954

**Commission ID:** 2249

**Provider name:** Apex Software Pty Limited

**Site Audit date:** 12 May 2021 to 14 May 2021

**Date of Performance Report:** 23 June 2021

# 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** | **Non-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) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-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** | **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** | **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 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 18 June 2021.

# STANDARD 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

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.

Overall sampled consumers who spoke with the Assessment Team considered 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. For example:

#### Consumers said they feel valued for who they are. Consumers and representatives said staff speak to them respectfully, and feel staff know them and understand their preferences.

#### Consumer and representatives provided feedback that was positive in relation to the service meeting their individual needs and preferences. Staff explained how they provide care and services that is culturally safe to consumers from diverse backgrounds.

#### Feedback provided by consumers indicated they are given information which enables them to exercise choice. The service provides consumers with information which allows them to make informed choices and understand their rights and the services available to them.

#### Consumers sampled said they feel they have a say in the care and support that is provided to them. The staff provided examples of how they help consumers make day-to-day choices and assist with access to any support the consumer needs to live their best life.

#### Consumers said their privacy and confidentiality is respected. Staff could give examples of how they maintain the privacy of consumers in the delivery of care and services, and observations made were generally consistent with this. The organisation has systems to support consumer information privacy.

The Quality Standard is assessed as Compliant as six 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 consumer

### 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

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.

Consumers and representatives who spoke with the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Overall consumers and representatives interviewed said they have been involved in the process of assessment and care planning and are aware of assessment and care planning processes at the service.
* For the consumers sampled, representatives said they have had an opportunity to communicate end of life care wishes with the service staff. All consumers and representatives said they are involved in assessment and care planning. The results of interviews with consumers and representatives demonstrates they are aware of the consumer’s care plan and are aware the plan is available to them.
* All consumers and representatives interviewed, said there have been discussions with them about their advanced care planning and end of life wishes.

The Assessment’s report details that for the consumers sampled, care and service records provide evidence of comprehensive assessment and care planning that considers risk to the consumer’s health and well-being. However, the Assessment Team found that care and services are not always reviewed for effectiveness when circumstances change, or incidents occur which impact on the needs, goals and preferences of consumers. Incident reports are not always completed in relation to when physical aggression has occurred by a sampled consumer towards other consumers or staff.

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.*

### 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.*

The Assessment Team found the service demonstrated an understanding and the implementation of this requirement as staff use case conferences as an opportunity to communicate care and services planning to consumers and representatives. Management and staff interviews confirmed the care and services plan is readily available to consumers and representatives. Consumers and representatives who spoke with the Assessment Team provided feedback that supports they are aware of the consumers care and services plan and the plans are readily available to them.

I find this requirement is Compliant.

### 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 while care and services plans are reviewed on a regular basis, meaningful review is not conducted when consumers’ condition or needs change. The regular review of care and services plans has not identified whether interventions have been effective in meeting the needs of consumers.

The Assessment Team’s report details that the care and services plan for a sampled consumer does not show evidence of review for effectiveness when circumstances change, incidents occur or when the needs of the consumer change. In some cases, incidents are not reported and therefore the effectiveness of care is not reviewed.

The approved provider submitted a written response which refutes the Assessment Team’s findings. In their response, the approved provider describes processes the service uses to regularly review care and services for each consumer. It includes that the service logs and analyses all major incidents and that all incidents are detailed in the service’s daily nursing report.

The approved provider’s response included further information in relation to a sampled consumer detailed in the Assessment Team’s report, including evidence of an accident/ incident report that was completed on 8 May 2021. However, this information was in relation to one of the incidents detailed in the Assessment Team’s report. The information submitted by the approved provider does not address all issues raised by the Assessment Team to demonstrate evidence of regular care and services reviews for effectiveness, and in particular when incidents impact on the needs, goals or preferences of the sampled consumer.

For the above sampled consumer, it is noted the service has arranged a number of consultations by geriatricians, specialist dementia services and dietitians. The approved provider’s response includes that the service questions the suggested interventions and recommendations for the sampled consumer by the specialist referral services and medical specialists. The approved provider’s response describes that some recommended interventions have been trialled in response to the sampled consumers behaviour and writes that all interventions were ineffective and increased the consumer’s behaviour.

The approved provider has described some information in relation to the processes to report incidents and that some interventions have been trialled but are ineffective for the sampled consumer. However, this information alone does not demonstrate that when circumstances change, or incidents occur that further review or evaluation occurs when interventions are ineffective to minimise the impact on the needs, goals or preferences of the consumer. Nor did it demonstrate evidence of review when these incidents/behaviours impact the needs, goals or preferences of other consumers.

I find this requirement is Non-compliant.

# 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

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.

Overall sampled consumers and representatives who spoke with the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. For example:

* Consumers said they are satisfied with the way personal and clinical care was provided and confirmed they get the care they need.
* Consumers and representatives interviewed said they were not aware of any issues in relation to accessing medical services or allied health professionals for consumers.
* Consumers and representatives gave positive feedback about clinical and personal care, the review of care and service records support that clinical care provided to the consumers sampled optimises consumers’ health and wellbeing.

The Assessment Team found for the consumer sampled in relation to end of life care, the care and service records reflect that their comfort was maximised and dignity preserved when receiving end of life care. Care and service records reflect the identification of, and timely response to deterioration or changes in condition for the consumers sampled. The service has systems in place for communicating information about the care of consumers and these have been effective for all consumers sampled.

However, the Assessment Team found for a sampled consumer living with dementia who displays aggressive behaviours, that these behaviours are not consistently managed, and strategies are not always developed to minimise the risk of reoccurrence.

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

### 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) Non-compliant

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

The Assessment Team’s report details that for a sampled consumer living with dementia who displays aggressive behaviours, that these behaviours are not consistently managed, and strategies are not always developed to minimise the risk of reoccurrence. The Assessment Team’s report details for sampled consumers that high impact or high prevalence risks are not identified in care plans. While some behaviours are monitored and reported, behaviour management plans are not in place for these consumers.

The Assessment Team’s report also details interviews with four consumers who described occurrences of another consumer’s behaviour and their experiences when these behaviours/incidents has impacted them. The Assessment Team found the potential contributing factors to escalating behaviour are not investigated and measures to prevent behavioural incidents occurring are not developed and implemented. For example, a sampled consumer’s bowel chart recorded entries indicating occurrences when the consumer had not opened their bowels for up to five days and documentation did not show evidence of follow up interventions to manage or strategies to reduce reoccurrence.

The approved provider’s written response includes they refute the Assessment Team’s findings. It includes the approved provider has a commitment to minimising the use of restraint and uses a proactive approach to reduce or cease the use of chemical restraint for consumers.The response also includes supporting documentation about a sampled consumer detailed in the Assessment Team’s report. However, this information does not address all issues raised or identified by the Assessment Team and does not demonstrate effective management of high impact and high prevalence risks associated with the care of the sampled consumer. Nor does it demonstrate effective management of the risks associated with the care of other consumers when impacted by another consumer’s behaviour/ incidents.

In relation to bowel charting, it is noted the approved provider’s response acknowledges there were some initial implementation issues following the commencement of using the electronic care planning system including staff practices when charting. The approved provider responded to the Assessment Team’s feedback at the time of the site audit by identifying staff were incorrectly entering data on bowel charts. In response to this issue, the approved provider distributed a memo to staff (dated 13 May 2021) in relation to the expected practices to be used for bowel charting to ensure accurate and consistent charting entries.

The approved provider submitted as evidence the sampled consumer’s continence and toileting care plan. Having reviewed this information, while this care plan demonstrates some evidence of review and evaluation, the information does not show evidence of alternative management or review of the high impact or high prevalence risks when strategies are found to be ineffective. The approved provider’s response also did not consider or respond to the initial concern raised by the Assessment Team relating to the sampled consumer’s bowel charts. It is noted that the consumer’s care plan identifies the consumer is reluctant to accept staff assistance with toileting and hygiene.However, the approved provider’s response did not consider the potential of unmet needs as charting showed the sampled consumer had not opened their bowels for up to five days. Nor did it consider that the sampled consumer’s care plan details that the consumer is unable to effectively undertake continence and toileting management independently.

The approved provider also submitted information including some care planning documents and progress notes regarding the sampled consumer. While these documents did provide more information relating to some behavioural support interventions and strategies, it did not demonstrate that consistent and effective risk management is in place to show actions are taken to manage high impact and high prevalence risks associated with the care of each consumer.

I find this requirement is Non-compliant.

### 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.*

# STANDARD 4 COMPLIANT Services 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

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.

Overall sampled consumers who spoke with the Assessment Team considered that they get the services 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. For example:

* Consumers at the service said they felt satisfied with the services provided and staff support them to optimise their health and well-being and enable their independence and quality of life.
* Consumers felt they were able to do the things they wanted to do and felt their social, emotional and spiritual needs were supported.
* Some consumers were able to confirm they are still able to participate in the local community activities. Whilst other consumers confirmed they are able to engage in social and personal relationships and things of interest to them.
* Consumers interviewed regarding the meals, spoke favourably regarding the meals and snacks being provided. Consumers said they get plenty to eat and do not usually feel hungry between meals.

The Quality Standard is assessed as Compliant as seven 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.*

The Assessment Team’s report details that consumers and representatives provided a mixture of positive and negative feedback about the food, however, all agreed the food has been improving. The service provides opportunities for consumers to give feedback about the food and demonstrated that feedback is used toimprove or adjust the meals to reflect the consumers wants and needs.

I find this requirement is Compliant.

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

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

# STANDARD 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

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.

Most sampled consumers who spoke with the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The Assessment Team found there have been improvements made to the service environment including new flooring to the common areas, a new call bell system and a new front door. While the service building structure does not lend itself to a dementia friendly environment, there have been some design principles implemented to create a familiar environment and enhance the consumers ability to locate their room and common areas.

The service environment was observed to be safe, clean, well maintained and comfortable. The service has systems in place for the cleaning and maintenance of the service environment. Overall consumers interviewed were satisfied the service is safe, clean and well maintained, and furniture fittings and equipment are also safe, clean, well maintained, and meeting consumer needs.

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.*

The Assessment Team found the service environment was observed to be safe, clean, well maintained and comfortable. The service has systems in place for the cleaning and maintenance of the service environment. Overall consumers interviewed were satisfied the service is safe, clean and well maintained and were complementary of the new flooring in living areas and hallways.

I find this requirement is Compliant.

### 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

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, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers who spoke with the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

Consumers felt satisfied with the care and service they received at the service. Consumers described how friendly the staff are and how management has an open-door policy regarding feedback. Consumers said they are confident in approaching any staff or management if they have any concerns about their care and services.

Consumers interviewed said they had noticed changes after they had raised concerns through the resident and family meetings. Consumers said they were happy with the way staff “looked after them” and felt the service support them in achieving quality of life.

Review of the feedback register shows the service consistently record the complaints or concerns raised by consumers or their representatives. Staff have a sound knowledge of the complaints management process and a good understanding of open disclosure principles. The service was able to demonstrate they seek consumer feedback on care and services, adequately record feedback and/or use feedback data to drive continuous improvement in care and services.

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 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

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 staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most sampled consumers who spoke with the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Overall consumers confirm staff are kind and caring. Consumers interviewed said they are treated with respect and are satisfied with the level of personal knowledge staff have to ensure their needs and preferences are met.
* Consumers said they feel staff know what they are doing and feel safe when staff assist them in their daily life and said staff always adequately deliver care and services.
* Consumers said they feel there is enough staff to provide adequate care and service. Consumers said they do not experience long call bell response times and believe staff deployment is effectively planned to meet their needs.

Staff are consistently provided with training in areas identified as a lacking skillset and are provided with equipment and supports to carry out their roles in reaching positive outcomes for consumers. Staff are trained and equipped to provide safe and quality care and services and there are processes for the ongoing assessment, monitoring and review of the performance of all staff.

The service has systems in place to ensure staff are recruited, trained and performance reviewed. Management could demonstrate it adequately monitors staff practices that impact on the consumers’ health and well-being. The service was able to demonstrate it provides a workforce with the knowledge and specific training to provide adequate clinical care and maintain information in care planning that is reflective of the current needs of some consumers.

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.*

### 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 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

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).

Overall sampled consumers who spoke with the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Overall consumers sampled confirmed the service is well run and that management has an open-door policy and that consumers can approach them at any time.
* Consumers said they were confident in their involvement in the development, delivery and evaluation of care and services at the service. Consumers were able to give examples of when they have provided feedback on meals, activities, and the environment they live in at the service.

The service demonstrated effective governance systems relating information management, workforce governance, regulatory compliance and feedback and complaints. A review of policies and procedures showed staff have guidance to provide safe and effective care and services.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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) 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 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.*

The service should:

* Develop and maintain processes that enable a consistent approach to reviewing care and services regularly for effectiveness, and in particular when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Ensure assessment and care planning identifies and addresses the current needs, goals and preferences and any risks associated with the care of each consumer; and that these are reviewed regularly and when consumer circumstances change, or incidents occur. This includes reviewing interventions which have not been effective and developing and trialling new interventions.

### Requirement 3(3)(b)

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

The service should:

* Review and monitor charting processes and practices to ensure these are maintained to enable accurate and consistent charting entries of consumer care.
* Implement, monitor and review effective management of high impact or high prevalence risks associated with the care of each consumer. In addition to effective management of risk when incidents impact other consumers.