MannaCare - Cassia House

Performance Report

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**Commission ID:** 4374

**Provider name:** MannaCare Inc.

**Site Audit date:** 22 June 2021 to 24 June 2021

**Date of Performance Report** 23 July 2021

# 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** | **Non-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) | Non-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) | 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) | Non-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) | 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 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 16 July 2021.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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 other relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, 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 lives they choose.

Consumers and representatives stated consumers are treated with respect by staff. Consumers described how staff encourage them to do things for themselves and staff know what is important to them. Consumers stated staff know their cultural backgrounds and respect their cultural wishes.

Consumers and representatives stated consumers are able to exercise choice and make decisions about their care and the way it is delivered.

Consumers and representatives generally reported the information they receive is current and enables them to exercise choice.

Consumers described ‘living their best life’ and being involved in activities they find enjoyable, within the boundaries of their abilities.

Staff knowledge of and interactions with consumers demonstrated each consumer is treated with dignity and respect and their identity, culture and diversity is valued. Staff were able to provide examples of how consumers are supported with decision-making and maintaining social interaction.

Processes are in place to ensure care documentation reflects consumers’ choices. Consumers’ care plans contain strategies to support relationships with key people in their lives. Consumer information including feedback and documentation supporting dignity of risk demonstrate how the service supports consumers to take risk to live the best lives they can. These processes are supported through organisational policies and procedures.

The Assessment Team identified that the service breached the privacy of a consumer in regard to releasing information about that consumer to a third party without the consumer’s consent. Staff confirmed that release of information including surveillance footage to a third party was not an isolated occurrence.

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

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

The Assessment Team identified that the service breached the privacy of a consumer in regard to releasing information about that consumer to a third party without the consumer’s consent. Staff confirmed that release of information including surveillance footage to a third party was not an isolated occurrence.

The approved provider’s response included a continuous improvement plan documenting actions that are planned, in progress or completed to address the identified deficits. This includes staff meetings and education about privacy and reinforcing staff training during handover for a dedicated period and then ongoing if required. The service also communicated to staff its policy about the Privacy and requests for access to CCTV footage and the process for permissions which needs to be through the primary privacy officer.

The approved provider does not comply with this Requirement as at the time of the site audit it did not demonstrate 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.

Most consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Consumers and representatives are satisfied with the process of consultation about consumers’ care and services.

Feedback from consumers and/or representatives confirmed care and services are reviewed when circumstances change.

Staff demonstrated an understanding of consumers’ needs and goals which was consistent with care planning documentation.

Care planning documents provided evidence of comprehensive assessment and care planning information for most consumers.

Assessment and care planning documents reflect input from consumers and/or their representatives as well as specialists involved in the care of the consumer. These included geriatricians, general practitioners, allied health team, external experts and the leisure and lifestyle team.

Clinical staff provide consumers or their representative with an opportunity to discuss outcomes of assessment and planning with every resident of the day review. Care staff have ready access to consumers’ care plans to facilitate service delivery.

Assessment and care planning documentation is reviewed regularly. Management confirmed care and services are reviewed regularly and when circumstances change.

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-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 – 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 other relevant documents.

Most consumers considered that they receive personal care and clinical care that is safe and right for them.

Most consumers and representatives said care is safe and meets consumers’ needs. Staff interviews and documentation reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer.

Feedback from consumers and representatives in relation to the response of the service to deterioration in a consumer’s condition was positive. Consumers’ overall feedback indicated they feel staff would know what to do in the event their health needs change.

Examples of different clinical needs demonstrated the service manages individualised risks to consumers.

The service demonstrated an understanding of end of life needs of consumers and showed how this can be applied to individual consumers.

Staff were able to provide feedback on how to identify and monitor deterioration in a consumer’s’condition.

The service has effective processes including verbal and written handover to document and communicate information about a consumer’s condition, needs and preferences. Clinical staff, allied health professionals and care staff confirmed they are provided with, and have access to the information they need.

The service is affiliated with several specialist services. Documentation demonstrated timely and appropriate referrals. Specialist recommendations were reflected in consumers’ care documentation. Consumers and representatives confirmed consumers have access to their medical practitioner and/or other health professionals when needed. Clinical staff were able to describe how they refer consumers to appropriate specialist services.

Staff did not demonstrate effective understanding, application and monitoring of infection control practices. Observations indicated inconsistent application and usage of personal protective equipment (PPE).

The Quality Standard is assessed as Non-Compliant as one of the seven specific requirements has 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) Compliant

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

### 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) Non-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.*

The Assessment Team found staff did not demonstrate effective understanding, application and monitoring of infection control practices. Observations indicated inconsistent application and usage of Personal Protective Equipment (PPE).

On entry to the service, on day one of the site audit, the Assessment Team observed that no staff were wearing eye protection at the service whilst attending to consumers. Following feedback by the Assessment Team, eye protection was provided to all staff. At no time did management refer to or have knowledge of current guidelines available through the Department of Health and Human Services.

The Assessment Team continued to observe poor compliance by all staff with wearing eye protection. Staff were observed attending consumers on multiple occasions on all three days of the site audit with no eye protection or eye protection (goggles) on top of their head.

Staff were observed not wearing face masks appropriately and not sanitising their hands for example, in between assisting consumers with meals and during the medication delivery round.

The staff room did not have a donning station outside the staff room and there were no new face masks available in the staff room.

The approved provider’s response included a continuous improvement plan documenting actions that are planned, in progress or completed to address the identified deficits. This includes information to staff, staff meetings and education to prevent and control infection, regular reinforcing PPE mandatory requirements from the Department of Health and Human Services(DHHS) increased signage about hand sanitisation and random audits to obsevr compliance with disciplinary action when non compliance is identified.

The approved provider does not comply with this Requirement as at the time of the site audit it did not demonstrate standard and transmission based precautions to prevent and control infection are undertaken.

# 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 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. Staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall, consumers considered that they get the 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.

All consumers and representatives interviewed feel supported to participate in the activities they choose, and that the service supports them to maintain their interests in the community.

Consumers and representatives said consumers are supported by staff in the service to maintain emotional, spiritual and psychological well-being. They described how staff check in and ask how consumers are feeling and chat with them when they are feeling low.

Consumers and representatives advised the service enables consumers to maintain the social and personal connections that are most important to them.

Most consumers and representatives are generally satisfied with the choice, quality and quantity of meals offered.

Consumer preferences about how they want to be supported are documented and communicated to those providing care and services.

A lifestyle activities program is run five days a week across the service with a variety of activities aimed at meeting the individual needs of the consumers. Support is provided to those consumers who choose not to participate in the formal activities. The service is responsive to the needs and preferences of consumers, with appropriate referrals made to external organisations and providers of care.

The service has systems and processes in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided. Staff are knowledgeable about individual consumer preferences including dietary needs. Staff were observed to be assisting and encouraging consumers with their meals.

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.

Most consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment.

Consumers generally feel at home in the service as they are able to have their rooms decorated with personal items of significance to them.

Consumers advised they feel safe and comfortable at the service.

Most consumers and representatives said the service is clean and well maintained and consumers are able to access outdoor areas.

The service is welcoming and offers a range of communal spaces that optimises consumer engagement and interaction. The service was observed to be clean and generally uncluttered enabling the free movement of the consumers.

Consumers in the memory support unit have half doors to reduce the likelihood of other consumers coming in uninvited.

The service has scheduled and reactive maintenance of the living environment and equipment for the safety of consumers.

Maintenance generally occurs as scheduled and as needed, and an effective cleaning schedule is in place. However the Assessment Team identified some gaps in reactive cleaning and maintenance.

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.

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

Consumers and representatives advised they feel safe raising concerns directly with staff at the service.

Most consumers and representatives are satisfied the service takes prompt and appropriate action in response to complaints and that an open disclosure process is used.

The service has a register where complaints and feedback are documented. However, the Assessment Team found examples where complaints and concerns raised with the service by a representative did not appear on the register.

Complaints and feedback are reviewed monthly by management. Where trends are noted, action is taken to improve the overall quality of care and services provided at the facility.

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 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.

Most consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers and representatives provided mixed feedback on whether the number and mix of the workforce enables safe and quality care. While some were satisfied with staffing, others expressed that they felt that the service is understaffed.

Most consumers and representatives described, in various ways, staff are kind, caring and gentle when providing care.

Consumers and representatives expressed satisfaction that staff are trained and supported to provide care to the consumer. Staff are satisfied with the quality of training provided.

Nursing staff described the high care needs of consumers at the service, and most care staff advised that while they are able to complete all their required tasks, they would like to spend quality time with the consumer.

The Assessment Team observed positive staff interactions with consumers.

While both management and staff described a system of informal review where feedback is given to staff on a regular basis, only a small percentage of staff have received a formal performance assessment in the last two years. Management advised that staff appraisals would be made a priority.

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 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.

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

Consumers and representatives reported being able to provide feedback and suggestions to management via ‘resident/relative’ meetings.

Management described various ways that input from consumers and representatives is sought, and how the service acts on feedback provided.

The organisation’s clinical governance framework includes monitoring and review of antimicrobial use, the use of restraint and the application of open disclosure.

The organisation has a risk framework in place, and staff have been educated in these systems. However, the service did not demonstrate that, in practice, it appropriately identifies and responds to allegations of abuse of consumers. The service failed to report an allegation of abuse of a consumer by staff in a timely way. At the time of the site visit there was no documentation in relation to the allegation and subsequent investigation, and the consumer’s representative was not kept informed.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) 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) 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The service demonstrated components of a risk management system including policies and processes, incident reports, audits and meetings with consumers, representatives and staff. However the Assessment Team found the system was not always effective. An allegation of abuse by staff against a consumer was not reported to the police or the Aged Care Quality and Safety Commission as a part of the Serious Incident Report Scheme (SIRS). At the time of the site audit there was no documented evidence of an investigation into the incident, and the consumer’s representative was not kept informed of outcomes. Management advised the Assessment Team after it had left the site that a SIRS notification had been made in relation to the incident.

The approved provider’s response included a continuous improvement plan documenting actions that are planned, in progress or completed to address the identified deficits. This includes training in identifying and responding to abuse and neglect of consumers and further SIRS training that includes reading, practical sessions and scenarios and clarifying reporting responsibilities. More senior staff will have access to the reporting mechanisms and arrangements in place at the service.

The approved provider does not comply with this Requirement as at the time of the site audit it did not demonstrate effective risk management systems and practices are in place to manage high impact risks including identifying and responding to abuse and neglect of consumers and managing and preventing incidents.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 1(3)(f)

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

* Ensure that consumer’s privacy is respected and personal information is kept confidential
* Before any personal information including CCTV footage is released ensure the service’s policies are followed and consumer consent is gained prior to the release of the information.

### Requirement 3(3)(g)

*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.*

* Implement infection control practices ensuring there is correct application and usage of Personal Protective Equipment (PPE), hand sanitising occurs regularly and donning and doffing stations are available.

### Requirement 8(3)(d)

*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.*

* Ensure effective risk management systems and practices are in place to manage high impact risks including identifying and responding to abuse and neglect of consumers and managing and preventing incidents.