Lark Ellen Aged Care

Performance Report

133 Jannali Avenue
SUTHERLAND NSW 2232
Phone number: 02 9521 2855

**Commission ID:** 2816

**Provider name:** Apex Software Pty Limited

**Site Audit date:** 2 December 2020 to 4 December 2020

**Date of Performance Report:** 18 December 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **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) | Non-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) | 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) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit conducted on 2-4 December 2020; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 15 December 2020, including a letter of response, a plan for continuous improvement and other supporting evidence.

# 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

Consumers/representatives sampled considered the consumer is treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose.

For example, they:

* Said staff know about the consumer’s background and what is important to them.
* Provided information about the consumer being supported to exercise choice and independence.
* Confirmed that consumer personal privacy is respected.

This consumer/representative feedback and information gathered through observations, interviews with management and staff, and documents reviewed showed the organisation has a culture of inclusion and respect for consumers, and that consumers have been supported to exercise choice and independence. It also showed consumer personal and information privacy had been maintained.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing 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

Overall consumers/representatives sampled considered they felt like a partner in the ongoing assessment and planning of consumer care and services. For example:

* Consumer representatives confirmed they have had an opportunity to communicate the consumer’s end of life wishes.
* Consumers/representatives said they have been involved in care planning and confirmed they have access to the care plan if they choose. Two consumer representatives made comment there has been improvement in this area.
* Consumer representatives said they are informed of any changes to the consumer’s care and services and are informed if an incident occurs.

This consumers/representative feedback and information gathered through review of documents and interviews with management and staff showed consumer assessment and planning incorporates advance care and end of life planning and is based on ongoing partnership with the consumer (or a representative on their behalf). It also reflected the outcomes of assessment and care planning had been communicated to the consumer or their representative.

However, what the consumers sampled (or a representative on their behalf) described as being important to the consumer was not always reflected in the consumer’s assessment and care planning and nor was information about risks to consumer health and well-being. The information gathered showed consumer assessment and care planning did not adequately address needs and preferences of the consumers sampled and it reflected generic goals. It also showed while consumer care and services had been regularly reviewed, this was not always effective including when the consumer’s circumstances had changed or an incident had occurred.

The approved provider submitted information about consumer preferences having been incorporated into assessment and care planning. The approved provider has plans for improvement, which are being progressed.

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.*

The assessment team’s report includes no new consumers had moved into the service recently so the team was unable to review initial assessment and care planning processes and determine if this was inclusive of risks to consumer health and well-being. Elsewhere in their report the team writes about consumer care planning not reflecting effective management strategies to minimise risks to the health and well-being of some consumers sampled. This includes risks associated with psychotropic medication and chemical restraint, behaviours of concern, falls and malnutrition.

The approved provider’s response includes information about the consumers sampled, including that their assessments and care plans have been updated; and supporting evidence was provided demonstrating this. The service’s plan for continuous improvement includes improvement initiatives relating to this requirement. This reflects evaluation that there had been improvement in the processes for, and staff understanding of, consumer assessment and care planning; and that further monitoring was required.

The assessment team considered this requirement was met, but I have formed a different view. The assessment team’s report includes information about consumer care planning not reflecting effective management strategies to minimise risks to the health and well-being of some consumers sampled. The provider has improvement plans and time is needed to implement the actions and to evaluate their effectiveness.

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.*

The assessment team’s report includes there was policy/procedure to guide management and staff in undertaking consumer assessment and care planning. It outlined that for the consumers sampled what they (or a representative on their behalf) described as being important to the consumer was not always reflected in consumer assessment and care planning. The report reflects while consumer assessment and care planning reflects advance care and end of life needs, goals and preferences, it does not adequately address the other needs and preferences of the consumers sampled and it reflects generic goals.

The approved provider’s response provides information about the consumers sampled and includes advice that two of those consumers can make decisions for themselves, could have provided feedback to the assessment team and both have since confirmed their satisfaction with their care plan. The provider’s response draws a connection to Standard 2, Requirement (3)(c) about working in partnership with consumers noting the assessment team recommended it was met.

This is acknowledged but does not address the information about care planning not addressing the current needs and goals of some consumers. For example: for one named consumer there was inconsistency in care planning between the stated goal and plan developed in collaboration with a geriatrician; and for another care planning did not include a goal determined by the other consumer. Also, review of supporting evidence, which includes updated care plans for consumers, shows for one or more domains of care these do not include a goal for the consumer.

The service’s plan for continuous improvement includes improvement initiatives relating to this requirement.

At the time of the site audit the assessment team found consumer assessment and care planning did not adequately address some needs and preferences of some consumers and it reflected generic goals. The approved provider has confirmed care planning reflected the preferences of the consumers, but has not demonstrated care planning reflected their current needs or that they had a consumer-centric goal relating to those needs and their preferences. The provider has improvement plans and time is needed to implement the actions and to evaluate their effectiveness.

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.*

The assessment team’s report includes that consumer assessment and care planning had been reviewed regularly and there was some review when consumer circumstances changed or an incident occurred. However, the review was not always comprehensive or had not been completed for the consumers sampled. It was not demonstrated efforts were made to understand all of the factors contributing to the change or incident or that all relevant matters had been taken into account in updating the consumer’s plan of care. Incident reports were not consistently reported when consumer incidents occurred.

The approved provider’s response has information about the processes in operation at the service for tracking and escalating consumer incidents and includes that data about consumer behaviours of concern and falls shows improvement. It includes information and supporting evidence about the named consumers. The response shows an action plan to remedy the issues was developed and is being implemented. The service’s plan for continuous improvement includes improvement initiatives relating to this requirement.

While there has been improvement for consumers at the service overall in relation to the incidence of behaviours of concern and falls and while improvements have been made since the site audit for the named consumers, at the time of the site audit the assessment team found review of care services was not always comprehensive or had not been completed for some consumers when their circumstances had changed or incidents had occurred. The provider has improvement plans to further address this. Time is needed to implement the actions and to evaluate their effectiveness.

I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers/representatives sampled considered the consumer was receiving safe and effective care or did not raise any concerns relating to this.

Consumer care and service records, interviews with management and staff and observations showed the needs, goals and preferences of consumers nearing end of life had been met and that deterioration in the condition of consumers had been recognised and respected. This also showed timely and effective referrals were made for the consumer to providers of other care, and that infection related risks were being minimised.

However, the information gathered also showed some consumers sampled had not received personal and clinical care that was safe and effective, best practice, tailored to needs and which optimised their health and well-being. It also showed high impact and high prevalence risks associated with the care of some consumers had not been managed effectively, and that information about the consumers had not been shared effectively among staff or between staff and other providers of care.

The approved provider has plans for improvement, which are being progressed.

The Quality Standard is assessed as Non-compliant as three 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.*

The assessment team’s report reflects that consumers/representatives provided feedback about personal and clinical care being safe and right for the consumer. It includes while there was relevant policy/procedure to guide management and staff, it was not being followed. Review of consumer care and service records and discussions with management and staff showed some consumers sampled had been provided with safe and effective personal and clinical care. However, for some other consumers care was not best practice or tailored to needs and did not optimise health and well-being in relation to behavioural management, including due to use of psychotropic medication and restraint, or in relation to falls prevention.

The approved provider’s response has information about the consumers sampled, including an action plan to remedy the issues, and supporting evidence demonstrating this is being progressed. The service’s plan for continuous improvement includes improvement initiatives relating to this requirement.

At the time of the site audit care was not best practice or tailored to needs and did not optimise the health and well-being of some consumers. The provider has improvement plans to address this. Time is needed to implement the actions and to evaluate their effectiveness.

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 assessment team’s report includes staff were generally aware of high impact and high prevalence risks associated with the care of consumers, but were unable to explain adequately how these are minimised. It includes while there was relevant policy/procedure to guide management and staff, it was not being followed. For some consumers sampled the report had information about risks associated with use of psychotropic medication and chemical restraint, behaviours of concern, falls and malnutrition not having been effectively managed.

The approved provider’s response has information about the consumers sampled, including an action plan to remedy the issues, and supporting evidence demonstrating this is being progressed. The service’s plan for continuous improvement includes improvement initiatives relating to this requirement.

At the time of the site audit risks associated with the care of some consumers sampled had not been effectively managed. The provider has improvement plans to address this. Time is needed to implement the actions and to evaluate their effectiveness.

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) Non-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.*

The assessment team’s report has positive feedback from consumer representatives about the communication between staff about consumer care. It includes there are systems for communicating information about the care of consumers, but these have not been effectively implemented for some consumers sampled. Sharing of information had not always occurred among staff or between staff and other health professionals about consumers. Relevant staff were not always aware of, or there was confusion about, the condition, needs and preferences of the consumers sampled and how to meet them.

The approved provider’s response has information about the consumers sampled, including an action plan to remedy the issues, and supporting evidence demonstrating this is being progressed. The service’s plan for continuous improvement includes improvement initiatives relating to this requirement.

At the time of the site audit information about the condition, needs and preferences had not been effectively communicated for some consumers. The provider has improvement plans to address this. Time is needed to implement the actions and to evaluate their effectiveness.

I find this requirement is Non-compliant.

### 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

Overall consumers/representatives sampled considered the consumer gets the services and supports for daily living that are important for their health and well-being and which optimise their independence and quality of life.

For example:

* Consumers/representatives confirmed they are supported by the service to do the things they like to do. The service has an activities program that supports consumers to lead the best life they can.
* Consumers/representatives provided information about the consumer being supported to keep in touch with people who are important to them.
* All consumers were satisfied with the meals provided by the service and they considered the equipment provided and which is in use to be safe, suitable, clean and well maintained.

This feedback from consumers/representatives and other information gathered through documents reviewed, interviews with management and staff and observations showed consumers had been getting safe and effective daily living supports and services.

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

Consumers/representatives sampled provided information about the consumer having a sense of belonging at the service and about the consumer feeling safe and comfortable in the service environment. They also advised the service environment and equipment is clean and well maintained.

This consumer/representative feedback and information gathered through observations, interviews with management and staff, and review of documentation showed consumers were provided with a safe and comfortable service environment and with equipment that was suitable for them, clean and well-maintained.

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

Consumers sampled considered they had been encouraged and supported to give feedback and make complaints, and that appropriate action had been taken when they had done so. They also thought that changes had been made at the service in response to their feedback and complaints.

This consumer feedback and information gathered through documents reviewed, observations, and interviews with management and staff showed consumers had been encouraged and supported to give feedback and to make complaints. It also showed the feedback and complaints made had informed some continuous improvement for individuals and consumers at the service overall.

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-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers/representatives sampled considered the consumer gets quality care and services when they need them from people who are knowledgeable, capable and caring. They confirmed staff are kind and caring and know what they are doing. For example, a consumer said that the staff are “wonderful and cannot do enough for you”. Most thought there is adequate staff.

This consumer/representative feedback and information gathered through interviews with management and staff, documents reviewed, and observations showed staff interactions with consumers which were calm, kind and caring and that staff had been able to complete the duties assigned to them within their allocated hours. It showed staff had access to and attended a wide range of training relevant to their role, and their performance had been assessed and monitored on an ongoing basis.

However the information also showed there was training and assessment which the organisation had deemed mandatory for staff to complete as a condition of their ongoing employment and staff compliance with this had not been monitored and it was not well attended. A knowledge gap was identified for some management/staff.

The approved provider has plans for improvement, which are being progressed.

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

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

The assessment team’s report includes information about consumer/representative feedback being that staff know what they are doing. It includes there is training and assessment which the organisation has deemed mandatory for staff to complete as a condition of their ongoing employment and staff compliance with this has not been monitored. The report reflects data was collated during the site audit and this showed some staff had not completed the mandatory training and assessment in 2020, including 60% of staff not having completed fire safety training. Further to this some management/staff demonstrated a lack of knowledge in relation to psychotropic medication and chemical restraint.

The approved provider’s response includes information about a range of education provided to and planned for staff. The service’s plan for continuous improvement includes improvement initiatives relating to this requirement, including an initiative about staff mandatory training which is planned for completion by January 2021.

At the time of the site audit some staff did not have the knowledge they needed to effectively perform their role. The provider has improvement plans to address this. Time is needed to implement the actions and to evaluate their effectiveness.

I find 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-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers sampled considered the organisation was well run and they provided information about having been engaged in the development, delivery and evaluation of care and services.

Other information gathered through documents reviewed and interviews with management and staff confirmed consumers have been engaged in the development, delivery and evaluation of care and services across the service and at organisational level. This information showed the organisation’s governing body had promoted and was accountable for a culture of safe, inclusive and quality care and service delivery.

The information also showed there were effective organisation wide governance systems for continuous improvement, financial governance, and feedback and complaints, however not for information management, workforce governance or regulatory compliance relating to restraint minimisation.

The information showed there were documented organisational frameworks, policies and procedures and these had been understood and implemented in relation identifying and responding to abuse and neglect of consumers, supporting consumers to live their best life, antimicrobial stewardship and open disclosure. However, they had not been understood and/or implemented in relation to managing high impact and high prevalence risks associated with the care of consumers or minimising use of restraint.

The approved provider has plans for improvement, which are being progressed.

The Quality Standard is assessed as Non-compliant as three 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’s report includes the information gathered showed effective organisation wide governance systems for continuous improvement, financial governance and feedback and complaints. However, it showed gaps in information management in various areas of service operations and ineffective workforce governance in relation to oversight of staff compliance with training and assessment obligations. It also showed ineffective governance for regulatory compliance as restraint minimisation regulations were not well understood and had not been fully implemented at the service.

The approved provider’s response includes information and supporting evidence about matters concerning named consumers, which relates to this requirement. The service’s plan for continuous improvement includes improvement initiatives relating to this requirement.

The service’s plan for continuous improvement includes some improvement initiatives across the Quality Standards had been evaluated, determined to be effective and closed by the time of the site audit, yet the assessment team identified gaps and the need for further improvement. This does not show effective organisation wide governance in relation to continuous improvement. Further improvement initiatives have been added to the plan for continuous improvement relating to the assessment team’s findings.

At the time of the site audit effective organisation wide governance systems were not demonstrated in relation to information management, workforce governance or regulatory compliance, and the provider’s response includes information showing ineffective organisation wide governance in relation to continuous improvement. The provider has improvement plans to address this. Time is needed to implement the actions and to evaluate their effectiveness.

I find 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 assessment team’s report includes there is a risk management framework and relevant policy/procedure, and these had been implemented effectively in relation to identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. However, these had not been implemented effectively in relation to managing high impact and high prevalence risks associated with the care of some consumers.

The approved provider’s response includes information and supporting evidence about matters concerning named consumers, which relates to this requirement. The service’s plan for continuous improvement includes improvement initiatives relating to this requirement.

At the time of the site audit effective risk management systems and practices were not demonstrated in relation to high impact and high prevalence risks associated with the care of some consumers. The provider has improvement plans to address this. Time is needed to implement the actions and to evaluate their effectiveness.

I find this requirement is Non-compliant.

### Requirement 8(3)(e) Non-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.*

The assessment team’s response includes there is a documented clinical governance framework and relevant policy/procedure, and these had been understood and implemented effectively in relation to antimicrobial stewardship and open disclosure. However, these had not been understood and implemented effectively in relation to minimising the use of restraint.

The approved provider’s response includes information and supporting evidence about matters concerning named consumers, which relates to this requirement. The service’s plan for continuous improvement includes improvement initiatives relating to this requirement.

At the time of the site audit the clinical governance framework was not understood and implemented effectively in relation to restraint minimisation. The provider has improvement plans to address this. Time is needed to implement the actions and to evaluate their effectiveness.

I find this requirement is Non-compliant.

# 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.

**Standard 2 Assessment and planning**

Required improvements

Ensure:

* Assessment and planning includes consideration of risks to consumer health and well-being and informs the delivery of safe and effective care and services.
* Assessment and planning identifies and addresses the current needs, goals and preferences of consumers.
* Care and services are reviewed when the circumstances of a consumer change or they are involved in an incident.

Implement the planned improvements as outlined in the service’s plan for continuous improvement.

**Standard 3 Personal care and clinical care**

Required improvements

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.
* High impact and high prevalence risks associated with the care of consumers are effectively managed.
* Information about the consumer’s condition, needs and preferences is documented and effectively communicated among staff and between staff and other health professionals.

Implement the planned improvements as outlined in the service’s plan for continuous improvement.

**Standard 7 Human resources**

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

Required improvements

Ensure the workforce has the knowledge they need to effectively perform their roles.

Implement the planned improvements as outlined in the service’s plan for continuous improvement.

**Standard 8 Organisational governance**

Required improvements

Ensure:

* Effective organisation wide governance systems in relation to information management, continuous improvement, workforce governance and regulatory compliance.
* Effective risk management systems in relation to managing high impact and high prevalence risks associated with the care of consumers.
* The clinical governance framework is understood and implemented in relation to minimising the use of restraint.

Implement the planned improvements as outlined in the service’s plan for continuous improvement.

Review and improve the ways actions taken to bring about improvement are evaluated for effectiveness as this has been ineffective in relation to some improvement initiatives.