Juniper Bethshan

Performance Report

7 Piesse Street
KATANNING WA 6317
Phone number: 08 9821 1018

**Commission ID:** 7097

**Provider name:** Uniting Church Homes

**Site Audit date:** 7 September 2021 to 9 September 2021

**Date of Performance Report:** 20 October 2021

# Performance report prepared by

Elise Woodley, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **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** | **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** | **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 Commissioner’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 7 October 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 Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers interviewed by 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. Consumers interviewed said they are supported to take risks to do the things they like and live their best life. They stated staff explain risks and provide ways in which they can safely undertake activities to prevent harm to themselves or others. Consumers advised, and observations by the Assessment Team, demonstrated staff respect consumer’s privacy when delivering personal or clinical care, and their personal information is kept confidential.

Staff interviewed described ways they support consumers to exercise choice and independence over their care and services and care planning documentation reflected consumer’s choice and preferences.

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

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.

Overall, consumers interviewed by the Assessment Team confirmed that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed confirmed they are informed of the outcomes of the assessment and planning process. Consumers said they are provided an opportunity to share their goals and preferences and this information is included in the care plan. They can discuss their specific care needs or preferences with staff at any time and changes to the care plan reflect this.

Representatives are invited to meet with clinical staff, and other members of the multidisciplinary team as appropriate, following the development of the consumer’s care plan to ensure the consumer’s needs and preferences have been captured.

The service has processes in place to ensure there is comprehensive assessment and planning for consumers to inform the delivery of safe and effective care and services. The assessment and care planning processes include information gathered from a variety of sources such as the consumer and representative, external services, the multidisciplinary team and other parties that may have been involved in caring for the consumer. The assessment and planning process focuses on providing care and services that optimise the health and well-being of the consumer in accordance with their needs, goals, and preferences. Documentation reviewed by the Assessment team demonstrated care plans include individualised preferences and goals for care and service delivery and when consumers wish, advance care and end of life planning is completed.

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

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 Assessment Team also examined relevant documents.

Most consumers interviewed by the Assessment Team said the staff know their care needs, and provide assistance with their personal and clinical care that is in line with their preferences most of the time. However, three consumers expressed dissatisfaction with the service’s management of the behaviour of one consumer that impacts on their well-being and comfort.

The service demonstrated personal and clinical care is tailored based on assessment of the consumer’s needs, goals, and preferences. The service refers to best practice guidelines where appropriate to assist consumers to make decisions about the type of care to be provided. The service demonstrated effective minimisation of restrictive practices, maintenance of skin integrity, wound management, and pain management.

The service demonstrated systems and processes available to support the workforce to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates. The Assessment Team found the deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition are responded to appropriately by the service.

The organisation continues to review its precautions to prevent and control infection at the service considering the current COVID-19 pandemic. This includes visiting restrictions, infection prevention and control activities and the management of consumer illness.

However, the Assessment Team found the service was unable to demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer. This includes the management of one consumer’s behaviours that impact on the health and well-being of other consumers within the service, and the safe administration of as required (PRN) medications.

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 found that the service did demonstrate the effective management of the high impact or high prevalence risks associated with the care of each consumer. The Assessment Team found that for one consumer who experiences frequent behaviours of verbal agitation and aggression, while referrals to external services had occurred, the strategies utilised to manage the behaviours have not been effective in preventing the behaviours and subsequent disruption to other consumers. However, the Assessment Team notes that consumer and staff feedback indicate this has improved recently. The Assessment Team found gaps in effective and safe medication administration, including medication-trained care staff administering PRN Schedule 8 (S8) medication without nurse-initiation or clinical oversight, and medication incidents with limited action to mitigate the risk of further incidents. Care documentation reviewed by the Assessment Team identified that when medication-trained care staff are initiating and administering S8 medication, they are not consistently recording the reason for the administration, or any clinical consultation to support decision making.

Regarding the consumer who experiences behaviours of verbal agitation, the approved provider’s response demonstrates that in addition to strategies recommended by external services, the service had assessed and implemented a range of strategies to manage these behaviours prior to the Site Audit. While these strategies have not been entirely effective in ceasing the behaviour, feedback given to the Assessment Team by staff and other consumers indicated these have been effective in minimising the behaviours recently.

The approved provider’s response included clarifying information about the number of medication incidents, and action taken in response. The approved provider states that staff always have access to clinical advice and consultation, through on-call management processes and clinical staff at a different service run by the approved provider. The approved provider’s response includes continuous improvement actions implemented since the Site Audit to ensure safe and effective medication management and increased clinical oversight.

I acknowledge that for the consumer who experiences behaviours of verbal agitation and aggression, effective assessment and interventions implemented prior to the Site Audit have reduced these behaviours. However, the service did not demonstrate that clinical oversight and incident management was consistently effective in ensuring the safe and effective administration and management of S8 medications.

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 supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 Assessment Team also examined relevant documents.

Consumers interviewed by the Assessment Team said they are generally supported to take part in community and social activities of interest to them, and representatives interviewed said the service encourages social and personal relationships. However, most consumers said there are no activities run on weekends other than movies.

Consumers interviewed said they can acknowledge and observe sacred, cultural, and religious practices. They can also celebrate days that are meaningful to their culture or religion. Consumers interviewed provided positive feedback about the food and the choices of meals provided at the service.

The Assessment Team found the service helps consumers to access other services or supports, including those in the wider community. Support workers and community visitors are utilised to assist with church services, special events, activities, and community access as required. An activity program runs Monday to Friday and includes a variety of activities such as sensory, cognitive and reminiscing, social and spiritual, and physical activities.

The service provides the nutrition and hydration needs of consumers as part of their care and services considering the consumer’s preferences, dietary needs and spiritual and cultural backgrounds when providing food and drinks or hosting meals. The menu offers choices and alternatives at all main meal times and meals are ‘home cooked’ by a cook who is available during the day meal service and receives direct feedback from the consumers. Consumers can also raise issues at meetings, via meal cards and surveys, and feedback is passed on to the kitchen staff for menu changes.

Allied health staff conduct risk and other assessments before they give equipment to consumers or when consumers bring their own equipment to ensure it is used for its intended purpose and suitable for their current needs.

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 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 Assessment Team also examined relevant documents.

Overall, consumers interviewed by the Assessment Team considered that they feel they belong in the service, and feel safe and generally comfortable in the service environment. Consumers and representatives interviewed said the service environment has spaces to interact with others, has spaces for quiet reflection, and is welcoming to them, their friends, family, and other visitors. Consumers and representatives found the environment to be safe, clean, and well maintained. Consumers and representatives said the design of furniture and fittings helps consumers to be independent and adds to the comfort of the service environment. However, some consumers said the environment is noisy as one consumer can be very vocal although this has improved recently.

The Assessment Team found the service environment maximises support for consumers through environmental strategies that are in place to improve function and independence for consumers with limited mobility, sensory loss and cognitive impairment. This includes navigational aids, mobility aids, seating areas, lighting, colour contrast, signage and design.

The service, through consumer and representative meetings and registered nursing/allied health staff, assesses and plans what furniture, fittings, and equipment they provide to make sure consumers have suitable and safe items.

Maintenance programs, security systems, reporting/feedback mechanisms, environmental/housekeeping audits and room inspections are used to make sure the environment is safe, clean and comfortable. The service environment was observed by the Assessment Team to be clean, well maintained and well lit, and there is temperature control in the service and rooms to optimise comfort.

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.*

### 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 Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

All consumers interviewed by the Assessment Team advised they are encouraged and supported to give feedback and make complaints. However, some consumers have raised that one consumer’s verbal agitation is disrupting the environment and making it uncomfortable for consumers. While management have acknowledged this issue and taken action to minimise these behaviours, this was still occurring at the time of the Site Audit.

The service demonstrated there is an open disclosure process used when things go wrong, and the Assessment Team reviewed examples of this process being followed.

The service demonstrated examples of where they have improved care and services for consumers following concerns raised, feedback provided, and suggestions made. Feedback and complaints are monitored by management at the service and organisational regional and executive management teams.

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.*

The Assessment Team found that the service did not demonstrate it consistently takes appropriate action in response to feedback and complaints. Ongoing feedback from consumers regarding the behaviours of verbal agitation for one consumer disrupting the service environment had not been fully addressed at the time of the Site Audit as these behaviours were still occurring. However, the Assessment Team’s report demonstrated that the service had followed up with one of the complainants, who advised the behaviours had reduced in the weeks prior to the Site Audit. For one representative, a complaint regarding the repair of equipment was not addressed in a timely manner.

Consumers interviewed by the Assessment Team confirmed staff apologise when something goes wrong. A review of documentation by the Assessment Team showed an open disclosure policy is available to all staff to guide their practice and interviews with staff confirmed they understand and use open disclosure when appropriate.

Regarding the consumer with behaviours of verbal agitation, the approved provider’s response demonstrates that appropriate action had been taken prior to the Site Audit to reduce these behaviours, and follow up had occurred with a consumer who had complained.

While a complaint regarding the repair of equipment was not addressed in a timely manner for one representative, management advised the Assessment Team that the representative was satisfied with the outcome and action taken. Overall, the service demonstrated that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

I find this requirement is Compliant.

### 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

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.

Feedback from consumers interviewed by the Assessment Team identified that staff at the service are kind and caring when they provide care to consumers. Feedback from consumers and staff also indicated that staff are provided the appropriate training to competently undertake their roles. Documentation reviewed by the Assessment Team, and management interviewed, confirmed that all relevant staff were appropriately qualified and registered, and police checks were up to date and monitored on a regular basis. Management explained the service’s performance appraisal process and how this is used to identify needs for further training for staff, opportunities for professional development or performance management.

However, the service did not demonstrate they are proactive in ensuring appropriate staffing levels and skill mix in relation to changes in consumer’s care needs and preferences. This includes access to registered nursing staff after hours, additional workload and supervision requirements, feedback from consumers and/or their representatives, and considerations of changes to the lifestyle program.

Feedback received from consumers, representatives and staff identified that the number of care staff, registered nursing staff and lifestyle/therapy staff did not enable safe and quality care and services. Several consumers provided feedback in relation to staffing numbers on the weekends, stating that there are no lifestyle staff rostered and that consumers have nothing to do. Consumers also said that staff look like they are always rushed as there are never enough staff rostered on. Most staff members interviewed felt that the service was understaffed and that they felt pressured and rushed when delivering care and services to consumers.

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 found the service was unable to demonstrate that the number and mix of the staff deployed enables the delivery and management of safe and quality care and services. Most consumers interviewed by the Assessment Team said there are insufficient staff at the service as they do not get quality care and services delivered when they like it, and are bored over weekends as there are no staff to assist with activities. Staff interviewed by the Assessment Team said they are always rushed and do not get their tasks completed as required. Care staff said they do not feel confident making clinical decisions, which they are required to do in the evenings and on weekends as there are no registered nursing staff rostered on. Staff said they use the paramedics for clinical events or incidents related to consumers which is time consuming for them. While the work schedules reviewed by the Assessment Team had been covered with service staff or agency staff, the master roster reviewed continued to have vacant shifts. A review of medication incident reports indicated incidents involving the administration of S8 medications, including the incorrect signing or absence of a signature, occurred when only care staff were rostered on shift. The incident reports indicated the staff were ‘distracted’ or ‘trying to get off duty on time’ when the error was made.

In their response, the approved provider identifies that the service is conducting an in-depth review of staffing and skill mix at the service, including attracting registered nurses to provide further onsite clinical supervision. The approved provider’s response identifies that many consumers are visited or taken out by families on weekends, however the service is reviewing the provision for activities on weekends in line with consumer preferences.

At the time of the Site Audit, the service did not demonstrate that the number and mix of the workforce deployed enables the delivery and management of safe and effective care and services. This includes in relation to safe medication management, effective clinical oversight, and consumers having access to quality services and supports of interest over the weekend.

I find 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 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).

Most consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The Assessment Team found the organisation’s governing body promotes a culture of safe and quality care and services, and this is reflected in the organisation’s governance systems. The Care and Clinical Governance Committee of the Board oversees the clinical care to ensure it is safe and of the highest quality. They achieve this by monitoring clinical incidents and complaints including instances of abuse, neglect, or substandard care, and ensuring the organisation has appropriate learnings and actions in place.

The organisation demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The Assessment Team reviewed documentation in relation to the organisation’s clinical governance and risk management frameworks. The service has a variety of policies and procedures which support both frameworks, ensuring effective risk identification and management, and supporting the safety and well-being of consumers. The service demonstrated it has taken an active role in ensuring the Serious Incident Response Scheme has been considered and implemented to ensure staff compliance with new legislative requirements.

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 3(3)(b)

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

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed.
* Clinical oversight and incident management processes are consistently effective in ensuring the safe and effective administration and management of medications.
* Clinical consultation and oversight, and care documentation, regarding PRN medication administration is effective in mitigating associated risks and incidents.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 7(3)(a)

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

The approved provider must demonstrate:

* The number and mix of the workforce deployed enables the delivery and management of safe and effective care and services. This includes in relation to safe medication management, effective clinical oversight, ensuring staff have time for meaningful interactions with consumers, and consumers have access to services and supports of interest over the weekend.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.