Holy Spirit Home

Performance Report

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**Commission ID:** 5094

**Provider name:** Holy Spirit Care Services (Brisbane) Ltd

**Review Audit date:** 6 January 2020 to 10 January 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-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) | Non-compliant |
| Requirement 2(3)(b) | Non-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) | Non-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) | Compliant |
| Requirement 5(3)(c) | Non-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) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-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 Review Audit; the Review 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 Review Audit report received 5 February 2020 and 6 February 2020.

# STANDARD 1 NON-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

Overall consumers sampled confirmed they can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers confirmed the service supports them to be independent and encourages them to exercise choice about the care and services they receive. They confirmed staff generally know what is important to them and support them to maintain relationships with friends and family members, both inside and outside of the service.

However, some consumers reported they had experienced staff practices that left them feeling disrespected. These practices included rushed care delivery and discourteous communication.

Most staff had an understanding of each consumer and what was important to them however some staff did not demonstrate this level of understanding. Some staff could not describe how they recognised and valued the identity and cultural background of individual consumers; nor could they demonstrate how this influenced day to day care delivery. Staff reported they had observed care delivery being rushed and on occasion staff speaking disrespectfully to consumers.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

Consumers and representatives generally reported staff treat them with dignity and respect. However, some consumers had experienced staff practices that left them feeling disrespected. These consumers reported:

* being rushed during care delivery,
* staff not taking time to listen to them,
* staff speaking disrespectfully.

Some staff did not have an understanding of consumers’ individual backgrounds and how this informed care and service delivery.

Care planning documentation did not clearly articulate ways that consumers’ identity and culture can be supported and valued.

The Assessment Team observed staff treating consumers disrespectfully during the review audit. The Assessment Team observed staff:

* failing to attend promptly to consumers who were experiencing agitation,
* speaking rudely to consumers and failing to attend to simple requests courteously.

I acknowledge the organisation had identified concerns relating to staff culture prior to the review audit and that this was being addressed. The approved provider’s response refers to the implementation of a model of care that will foster inclusion, diversity and excellence. I note this approach includes the appointment of staff to lead this initiative and the provision of staff education. While I am confident this will result in improved outcomes for consumers, at the time of the review audit consumers were not being consistently treated with dignity and respect.

For the reasons detailed above I find this requirement is non-compliant.

**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

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-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

Most consumers and representatives confirmed they feel like partners in the ongoing assessment and planning of their care and services. They provided positive feedback about how the service works with them in planning their care and said they were satisfied with the information that is provided to them about the care planning process.

Care planning documents reflect the involvement of consumers, their representatives and other providers of care such as allied health specialists, medical officers and a nurse practitioner.

However, the organisation could not demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, consistently informs the delivery of safe and effective care and services.

Assessment and planning did not consistently identify and addresses the consumer’s individual goals and preferences, including advance care planning and end of life planning.

While consumers’ care and services undergo regular scheduled review, reviews do not always occur when circumstances change or when incidents such as falls occur.

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

## Assessment of Standard 2 Requirements

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

Assessment and planning undertaken by the service has not consistently included consideration of risks to the consumers’ health and wellbeing, specifically in relation to equipment provided to consumers to assist with their mobility.

The organisation has a policy relating to the use of bed poles and the requirement for a risk assessment to be completed. However, staff interviewed did not have a shared understanding of this process. Review of consumers’ clinical documentation identified three consumers who were, or are, provided with bed poles. While the risk relating to the use of bed poles had been discussed with consumers, a risk assessment in relation to their individual ability to use the equipment and/or the correct placement of the equipment had not occurred.

The approved provider’s response includes evidence that the policy/procedure relating to the use of bed poles has been revised and clearly outlines expectations about risk assessment, risk minimisation, training and clinical governance. For consumers using this type of device, risk assessments have been completed and care plans have been reviewed.

While I acknowledge the approved provider has taken action to ensure assessment and planning includes consideration of risks to the consumer’s health and well-being, this was not consistently occurring at the time of the review audit.

For the reasons detailed above I find this requirement is non-compliant.

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

Assessment and planning processes do not reflect individualised goals, preferences or guidelines to support care delivery. Assessment and planning specific to end of life had not occurred in a timely manner for some consumers who were palliating.

The approved provider’s response states that a number of actions are being taken to ensure assessment and planning reflects a consumer-centred approach. This includes the involvement of a nurse practitioner in the provision of education to clinical staff and the review of assessment and care planning processes with a focus on palliative care assessment and care planning pathways.

While I acknowledge the approved provider is addressing the deficiencies identified under this requirement, for the reasons detailed above, I find this requirement is non-compliant.

### 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) 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.

While scheduled care plan reviews occur, the organisation could not demonstrate that a review of care occurs when a consumer’s condition changed or following an incident such as a fall. This impacts the capacity of the organisation to ensure that care plans are updated with information that promotes consumer safety and minimises risk.

The approved provider’s response states that a review of all consumers’ care needs is in progress in preparation for the new model of care that is being implemented. There is increased involvement of a nurse practitioner and allied health professionals in the review of care, and staff are receiving education in managing clinical deterioration.

While I acknowledge the approved provider is addressing the deficiencies identified under this requirement, for the reasons detailed above, I find this requirement is non-compliant.

# STANDARD 3 NON-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

Most consumers said they generally receive the personal care and clinical care they need. However, a number of consumers said they experienced delays in receiving care and this impacted the timely provision of medication, assistance with personal hygiene and with toileting. Consumers said they have access to health professionals and that overall communication between staff was effective. Some consumers though were dissatisfied with temporary staff and said they did not have a sound understanding of their needs.

Clinical policies and procedures guide staff practice and most staff demonstrated an understanding of consumers’ needs and preferences. The Assessment Team generally observed staff assisting consumers in accordance with their care directives, however, in some instances this did not occur and consumers who were at risk of falls or who required help with their mobility were not assisted or supported in a timely manner.

The service is not able to adequately demonstrate that each consumer gets safe and effective personal care and clinical care that optimises the consumers’ health and well-being. The Assessment Team identified deficiencies in relation to diabetes management, falls management, wound care and the use of restrictive practices.

The organisation is addressing these areas through the introduction of a new model of care, staff education, increased clinical monitoring and staff supervision.

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

### Assessment of Standard 3 Requirements

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

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

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

A number of consumers reported they experienced delays in care delivery including the provision of analgesia and assistance with personal care such as toileting and hygiene needs.

Staff generally demonstrated an understanding of consumers’ personal and clinical care needs however clinical documentation identified discrepancies had occurred in diabetes management, pain monitoring and wound care. For example:

* Wound care was not documented as being provided in accordance with wound care directives;
* Diabetic management plans were not consistently in place to guide staff; and on occasions when consumers experienced low blood glucose levels there is no evidence of actions taken in response to this or of ongoing monitoring or review.

Staff reported they did not have time to consistently read care plans or to attend to consumers’ needs promptly. This impacted care delivery including the provision of wound care, the provision of medications, responsiveness to call bells and the completion of documentation.

The approved provider’s response provides evidence that diabetic management plans have been reviewed by medical officers and staff have been provided with education relating to diabetes management. The nurse practitioner is undertaking a review of wound care for all consumers who have current wounds and wound management education is scheduled for nursing staff.

The approved provider states the new model of care that is being implemented will provide an increased focus on those consumers with complex care needs and will improve clinical management.

While I acknowledge the approved provider is addressing the deficiencies identified under this requirement, for the reasons detailed above, I find this requirement is non-compliant.

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

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

The organisation does not have effective processes in place to support consumers who are at risk of falling. For example:

* Consumers’ care plans do not consistently include strategies to minimise risks such as falls.
* Equipment to support consumers with special needs, such as bariatric beds is not in place.
* Documentation relating to incident reporting is inaccurate and incomplete.
* The Assessment Team identified that not all falls are captured in incident reporting mechanisms and where the incident is documented, falls management strategies are not reviewed for effectiveness.
* Some staff do not have an understanding of falls risks that are relevant to individual consumers.
* The Assessment Team observed consumers with a high falls risk, mobilising without their required mobility aids and without the assistance of staff.

Processes relating to restrictive practices such as chemical restraint are not consistent with best practice. For eg:

* The organisation could not demonstrate that when chemical restraint has been used, it was used as a last resort after alternative strategies had been trialled.
* Documentation authorising the use of restraint was not consistently completed.

The approved provider’s response provides evidence that the nurse practitioner is completing a review of consumers with high-impact and/or high-prevalence risks and increased clinical supervision is in place. The physiotherapist has reviewed those consumers who had experienced increased falls. A weekly falls meeting has commenced where falls management strategies and interventions will be reviewed for effectiveness.

Staff education has commenced and includes clinical risk, incident reporting mechanisms, and restraint legislation and minimisation.

The approved provider states the new model of care that is being implemented will provide an increased focus on those consumers with complex care needs and will improve clinical management.

While I acknowledge the approved provider is addressing the deficiencies identified under this requirement, for the reasons detailed above, 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

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

For example, consumers interviewed said:

* they are supported by the service to do the things they like to do,
* they participate in activities in the service, in the general community and engage with family and friends,
* the service supports them to keep in touch with people who are important to them, and
* they enjoy the food and it is varied and of suitable quantity and quality.

The Assessment Team observed a variety of activities being undertaken at the service during the audit. This included church services, bingo, pet therapy, “singalongs” and group exercises.

Care plans reviewed under this Standard demonstrated lifestyle assessments had been undertaken to determine the preferences of each consumer.

Menu documentation and interview with hospitality staff demonstrated food options are varied and cater to specific dietary preferences, such as vegetarian diets.

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-COMPLIANT Organisation’s services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers said they feel at home in the service and that the environment is generally safe and comfortable. They said the café located on site promotes and enjoyable and welcoming social environment for them and their visitors. Consumers are able to freely move both within and outside the buildings and said they can access and enjoy the gardens.

While consumers were satisfied with the cleanliness of the environment, the Assessment Team observed unclean and damaged furniture in several areas of the service environment. Equipment was observed to be stored in lounge areas which limited the use of these areas by consumers and their visitors.

Interviews and care plan reviews identified some concerns regarding the availability and safe use of equipment.

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) 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) Non-compliant

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

The Assessment Team identified some consumers did not have access to equipment that met their specific needs; for example bariatric equipment.

Some consumers were not confident that staff knew how to safely operate equipment and provided the Assessment Team with examples of poor practice.

The Assessment Team observed indoor and outdoor furniture that was not well maintained, clean or suitable for consumers to use.

The approved provider’s response states that the need to refurbish had already been identified by the organisation’s governance systems and had commenced in some areas of the service. While the refurbishment program will improve the environment for consumers, there remains a requirement for the organisation to ensure that furniture and equipment currently in use is clean and well maintained; this was not the case.

I note the organisation is:

* undertaking audits to identify the equipment that needs repair or removal,
* conducting a full review of the site,
* providing education to maintenance staff relating to hazard identification, and
* commencing consumer consultation in relation to planning improvements in the environment for the next financial year.

Whilst I am confident these actions will result in improved outcomes for consumers, for the reasons detailed above, I find this requirement is non-compliant.

# 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

Consumers said they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers sampled understood how to give feedback and make a complaint and felt comfortable and safe in doing so.
* Those consumers who had raised concerns or provided feedback could describe what changes had been made in response.
* Consumers have been made aware of external complaints handling options.

The service was able to demonstrate it encourages and supports consumers to provide feedback or complain about the care and services they receive. Staff have an understanding of open disclosure and this is applied when something does go wrong.

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 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

Consumers were generally satisfied that their interactions with the workforce were kind, caring and gentle. They were complimentary about the management staff and care and support staff. While consumers spoke positively about the way staff interacted with them, they were dissatisfied with the sufficiency of the workforce.

Almost half of the consumers and representatives interviewed said the workforce responsible for the delivery of clinical and personal care was not adequate and this resulted in frequent delays in care delivery and the delivery of care that was not in accordance with care and service plans. Consumers and members of the workforce said inadequate staffing impacted the provision of medications, assistance with mobilising and assistance with personal hygiene and toileting.

Consumers and staff also raised concerns about the competency of staff, particularly temporary staff. Consumers interviewed said that while they were satisfied with full time staff, temporary agency staff did not always know what to do and they had to tell and/or show them what to do. Staff said they spent a lot of time supporting temporary staff and this compromised their ability to attend to consumers’ care needs.

Management advised the Assessment Team they were aware there were staffing issues at the service as this had been identified through audits and feedback from consumers and staff. In response, a recruitment program had been commenced to reduce the service’s use of temporary agency staff.

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

A large number of consumers expressed dissatisfaction with staffing. They said they feel rushed and reported experiencing delays in the provision of care and services, including for example:

* the provision of medication,
* assistance with toileting and hygiene care,
* call bell response times.

Some consumers indicated that continuity of care was affected by the use of temporary staff who did not have a sound understanding of their needs.

The workforce said there was not enough staff and this impacted their ability to deliver quality care. They said they experienced difficulties providing timely care in relation to:

* the provision of medication,
* assistance with personal hygiene and toileting,
* supervision and assistance for consumers when mobilising,
* the completion of clinical documentation.

Data used to monitor call bell response times identified delays in staff responsiveness and management advised they were aware of staffing issues and recruitment processes were in progress.

The organisation is addressing staffing concerns and the approved provider’s response states that actions are ongoing to address staff culture and implement the new model of care. Strategies to improve consistency of staffing when using temporary staff are being implemented. However, feedback from consumers, representatives and staff and the service’s monitoring records indicate the workforce is not consistently able to deliver quality care in a timely manner.

For the reasons detailed above 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) Non-compliant

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

Some consumers and representatives said they did not have confidence in the competency of some members of the workforce. They raised concerns about staff knowledge and use of manual handling equipment and provided examples of poor staff practice. Consumers also reported that temporary staff did not consistently have the skills to meet their care needs and on occasion they would have to tell them what to do.

The Assessment Team spoke to staff who raised concerns about the competence of temporary staff. Staff reported that significant amounts of time are required to show temporary staff how to perform their duties; for example using manual handling equipment.

While I acknowledge recruitment processes are in progress, the approved provider has an obligation to ensure the existing workforce, including temporary staff, are competent and have the knowledge to perform their roles.

For the reasons detailed above this requirement is non-compliant.

### 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-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

Most consumers said the organisation is well run and they can partner in improving the delivery of care and services. For example, some consumers said there had been recent improvements at the service and others said actions had been taken by management when they have made a complaint. Consumers generally were complimentary about the service’s managers, about permanent clinical and care staff and about support staff.

The organisation has established organisational wide governance systems that apply to each requirement of this Standard. Governance systems are developed and managed by the Board and committees such as the Clinical governance and safety committee, and are used to guide the delivery of care and services. There are systems to regularly provide reports on a range of quality indicators to the Board. The Board is active in directing the operation of the service and monitoring outcomes for consumers.

While governance systems are established they were not consistently effective in key areas of the organisation. For example:

* they failed to ensure the organisation had sufficient competent staff to deliver quality care, and
* regulatory compliance systems have not ensured that amendments to the legislation in relation to minimising the use of physical and chemical restraint have been implemented at the service.

The Assessment Team identified that while the organisation has developed policies that relate to high impact risks including for the use of bed poles, the service’s staff were unaware of the policy and the policy had not been implemented.

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

## Assessment of Standard 8 Requirements

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

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

### Requirement 8(3)(b) 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) Non-compliant

Effective organisation wide governance systems relating to the following:

1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.

The organisation demonstrated effective governance systems in relation to information management, continuous improvement, financial governance and feedback and complaints.

The Assessment Team identified deficiencies in relation to workforce governance and regulatory compliance.

Workforce governance systems and processes failed to ensure the organisation had sufficient competent staff to deliver safe, quality care to consumers. The approved provider’s response outlines actions that are being taken to address workforce issues including recruitment, the introduction of a new model of care, staff education and increased clinical supervision. A new role has been developed at an executive level to lead and deliver care services.

Regulatory compliance systems and processes have not ensured that amendments to the legislation in relation to minimising the use of physical and chemical restraint have been implemented at the service. The approved provider’s response states their policy meets regulatory requirements and the organisation is implementing actions to ensure the workforce is clear about their responsibilities in relation to restraint minimisation; this includes staff education and regular monitoring.

For the reasons detailed above this requirement is non-compliant.

### Requirement 8(3)(d) Non-compliant

Effective risk management systems and practices, including but not limited to the following:

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

The organisation has a documented risk management framework, including policies describing how:

* high impact or high prevalence risks associated with the care of consumers is managed,
* the abuse and neglect of consumers is identified and responded to, and
* consumers are supported to live the best life they can.

While the organisation has developed a policy to address the safe use of bed poles, the Assessment Team identified the service’s staff were unaware of the policy and the policy had not been implemented. In addition, while the policy refers to the completion of risk assessments, the policy provides no guidance about who is to conduct the risk assessment or about what is to be included in the risk assessment.

The approved provider’s response states the policy and procedure relating to the use of bed poles have been reviewed to ensure clarity for staff. Strategies are in place to ensure all relevant staff have an understanding of the organisational expectations in relation to the use of bed poles and the associated risk assessment processes. Monitoring processes have been established to ensure the service continues to implement effective risk management in relation to bed poles.

For the reasons detailed above this requirement is non-compliant.

### 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 1(3)(a)
* Requirement 2(3)(a)
* Requirement 2(3)(b)
* Requirement 2(3)(e)
* Requirement 3(3)(a)
* Requirement 3(3)(b)
* Requirement 5(3)(c)
* Requirement 7(3)(a)
* Requirement 7(3)(c)
* Requirement 8(3)(c)
* Requirement 8(3)(d)