Marcus Loane House

Performance Report

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Phone number: 02 9998 3340

**Commission ID:** 0887

**Provider name:** Anglican Community Services

**Site Audit Performance: 3-6 December 2019**

# 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) | Non-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) | Compliant |
| Requirement 8(3)(d) | 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; 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 3 January 2020

# 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

The service demonstrates that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers interviewed were able to provide examples of how staff act respectfully and understand consumers’ individual preferences. 100% of consumers and representatives interviewed said that consumers are treated with respect most of the time or always, with 94% confirming that the consumer is encouraged to do as much as possible for themselves most of the time or always.

Staff could identify strategies to communicate with consumers in a way that is easy to understand and enables them to exercise choice and the Assessment Team observed staff practices that ensured each consumer’s privacy is respected, and personal information is kept confidential.

Care planning documents included physical, social, psychological and spiritual assessments to complete a holistic care plan of consumer's needs and requirements. Staff interviewed confirmed that this information is used to inform care and services. The service uses a problem-solving approach to respect consumer wishes, while identifying and mitigating risks.

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.

The Quality Standard is assessed as Compliant as all six of the 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

Consumers and representatives interviewed generally said that the delivery of care reflects their needs, goals and preferences. However, consumers were unable to recall whether they had been involved in discussions about advanced care and care planning.

Assessment and planning have not informed the delivery of safe and effective care for each consumer. The service was unable to demonstrate that assessment and planning identifies and addresses consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. This shortfall has resulted in high impact risks to consumers not being identified, and relevant strategies are not being implemented in a timely manner to reduce impact on consumers and improve their quality of life.

While care and services plans included goals and preferences; they did not consistently include consumers’ needs in relation to clinical care. In addition, the service was unable to demonstrate that each consumer had been involved in advanced care planning.

There are processes to prompt staff to consult with consumers and/or their representatives when assessments are being conducted. The service demonstrated that recent assessments have been conducted in consultation with consumers and other organisations, individuals and providers of care and services were involved in consultations. Care conferences occur annually or as required and there are opportunities for staff to communicate outcomes of assessments and planning to consumers and/or their representatives. During this process, the consumers’ care and services plan is displayed electronically with access to hard copy care and service plans provided on request.

Whilst care and services are reviewed annually for effectiveness; the service was unable to demonstrate that they are consistently reviewed when circumstances change or when incidents impact on the needs, goals and preferences of consumers. Some examples include depression, constipation, weight loss, skin integrity and pain. Review of falls occurs, however, there were instances where falls management strategies/ interventions did not change despite increased prevalence of falls.

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

While the service was able to demonstrate that they had processes for monitoring and reviewing this Requirement, the deficiencies identified through the service’s internal audit program did not necessarily result in safer outcomes for consumers or more informed care. In other cases, assessment and planning in relation to these consumers did not result in changes to the delivery of care, despite a change in condition for these consumers or an increase in risk for them. For example, interventions and changes were not implemented to manage pressure injuries, despite consumers continuing to develop them. The approved provider has noted that these areas could be improved and has addressed this in their continuous improvement plan.

### 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.

While the service was able to demonstrate they have processes for monitoring and reviewing this Requirement, these processes have not proved effective in addressing consumer’s current needs. For example, assessment and planning has not identified consumers current needs in relation to constipation and weight management, among others. Despite the service monitoring the completion of advanced care plans, the service had not identified that 15 advanced care plans had not been completed. Where advanced care planning had been completed, the service was unable to consistently demonstrate that consumers or their representatives had been consulted about their wishes. The approved provider has indicated that all consumers are provided information about advanced care planning upon entry to the service, there was no information to confirm that this had occurred. While completion of an advanced care plan is not mandatory, with consumers able to choose not to have one, it is best practice.

### 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.

Care and services are not consistently or regularly reviewed for effectiveness, when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. For some of the consumers sampled, their care and services were either not promptly reviewed following a change in their condition or changes were not readily identified due to the absence of clear documentation regarding their bowel management. For one consumer, the care and services were reviewed regularly, however when a new pressure injury developed new interventions were not developed.

The approved provider has a range of policies in place regarding the management of falls, pain, and restraint, these are under review by the approved provider to ensure that staff are aware of the appropriate action to take when a consumer’s care needs change.

# 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

Whilst a sample of consumers and/or their representatives interviewed by the Assessment Team said they get the care they need either most of the time or always, the service was unable to demonstrate that care delivery is best practice in relation to falls management, skin integrity and restraint. Care delivery has not consistently optimised consumers’ health and wellbeing as gaps were identified in other care domains such as pain, constipation, oral care and nutrition/hydration.

Interviews with management and staff demonstrated knowledge of how to identify the needs, goals and preferences of consumers nearing end of life and how care delivery maximises comfort and preserved their dignity. Review of documentation also supported this.

The service was unable to demonstrate that deterioration or change of consumers’ condition is consistently recognised and responded to in a timely manner. The majority of pressure injuries are identified and reported when they have already developed into stage two pressure sores. There were some occasions when weight loss, constipation and pain were not identified; there were also some occasions when this was identified however it was not responded to in a timely manner.

The service was unable to demonstrate that information about each consumers’ condition, needs and preferences is documented and effectively communicated within the organisation, and with others where responsibility for care is shared. This breakdown in communication was found to result in poor outcomes for some consumers.

Generally, timely and appropriate referrals to individuals and other organisations and providers of care and services occur. The service has access to several organisations and providers of care and services in which they can refer consumers to. They were able to demonstrate when this has occurred for consumers, however, there were other occasions when this did not occur as the service had not identified changes to consumers’ conditions such as weight loss.

In relation to the minimisation of infection-related risks; the service would benefit from a review of recent eye infections that occurred at the service to ensure that standard and transmission-based precautions to prevent and control infection are also applied to the storage of consumers’ eye drops. The service demonstrates that they have practices to promote appropriate antibiotic prescribing. This was supported through interviews with staff, medical practitioners and review of documentation.

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

While the service demonstrates that consumer’s care is generally tailored to their needs, the service was unable to demonstrate that the care provided is best practice and optimises the health and well-being of consumers. While some consumers are asked in they are experiencing pain following incidents and may also be reviewed by for pain by external providers such as physiotherapists, their pain is not consistently monitored following the identification of pain. The approved provider has since updated documentation to ensure pain is more consistently assessed.

Management were unable to demonstrate that they had implemented contemporary practices regarding chemical and physical restraint. While some consumers have had their medications reviewed, with consent obtained, these reviews have not continued to occur, nor has the service reviewed the consent that was originally given. The Assessment Team identified other instances where the service was not delivering best-practice care or care tailored to the consumer’s needs, including oral care, weight management and skin integrity. The approved provider has committed to improve the matters identified and has added these to the service’s continuous improvement plan.

### 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 identified poor management of high prevalence and/or high impact risks such as weight loss, skin integrity and pain, among others. For example, consumers have not been commenced on pain charts, where pain has been noted, wounds and pressure injuries are not assessed or documented to ensure appropriate identification of risk or minimisation of further risk. A review of the service’s clinical indicators showed that pressure injuries are often not identified until they are classed as Stage Two pressure injuries, rather than identifying them at Stage One.

### 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) Non-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.

Deterioration in consumer’s mental, cognitive or physical condition, capacity or function is not consistently recognised and responded to in a timely manner by the service. Refer to Standard 3, Requirement 3(b) above regarding the identification of pressure injuries at Stage Two. While some consumers are assessed following incidents or changes, this assessment does not always occur in a timely manner. Other examples include failure to respond to consumer weight loss and constipation in a timely manner and a lack of progress notes entries regarding weight loss.

### 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.

Information about consumer’s needs, condition and preferences has not been consistently documented and communicated. For example, wound measurements were noted to be inconsistent and pain, urinalysis and bowel charting has not been documented. The approved provider is working with third party providers to ensure that information systems are upgraded to allow for better charting and with staff to ensure they understand the importance of documenting care.

### 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.

The service generally has appropriate infection control practices and procedures in place and is promoting appropriate antibiotic prescribing. While the Assessment Team noted that the service did not respond appropriately to a trend in eye infections, two of the three outbreaks occurred only a few days prior to the audit, leaving little time for the service to identify trends and undertake a root cause analysis.

# 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 Requirement. The Assessment Team also examined relevant documents.

The service demonstrated that consumers get the services and supports for daily living that are important for health and well-being and enable them to do the things they want to do.

Consumers interviewed had positive feedback about the range of activities on offer and felt they could suggest new activities if they wished. Consumers provided examples of when their feedback had resulted in changes to the activities at the service. Hospitality staff confirmed that feedback on the food is sought regularly from consumers and influences the menu. Ninety four percent of consumers and representatives interviewed said that consumers like the food most of the time or always.

Consumers interviewed provided examples of how the service supports them to do the things of interest to them. Activity and pastoral care staff stated that they take a person-centred approach and would arrange for consumers to do things of interest to them that are not on the activity schedule or organise for activities outside the service environment if requested.

The use of allied health services such as physiotherapy and occupational therapy to optimise consumer’s independence, health, well-being and quality of life was noted in care plans, assessments, progress notes and mentioned in interviews with several consumers.

Care plans reviewed identified that assessment and planning consider the consumer’s emotional, spiritual and psychological well-being.

The Quality Standard is assessed as Compliant as all 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 services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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.

Consumers interviewed indicated that they feel they belong in the service and are safe and comfortable in the service environment. Of consumers and representatives interviewed, 87% said that the consumer feels at home at the service most of the time or always, and 93% said that the consumer feels safe at the service most of the time or always.

Consumers interviewed commented on how well designed the rooms and bathrooms are, and how clean and tidy their rooms and the whole service environment is. Consumers also commented that the service, including furniture, fittings and equipment is safe, clean and well maintained. Consumers provided positive feedback about the maintenance of the service, particularly how quick their maintenance requests are actioned.

The Assessment Team observed the service environment to be clean, tidy and well maintained, with a comfortable temperature and adequate lighting. All consumers have private rooms with ensuite bathrooms, storage and display shelves, and consumer’s rooms were decorated with personal belongings including photos and furniture. Consumers were able to access multiple outdoor areas and the doors to access the outdoor areas were unlocked.

The Quality Standard is assessed as Compliant as all 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

The organisation demonstrates adequate practices to ensure stakeholders are aware of, and have access to mechanisms to provide feedback or make a complaint. Information is prominently displayed within the service and is communicated through various mediums including consumer handbooks and consumer meetings. The organisation demonstrated that appropriate action is taken in response to complaints, and the organisation works with stakeholders to resolve issues to their satisfaction. Feedback and complaints are reviewed by management and used to improve the provision of care and services provided by the service.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The organisation demonstrates the workforce is planned and staffed to ensure adequate care and services are delivered. The organisation demonstrates staff interactions with consumers are kind, caring and respectful, considerate and responsive to consumer’s needs and preferences. However, staff did not adequately demonstrate they have the knowledge and competencies required to effectively perform their roles as seen by the recurrence of falls, failure to implement best practice chemical and physical restraints management, and early detection and timely treatment of the breakdown of consumer’s skin.

The organisation demonstrates processes to ensure staff are appropriately educated and trained in mandatory training competencies, however gaps were identified in staff ability to apply the knowledge and skills gained in practice. The organisation demonstrates assessment, monitoring and review of staff performance is conducted, however, more regular assessment and monitoring of staff ability to apply skills and knowledge in the workplace could be strengthened to improve the quality of clinical outcomes for consumers.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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 self-assessment undertaken by the service did not adequately evidence that it had appropriate process in place to deem staff competent or that they have the qualifications and knowledge to perform their roles effectively.

While the service demonstrated there were processes in place to educate and test staff competency on a range of skills, competency assessments for handwashing, medication management and manual handling are only conducted every second year or where a training gap is identified. While medication incidents were not highly prevalent at the service, two incidents occurred where care staff had not ensured that consumers had taken medication administered to them. Despite these knowledge gaps, the service did not revoke the medication administration licence for these staff until further training and re-assessment of competency was conducted. Some staff interviewed by the Assessment Team were also unable to demonstrate an understanding of fire procedures and were unable to advise what they would do if they identified a fire. Similarly, staff were also unable to state what to look for when considering consumer skin integrity, without prompting. In addition, service management were unable to demonstrate an understanding of contemporary restraint principles.

The approved provider is currently reviewing their training policies to build in additional mechanisms to ensure staff have understood how to apply their training and knowledge in practice.

### 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.

The Assessment Team found evidence that there were processes to monitor and review staff performance however, some deficits were also identified. While there are some areas for improvement for the service regarding review of staff competency, I have addressed staff competency under Standard 7, Requirement 3(c).

# 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

The organisation demonstrates that consumers have a say in the way care and services are provided to them including acknowledgement of consumers’ preferences for delivery of services. Most consumers interviewed said they have a say in their daily activities and the service is well run.

Service staff are supported by an organisational governance framework which promotes a culture of safe, inclusive, quality care and services with clear lines of accountability.

Organisation wide governance systems including continuous improvement, financial and workforce governance, and processes to receive and manage feedback are embedded in services delivery practices. Information management practices could be strengthened through the development of clear guidelines for staff about issues including informed consent for the use of physical and chemical restraint and actioning the findings of audits and reviews of practice. There are frameworks to ensure the service complies with regulatory requirements however, the service failed to demonstrate complete compliance when implementing the Charter of Aged Care Rights and effectively managing informed consent regarding the use of devices deemed a form of physical restraint.

The organisation demonstrates a commitment to risk identification and risk management processes however, they are not effectively managed at the service level to ensure consumers impacted by high impact or high prevalence conditions are managed appropriately and safely to improve their quality of life.

The organisation implements clinical governance frameworks that includes processes to monitor and manage anti-microbial stewardship and implement a culture of open disclosure. Governance frameworks designed to minimise the use of restraint and provide information about the risks associated with the use of restraint and the ability to provide ‘informed consent’ are not clearly defined and effectively implemented.

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.

While the Assessment Team identified some gaps in information management and regulatory compliance at the service, I do find these to be systemic, but note these as areas for improvement for the service.

### Requirement 8(3)(d) Compliant

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

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

### The service has processes to identify high impact and high prevalence risks, including assessment of consumers for high impacts and high prevalence risks with identification of those risks in individual care plans. However, there is no overarching system to identify and document at risk consumers. While this is not a regulatory requirement, it is not clear that current risk management systems are effective at identifying specific risks to consumer’s health (refer to Standards 2 and 3) as their care needs change or following incidents.

While the service has a policy regarding Elder Abuse and a training module, with staff at the service able to articulate what to do if they witnessed elder abuse, these tolls would be better supported with a procedure to ensure staff know how to report incidents of elder abuse.

Consumers are encouraged to help design the activities program at the service as well as having input into the service’s food and care delivery. Consumers are also actively involved in aspects relating to how the service is run and are able to be involved through meetings. There is consumer involvement on several panels at the service to ensure they have a say in how decisions at the service impact their lives.

### 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.

While the service demonstrated an awareness of the need to have systems in place to deliver safe, quality clinical care, gaps were identified in the understanding and application of this in relation to the minimisation of restraint. The service did not understand what constitutes chemical and physical restraint, despite the use of bed rails at the service. Similarly, the service could not demonstrate or provide evidence of processes to inform consumers of the risks of restraint, how health practitioners are involved or how alternatives to restraint are considered.

The service was found to have an antimicrobial stewardship procedure, a medication advisory committee and a clinical governance committee. The Terms of Reference for the medication advisory committee included a standing agenda item regarding antimicrobial stewardship.

The service did demonstrate an awareness of and commitment to the concept of open disclosure, with information contained in the feedback and complaints form, education provided and guidance for staff.

The approved provider has since updated their policy regarding restraint to ensure it aligns with contemporary practice.

# 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, Requirements 3(a), (b) and (e)
* Standard 3, Requirements 3(a), (b), (d) and (e)
* Standard 7, Requirement 3(c)
* Standard 8, Requirement 3(e)