HammondCare - Cardiff

Performance Report

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**Commission ID:** 0607

**Provider name:** HammondCare

**Site Audit date:** 20 October 2020 to 22 October 2020

**Date of Performance Report:** 21 December 2020

# Publication of report

This Performance Report **may 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** | **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** | **Non-compliant** |
| Requirement 5(3)(a) | 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) | Non-compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-Compliant** |
| Requirement 8(3)(a) | Non-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 conducted 20-22 October 2020; 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 November 2020, including a covering letter and attachments.

# 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

Consumers and representatives considered consumers had been treated with dignity and respect, maintained their identity, made informed choices about their care and services, and lived the life they had chosen. They also considered the consumer had been enabled to maintain relationships and to stay in touch with the people who were most important to them.

Staff were aware of the background of consumers, what was important to them and how to support them. Consumers’ care and service records reflected this and that consumers had been supported to take risks to enable them to live their best life.

Respectful interactions were observed between staff and consumers, and consumer privacy was observed to be maintained.

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 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

Consumers considered they felt like partners in the ongoing assessment and planning of their care and services. They (and representatives on their behalf) confirmed they were involved in assessment and care planning and had the opportunity to make advanced care wishes known for the consumer.

The organisation had systems and processes to ensure initial assessment, reassessment and care planning occurs which included consideration of consumer needs, goals, preferences and risks; and these had been implemented for consumers at the service. Consumer assessment and planning had been reviewed and monitored.

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

### 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.*

# 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

Some consumers (and representatives on their behalf) confirmed the consumer had gotten the care the personal and clinical care needed, but others did not. They confirmed the consumer had access to a doctor or other health professional when they had needed it.

The organisation had policies and procedures to guide staff practice in providing personal and clinical care that is best practice, tailored to consumer needs and optimises consumer well-being; and these were being implemented at the service. This applied generally and in relation to end of life care and when a consumer’s condition had deteriorated. Staff had access to relevant care and clinical information, and they had been able to share this with allied and medical health specialists for effective communication. Consumer referrals had occurred in a timely manner.

Infection prevention and control had been managed generally and in relation to the COVID-19 pandemic; and antimicrobial stewardship had been practised.

However, the organisation had systems to ensure effective management of high impact or high prevalence risks associated with the care of each consumer but these had not been effectively implemented at the service. Risks relating to behaviour incidents including aggression, falls management and to some extent medication management had not been managed effectively for some consumers.

The approved provider reports having identified most of these issues prior to the audit, and reports that actions have been taken and are being taken to address these.

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 includes information about high impact and high prevalence risks associated with the care of consumers relating to wrong medication being administered to consumers, behavioural incidents including aggression to other consumers, and falls including some consumers having repeat falls. It includes through reviewing clinical key performance indicators organisational representatives identified there was a problem due to the significant number of aggressive incidents and there were issues with falls management. They explained actions had been taken and consumer aggressive incidents and falls were trending downwards.

The team found that although the organisation had systems to ensure effective management of high impact and high prevalence risks associated with the care of each consumer, these had not been effectively implemented at the service for some consumers. They concluded this allowed management of high impact or high prevalence risks for consumers to be ad hoc and at times ineffective in relation to behaviour incidents including aggression, falls management and to some extent medication management.

The approved provider’s written response contained helpful contextual information about the profile of consumers living at the service, the service environment and the model of care, including a Specialised Dementia Care Program. It included this is consistent with a higher rate of consumer behavioural incidents involving aggression and supporting data about this was provided.

The provider’s response has a commitment to continued work on a wide range of improvement strategies relating to high impact and high prevalence risks associated with the care of consumers. It includes data showing a downward trend in consumer behavioural incidents and in falls for some consumers. The response has an acknowledgement that the organisation is in the process of being able to clearly demonstrate how such risks are managed and an ongoing reduction in these incidents for consumers at the service.

While the work the approved provider has undertaken and is undertaking is recognised, the requirement was non-compliant at the time of the team’s performance assessment and it will take some time to implement and understand the effectiveness of the improvement strategies. For these reasons, 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

Consumers considered they get the services and supports for daily living that are important for their health and well-being and which enable them to do the things they want to do. While consumers (and representatives on their behalf) spoke of some limitations due to the COVID-19 pandemic, they confirmed consumers had been able to engage in things they enjoy and had been supported by staff if they had low mood. They all considered the food provided to be of good quality and adequate quantity.

The organisation had systems and processes to ensure safe and effective services and supports for daily living; and these had been implemented for consumers at the service. Consumers were out and about walking the grounds of the service, shopping at the service’s food supply area, and using common areas for various activities. Staff had access to relevant consumer daily living information, which had been shared with others, and consumer referrals had occurred as needed. Quality meals were being provided which were varied and sufficient in quantity; and there was equipment suitable to consumers which was clean, safe and well maintained.

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.*

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’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

Consumers (and representatives on their behalf) considered the consumer belonged in the service and felt safe and comfortable in the service environment. The service environment was welcoming and easy to understand, and optimised each consumer’s sense of belonging, independence, interaction and function. Furniture in consumer rooms and living areas appeared clean and well maintained.

However, some cleaning practices in consumer areas of the service environment had not been effective and those areas were unclean; and some flooring and ceilings were water damaged.

The Quality Standard is assessed as Non-Compliant as one of the three specific requirements have been assessed as Non-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) 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 Assessment Team’s report includes that carpets were stained and in some areas were malodorous, a high touch point was not clean, air-conditioning vents were dirty and dusty, and there was water damage to flooring and ceilings. It also includes while staff were aware of the need to do so, requests for deep cleaning of carpet had not been logged into the maintenance system. The report included while there is documented guidance for staff in relation to cleaning duties it was not evident these were being completed. It includes that later in the audit external cleaners were at the service cleaning the carpet.

The approved provider’s written response has an acknowledgement of the findings and reflects these issues have been addressed in the short term with longer term more sustainable actions being implemented. This includes carpets have been cleaned and continued cleaning will occur, consumer continence assessment has taken place, air-conditioning vents have been cleaned, and the water damaged areas have been repaired. It also includes there has been education for staff about cleaning and logging requests into the maintenance system.

The approved provider reports actions have been taken and are being taken to address this.

While the work the approved provider has undertaken and is undertaking is recognised, the requirement was non-compliant at the time of the team’s performance assessment and it will take some time to understand the effectiveness of the improvement strategies. For these reasons, this requirement is Non-compliant.

### 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

Consumers (and representatives on their behalf) considered they had been encouraged and supported to give feedback and make complaints saying they had been able to directly approach staff with their complaints. While most said that appropriate action had been taken in response to a complaint, some representatives expressed frustration with delayed action. Most of those who had made a complaint said improvements had been made.

The organisation had policies and procedures for managing and responding to complaints. Staff were aware of how to support consumers to give feedback and make complaints using the service’s feedback system. They were aware of actions to be taken to address some of the complaints made and spoke about having implemented these.

However, most consumers (and representatives on their behalf) were not aware of or could not recall having been provided with information about other methods for raising and resolving complaints, including advocacy and language services. Staff did not know how to support them in this regard. There were some brochures promoting an advocacy service, but it was not otherwise demonstrated by management that consumers were being provided with information about other methods for raising and resolving complaints.

The approved provider reports actions have been taken and are being taken to address this.

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) Non-compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

The Assessment Team’s report reflects six of seven consumers/representatives were not aware of or could not recall having been provided with information about other methods for raising and resolving complaints, including advocacy and language services. It included none of the staff knew how to assist consumers with advocacy or language services. The report includes while the team observed some relevant brochures displayed in the service environment, it was not otherwise demonstrated by management that consumers were being provided with relevant information.

The approved provider’s written response is these issues were immediately addressed with education commencing for the staff and continuing; arrangements made for national aged care advocacy service (OPAN) representatives to visit and meet with consumers/representatives in December 2020; and information given to consumers/representatives in a newsletter about advocacy and language services, the upcoming visit and their opportunity to meet with the OPAN representatives. Also, the organisation’s complaints acknowledgement letter was updated with advocacy and language service details.

A copy of the newsletter and staff education learning material was submitted as supporting evidence.

While the work the approved provider has undertaken and is undertaking is recognised, the requirement was non-compliant at the time of the team’s performance assessment and it will take some time to implement and understand the effectiveness of the improvement strategies. For these reasons, this requirement is Non-compliant.

### 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 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

Consumers (and representatives on their behalf) considered the care and services the consumer had been receiving was from people who are knowledgeable, capable and caring.

The organisation had systems and processes to ensure staff are qualified, trained and competent in their roles, which had been implemented at the service. The organisation had a staff performance framework and had commenced performance appraisals for all staff. Interactions between staff and consumers were observed to be kind and caring.

However, some consumers (and representatives on their behalf) raised concerns about the adequacy of staffing levels. Staff provided information about mostly having been able to complete their duties but that at times this had been challenging. Some rostered shifts had not been filled, some nurse call alerts had not been responded to in a timely manner, and complaints had been made about staffing.

The approved provider reports having undertaken a management restructure and a roster review and having implemented strategies to bring about improvement prior to the site audit, and that this work is continuing.

The Quality Standard is assessed as Non-compliant as one 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 Assessment Team’s report includes most consumers/representatives did not think there were enough staff to provide care and services for consumers, and staff said they can generally complete their work but sometimes have had to hand over tasks or could do with an extra staff member. It includes there have been difficulties filling rostered shifts and while some staff had worked additional hours and agency staff had been used, some rostered shifts had been unfilled in recent months.

It is noted the numbers of personnel data outlined in the report showed in the week prior to the audit variations in staffing from day to day. For example, on night duty 40 care staff hours one night, 50 hours another and 60 hours the other nights.

The report reflects there had been complaints made regarding staffing levels, and an observation was made by the team when staff response to demands on them led to a hazard. It has some information about average call bell response times being excessive in recent months.

The report includes management advised the team there had been challenges due to staff turnover and personal leave in the context of the COVID-19 pandemic, that staff recruitment was underway to be able to fill the rostered shifts, and call bells were not always working properly or staff did not turn them off when they responded.

The approved provider’s response includes they continue to address the issues in relation to staffing levels and while the provider believes there is enough staff they acknowledge the totality of the evidence presented by the team. Additional information is direct care hours exceed the industry benchmark, however acknowledgement the profile of consumers at the service warrants this. A management restructure was undertaken, and new positions created. A full roster review was undertaken, and unfilled shifts continue to decrease.

While the work the approved provider has undertaken and is undertaking is recognised, the requirement was non-compliant at the time of the team’s performance assessment and it will take some time to implement and understand the effectiveness of the improvement strategies. For these reasons, this requirement is Non-compliant.

### 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 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The organisation demonstrated that its governing body promotes and is accountable for a culture of safe and quality care, there are effective organisation wide governance and risk management systems, and there is a clinical governance framework.

The organisation did not demonstrate consumers (or representatives on their behalf) had been engaged in the development, delivery and evaluation of care and services for the service as a whole or at organisational level.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team’s report includes management advised the organisation’s strategy to engage consumers and representatives had mainly been through case conferences. It is noted this information is about partnering in care with the individual consumer (or a representative on their behalf) and does not demonstrate deeply engaging consumers in the development, delivery and evaluation of care and services for the service as a whole or at organisational level.

The Assessment Team’s report reflects information about consumers not being engaged in the development, delivery and evaluation of care and services. There had been a consumer survey in November/December 2019 with a lack of follow-up of the results, there had not been a resident meeting since March 2020, and other committees, meetings or forums held had not been held until October 2020. The team noted management had communicated with consumers (and representatives on their behalf), but this does not demonstrate consumer engagement; and that management advised a carers forum was to be introduced.

The team reached a conclusion that the organisation’s enablement of consumers and representatives to engage the service in broader service improvements is ongoing and this requirement is met. The information gathered by the team as outlined above does not support that conclusion.

The approved provider’s written response includes information that shows a lifestyle engagement officer was engaged to work at the service and, in supporting evidence (a newsletter), consumers/representatives were invited to contribute to the Christmas lighting project at the service. It also includes a major initiative at the service in 2020 has been a management team and roster review, which led to restructuring. Information was not provided about engaging consumers (or a representative on their behalf) in this.

It was not demonstrated that consumers had been engaged in the development, delivery and evaluation of care and services or that they had been supported in any engagement. For these reasons this requirement is Non-compliant.

### 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.*

The Assessment Team’s report includes a statement that effective organisation wide governance was not demonstrated in relation to workforce governance and regulatory compliance. This includes reference to findings under Standard 7: Human resources where the team has recommended a requirement is not met, and details about a reportable assault and consumer room moves/security of tenure.

The approved provider’s written response is they disagree with the team’s findings. It includes:

* The actions taken to address staffing issues are evidence of effective workforce governance. This is acknowledged noting a full roster review was undertaken and related actions were underway prior to the audit.
* Appropriate and timely action was taken when the provider became aware of a reportable assault. An incident report for each consumer was submitted as supporting evidence.
* The residential agreement includes information about security of tenure, a consumer room move only occurs with prior consent, and the team’s report includes feedback from a consumer representative confirming this. Supporting documentation with another example of prior consultation about a possible consumer room move has been submitted. This is acknowledged.

The Assessment Team recommended this requirement is not met. However, review of information about workforce governance and regulatory compliance in the team’s report, in the provider response’s and from the Compulsory Reporting Team does not support this. While I am of the view that there remains room for improvement with workforce management, I have addressed this in my compliance finding in requirement 7(3)a. Information in the team’s report about information management, continuous improvement, financial governance and feedback and complaints shows there is effective organisation wide governance in those areas. For these reasons, this requirement is Compliant.

### 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.*

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

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

Required improvements

Ensure high impact and high prevalence risks associated with the care of all consumers are effectively managed, particularly but not only in relation to wrong medication being administered to consumers, behavioural incidents including aggression to other consumers, and falls including some consumers having repeat falls.

### 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.*

Required improvements

Ensure the service environment is clean and well maintained.

Review and monitor the processes for keeping carpets clean on an ongoing basis as these have not been effective.

### Requirement 6(3)(b) Non-compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

Required improvements

Ensure consumers are made aware of and have access to other methods for raising and resolving complaints, including advocates and language services (where needed).

Implement the planned action to raise awareness by consumers/representatives of access to advocacy services through a presentation to them by the Older Persons Advocacy Network.

Monitor the effectiveness of recent actions taken to make consumers (and representatives on their behalf) aware of advocacy services, including by consulting consumers/representatives.

### 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.*

Required improvements

Ensure the workforce deployed enables the delivery and management of safe and quality care and services to consumers.

Implement the planned actions underway to fill rostered shifts and to educate staff about the importance of nurse call alert response.

Monitor the effectiveness of the actions taken to ensure timely and appropriate care and service provision to consumers, including by consulting consumers/ representatives.

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

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

Required improvements

Ensure consumers (or representatives on their behalf) are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Consider ways to engage consumers in this for the service as a whole and at organisational level on an ongoing basis consistent with the Commission’s consumer engagement resources.