Kalyra Woodcroft Aged Care

Performance Report

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**Commission ID:** 6126

**Provider name:** James Brown Memorial Trust

**Site Audit date:** 12 January 2021 to 15 January 2021

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# 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** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **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 Assessment Contact - site; the Assessment Contact - site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - site report received 5 February 2021 which consists of a letter of response and supporting documentation.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers 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 could provide various examples of how the service respects their identity and culture. Processes are in place ensure care documentation reflects consumers’ choices and demonstrates consumer diversity is valued at the service.

Staff interviewed were able to describe each consumer’s individual preferences and spoke about consumers in a respectful manner, demonstrating familiarity with consumers. The service's care and services plan include a personal wellness indicator that provides detailed knowledge of consumers social backgrounds and identifies what is important to enable consumers to live their best lives.

The Assessment Team found information provided to each consumer is current, accurate and timely, and communicated clearly and easy to understand. Confidential information is stored securely, and staff do not speak about consumers confidential information in public spaces.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 NON-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 sampled consumers (and representatives on their behalf) considered they feel like partners in the ongoing assessment and planning of their care and services that is focused on optimising health and wellbeing. Staff interviewed described their responsibilities in relation to assessment and care planning, depending on their role in the service.

Consumers (and representatives on their behalf) confirmed they have discussed their plan of care with nursing staff and can access a copy of their plan of care if they choose to do so. A review of care documentation demonstrated reviews are conducted regularly, with involvement from other services and health practitioners involved in the care of the consumer.

Documentation reviewed supports the service regularly reviews and monitors advanced care plans and end of life wishes with routine six-monthly care evaluations occurring in consultation with the consumers.

The service did not demonstrate a rigorous review of care plans and other clinical assessments occurs when incidents impact on the needs, goals or preferences of the consumer.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) Non-compliant

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

The Assessment Team provided information that on review of plans of care and other clinical documentation it was found care and services are not regularly updated for effectiveness, when circumstances change or when incidents impact the needs, goals and preferences of the consumer. Plans of care sampled showed evidence of review on a regular basis, however, for named consumers when incidents occurred, including falls and absconding from the service, an assessment of risk associated with consumers was not completed to ensure plans of care inform safe and effective care.

The approved provider provided a response that included clarifying information to the Assessment Team’s report. In relation to incomplete assessments of the associated risks for consumers who experienced falls with injury, the approved provider acknowledges in some consumers there were deficits in the review of care and services when consumers experienced falls as identified by the Assessment Team.

In relation to a consumer who had episodes of absconding from the memory support unit the approved provider provided further clarifying information on the incidences that occurred. I acknowledge the approved provider outlines further quality improvements are planned in relation to these incidences, including replacing the perimeter fencing in the memory support, however whilst the consumer is on a routine sight chart the consumer does not have a current behaviour chart despite a review of the progress notes identifying the consumer is at times unsettled and confused. A behaviour chart would enable staff to review if documented behaviours contributed and or triggered the incidences of absconding that occurred.

The approved provider submitted response includes mentorship for clinical staff and planned education on incident management to further improve care and services delivered. The response also includes quality improvements to address the issues identified in the requirement. Sufficient time is required to undertake the planned actions and to demonstrate their effectiveness.

I have considered the Assessment Teams report and the approved provider response and I find that care and services are not consistently reviewed regularly for effectiveness, particularly when incidences have impacted on consumers’ care needs.

I find this requirement 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

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 and examined relevant documents – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Most sampled consumer representatives considered that consumers received personal care and/or clinical care that is safe and right for them in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

Staff were able to demonstrate that they deliver safe and effective personal care and clinical care to optimise health and wellbeing, however, the strategies in place to manage high impact high prevalence risks associated with the care of consumers was not always effective.

The service demonstrated consumers’ needs, goals and preferences, including consumers nearing the end of life are recognised and addressed with their comfort maximised and their dignity preserved.

Consumer information is communicated within the service and with others involved in their care where responsibility for care is shared. Staff described how they identify and manage any deterioration in the health and well-being of consumers and demonstrated through examples various referral pathways being used to optimise consumers’ wellbeing.

The service demonstrated they have a suite of policies and procedures, underpinning the delivery of care, and how they review practice and policies to ensure they remain fit-for purpose, informed by best practice guidelines. Staff interviewed described the organisations policies and procedures relating to infection control and the use of personal protective equipment with written procedures readily available to guide staff in the application of infection prevention and control and to guide staff in practices to reduce the risk of resistance to antibiotics and promote appropriate antibiotic prescribing.

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 provided information that the management of high impact or high prevalence risks associated with the care of consumers was not effective. While there are systems in place to equip staff with strategies for effective management of consumer with high impact or high prevalence risks this was not always demonstrated in practice*.* For named consumers this included effective management of behaviours, falls and episodes of absconding.

### Falls were identified as high impact or high prevalence risk for consumers at the service. Although there is generally some review following falls this has not always been timely or individualised with documented strategies not always effective to reduce incidence. Management described how the clinical team leader reviews and analyses falls data and develops further strategies to reduce the risk of falls, however, this process did not always occur for the consumers sampled. Interviewed staff could describe the triggers for a consumer to stand unaided, however, these triggers have not been utilised to guide falls prevention strategies and are not referenced in the consumers fall's management care plan.

The Assessment Team identified some consumers’ challenging behaviours places them and potentially others at risk. Challenging behaviours are not always documented and consumers displaying behaviours are not effectively identified, addressed and managed. For a consumer who had a history of absconding the plan of care did not reflect the consumer’s love of walking outdoors and the strategies implemented were not effective to prevent the consumer absconding from the memory support unit. For another consumer challenging behaviours were not always captured on incident forms, assessed or strategies reviewed to effectively guide staff on the provision of safe and effective care.

The approved provider provided a response that included clarifying information to the Assessment Team’s report. In relation to a consumer who has a history of absconding plans are underway to improve the perimeter fencing and the consumers’ wellbeing assessments have been reviewed and the care plan updated to reflect strategies to maintain the consumer’s wellbeing and safety. The approved provider in their response acknowledges that for the consumers sampled who experienced falls and behaviours these incidences were not always sufficiently documented at the time of the assessment contact.

The approved provider submitted response includes planned education and quality improvements to address the issues identified in the requirement. Sufficient time is required to undertake the planned actions and to demonstrate their effectiveness.

I have considered the Assessment Team’s report and the approved provider response and I find there is not consistent effective management of high impact or high prevalence risks associated with the care of each consumer.

I find this requirement Non-Compliant.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand 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 approved provider, and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers considered they are provided with safe and effective services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Most consumers interviewed confirmed they are able to do the things they like to do and are supported by the service to do this.
* Consumer preferences for services and supports for daily living were mostly consistent with the information provided in interviews with staff and the information documented in consumers’ care plans.
* Consumers interviewed stated they are supported to keep in touch with family members and other people who are important to them inside and outside the service including spiritual and religious visitors.
* Overall consumers sampled spoke positively on the quality and quantity of meals provided and thought the variety and portion sizes of meals were sufficient.
* A range of lifestyle supports, and services are available for consumers as identified in the lifestyle program which includes options for consumers with varying levels of functional, cognitive and visual abilities to optimise the consumer’s independence, health, well-being and quality of life.

Several monitoring processes are in place to ensure where equipment is provided it is safe, suitable and well maintained, including maintenance and replacement processes.

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 team also examined relevant documents.

The sampled consumers considered they feel they belong in the service and feel safe and comfortable in the environment.

The Assessment Team observed the service to be welcoming and home like with individual rooms decorated with personal items. The service environment was observed to be welcoming, bright, clean, well maintained and provides consumers with various areas to sit and meet with others.

Consumers were observed to move freely through the service, both indoors and outdoors with ready access to tidy outdoor areas with gardens. The service was generally safe for consumers.

Staff were able to describe the reactive and preventative process to ensure the environment is cleaned and maintained with furniture, fittings and equipment well maintained and suitable for the consumers.

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

The service demonstrated they encourage and support consumers and their family, friends, carers and others to provide feedback or complain about the care and services they receive. There is an open disclosure process appropriately utilised when things go wrong.

Feedback and complaints documentation reviewed, and observations made demonstrated that feedback and complaints are documented, and actions taken. The service has processes to monitor and review feedback and complaints which informs improvements in the quality of care and services provided, when appropriate.

Overall consumers and their representatives know how to access advocates and are aware of how advocacy services can help them raise and resolve complaints.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

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

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most sampled consumers stated they receive quality care and services when they need it from people who are knowledgeable, capable and caring. The Assessment Team observed staff to consumer interactions to be kind, caring and respectful of individual identity.

Overall consumers and representatives interviewed felt there were sufficient staff numbers at the service to provide safe, respectful and quality care and services. Most care staff interviewed said they have enough time to complete their duties and provide assistance to consumers.

The Assessment Team reviewed a range of supporting documents, including rosters and training records which evidenced the workforce is planned and enabled to meet the needs of consumers ensuring the delivery and management of safe and quality care and services.

The service demonstrated the workforce completes education and competencies to ensure they have the knowledge and skills to perform their roles effectively. Review of the service education documentation demonstrated education completion for orientation, skill assessments, mandatory training and role specific competencies. Management demonstrated staff performance appraisals are conducted during the probation period, annually and as required.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

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

# STANDARD 8 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management, staff, and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services by raising complaints.

The service demonstrates that the governing body actively promotes a culture of safe, inclusive care and services. The governing body is accountable for overall quality care delivery and meet regularly to discuss the performance of the service. The organisation has a clinical governance framework in place in relation to antimicrobial stewardship, minimising the use of restraint, and open disclosure that is generally effective.

Whilst the organisation demonstrated they have effective organisation wide systems in relation to information management, continuous improvement, financial and workforce governance, feedback and complaints, the organisation did not adequately demonstrate understanding and application of regulatory compliance requirements.

Consumers considered they are generally supported to live the best life they can, however the organisation did not adequately demonstrate effective risk management systems in relation to managing high-impact or high-prevalence risks associated with the care of consumers and identifying and responding to abuse and neglect of consumers.

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 Assessment Team provided information that demonstrated effective organisation wide governance systems are in place in relation to the sub requirements - continuous improvement, financial and workforce governance, feedback and complaints, however, deficits were found in relation to the sub requirements - information management and regulatory compliance.

#### Information management

Whilst the service has an electronic clinical management system and policies, with procedures and position statements available on the organisation’s intranet, the service did not demonstrate it consistently discusses individual high-risk incidences at the monthly clinical meetings.

#### Regulatory compliance

The management of the service did not adequately demonstrate an understanding and application of legislative requirements. A review of documentation showed police clearances had expired for some volunteers at the service. In relation to compulsory reporting obligations the service became aware of a reportable incident; however, management did not report the incident to the police and/or the Aged Care Quality and Safety Commission in line with legislative requirement or as outlined in the organisations policy and procedures.

**Continuous improvement**

The Assessment Team provided information that the service’s continuous improvement plans demonstrated consumers have regular and ongoing input into the services quality improvements through feedback, surveys, care plan reviews, meetings and participation in the organisation’s consumer committees.

**Financial governance**

Management advised the finance and audit committee meets quarterly, oversees investments and budgets, and reports to the Board.

#### Workforce governance, including the assignment of clear responsibilities and accountabilities

The service demonstrated the organisation has an established and documented workforce governance framework, including policies and processes in relation to recruitment, staff rostering, education and training, and performance management.

The approved provider in their response provided further clarifying information to the Assessment Teams report. In relation to a raised suspicion from a consumer’s representative of an alleged “rough carer” the approved provider indicated the service investigated the incident and found on investigation there was no reasonable suspicion of a physical assault occurring. The raised incident was documented in the service's compulsory reporting register as non-reportable. I note the approved providers response indicates the staff member involved in the incident did not provide care following the incident and no longer works at the service, however the organisations guiding procedure and the legislation for timely reporting of an allegation or suspicion of assault was not followed.

In relation to regulatory compliance I find the approved provider does not have effective governance system in place. I acknowledge the approved provider in their response outlines the actions undertaken to action outstanding police clearances however sufficient time is required to undertake the planned actions and to demonstrate their effectiveness. In relation to information management the approved provider provided clarifying information that systems and processes are generally in place to ensure staff and management have ready access to relevant and up-to-date information to perform their role.

I have considered the Assessment Team’s report and the approved provider response and I find that at the time of the performance assessment effective organisation wide governance systems were not in place for the sub-requirement regulatory compliance.

I find this requirement 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 Assessment Team outlines effective risk management systems and practices are not in place in relation to managing high impact or high prevalence risks associated with the care of consumers or identifying and responding to abuse and neglect of consumers. The Assessment Team found consumers are generally supported to live the best life they can. The management was able to describe the risk management framework in place which guides staff practices, including policies and procedures for risk management, dignity of risk and choice, abuse of resident’s policy and a risk management and compulsory reporting register. Clinical trends and serious consumer incidents are reported to and discussed at monthly clinical governance meetings.

Whilst the service has risk management frameworks in place the Assessment Team identified these were not always effective for sampled consumers with high impact or high prevalence risks in relation to behaviour, falls and environmental risk management. The service did not consistently report and/or discuss incidents at monthly clinical review and assessment meetings.

In relation to the sub requirement: identifying and responding to abuse and neglect of consumers, the service did not adequately demonstrate application of this requirement in relation to identifying and responding to abuse and neglect of consumers in line with organisational and legislative requirements.

The approved provider in the letter of response acknowledges that the organisation has a risk management framework in place, however at the time of the assessment contact staff were not always following this guidance consistently in practice, particularly in relation to recording resident incidents that occurred and the documentation of incidences in the compulsory reporting register. The approved provider submitted response includes planned education and quality improvements to address the issues identified in the requirement. Sufficient time is required to undertake the planned actions and to demonstrate their effectiveness.

I have considered the Assessment Team’s report and the approved provider response and I find that at the time of the performance assessment effective risk management systems and practices were not in place.

I find this requirement 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.

The approved provider is required to:

Accreditation Standard 2: Ongoing assessment and planning with consumers

* Ensure care and services are reviewed regularly for effectiveness, and when circumstances change or incidents impact on the needs, goals or preferences of the consumer.
* Undertake planned education with clinical staff on the documentation and review of incidences that occur with the aim of preventing future incidents and mitigating the risk of harm or injury from future incidents.

Accreditation Standard 3: Personal care and clinical care

* Ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being.
* Ensure effective management of high-impact or high-prevalence risks associated with the care of each consumer.

Accreditation Standard 8: Organisational governance

* Ensure effective organisation wide governance systems including but not limited to regulatory compliance.
* Review documented policy and procedure relevant to the Quality Standards and ensure this includes adequate practical guidance for management and staff in relation to compulsory reporting.
* Undertake planned education with staff to ensure effective risk management systems and practices, including but not limited to managing high-impact or high-prevalence risks associated with the care of consumers and identifying and responding to abuse and neglect of consumers.