Mildred Symons House

Performance Report

15 Lenna Place   
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**Commission ID:** 2640

**Provider name:** Anglican Community Services

**Site Audit date:** 9 February 2021 to 12 February 2021

**Date of Performance Report:** 26 March 2021

# 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) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **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) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | 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 9 March 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers interviewed by the Assessment Team confirmed they are treated with respect saying staff give them time, are kind and know their needs. Consumers confirmed they are encouraged to do things for themselves saying they have choice in what they do every day and that staff know them well and know what is important to them. Consumers gave examples included being respected by staff, having choices with activities they enjoy and going out when they liked. Consumers interviewed confirmed the service supports them to spend time with people who are important to them and say staff go out of their way to make them feel welcome.

The Assessment Team observed the staff to behave in a kindly and dignified manner towards the consumers. All interactions observed were of a respectful nature for example when consumers living with dementia displayed confusion and disorientation staff calmly and gently intervened, minimising the impact of their distress and those around them.

The service has policies and procedures in place to identify the consumers wishes about the involvement of family, friends, carers and others and this is demonstrated within the consumers documentation and care file.

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.*

The Assessment Team found that the service demonstrated improvements in involving consumers and representatives in making decisions about their care and services. Consumers interviewed by the Assessment Team said they are supported to make decisions and are regularly consulted on matters such as their involvement in leisure and lifestyle activities. Staff interviewed were able to describe how each consumer is supported to make informed choices about their care and services.

I find this requirement is Compliant.

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

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

The Assessment Team found most staff interviewed to be knowledgeable about the needs, goals and preferences of consumers and they knew their consumers well and this aligned with consumer feedback.

For the consumers sampled, care planning documentation showed that consumers and others are involved in assessment and planning. Care planning documentation includes assessments and care planning information relevant to each consumer’s needs, goals and preferences were outlined and personalised. All care plans reviewed by the Assessment Team showed evidence of review on a regular basis and when incidents impacted on the consumer’s care. However, for two consumers care plans were not updated when circumstances changed.

The service was unable to demonstrate risks to the consumer’s health and wellbeing consistently informs the delivery of safe and effective care. The Assessment Team found several consumers sampled did not have the palliative care domain within their care plan reflect their current palliative care needs.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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 found that risks to consumers health and well-being did not consistently inform the delivery of safe and effective care. The service did not demonstrate they followed their initial assessment and planning process to effectively assess the skin integrity care needs or the risk of falls and delirium for a consumer who recently entered the service.

While Approved Provider’s response demonstrated that most initial assessments were completed in a timely manner for the identified consumer, these did not consistently inform the delivery of safe and effective care and services or effectively manage identified risk. The Approved Provider’s response did not demonstrate that the organisation’s initial assessment and planning process were followed.

I find this requirement is Non-Compliant.

### 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.*

The Assessment Team found that staff interviewed were knowledgeable about the needs, goals and preferences of consumers and the service has policies and procedures to support end of life care and advanced care planning. Most consumers had an advanced care plan completed, and those that did not have been approached and given information to facilitate this process when the consumer is ready to discuss. However, the Assessment Team found that assessment and planning did not consistently address the current needs, goals and preferences for consumers who were identified as on a palliative care pathway.

In the Approved Provider’s response, they identified that the consumers mentioned in the Assessment Team’s report were not actively palliating and were not requiring end of life care. While these consumers were not palliating, it was not clear whether care documents clearly reflected these consumers advanced care or end of life wishes.

While the service could improve their documentation of end of life and palliative pathway care planning, I accept that in general, assessment and planning addresses the current needs goals and preferences of consumers, and assessment and planning includes advanced care planning if the consumer wishes.

I find this requirement is 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.*

### The Assessment Team found that overall, care planning documentation demonstrated that consumers and others are involved in assessment and planning. This included relevant assessment from health professionals, and where consultation has occurred, this is updated in the care planning documents. All consumer representatives interviewed stated they felt involved in assessment and care planning. Staff interviewed could describe how they involve consumers and in assessment and care planning and describe how else was involved in the care of sampled consumers. The service has improved the completion rate of case conferences for consumers and has a new ‘resident of the day’ process to provide ongoing assessment and communication in relation to the care of the consumer.

I find this requirement is Compliant.

### 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.*

The Assessment Team found that overall, care planning documentation includes assessments and care planning information that is relevant to each consumer’s needs, goals and preferences that is comprehensive and personalised. The service has implemented processes to facilitate communication of the outcomes of assessment and care planning, and promote that consumers and representatives can request a copy of their care plan.

I find this requirement is Compliant.

### 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.*

The Assessment Team found that care plans reviewed demonstrated evidence of review on a regular basis and when incidents impacted on the consumer’s care. While for two consumers care plans were not updated when circumstances changed, this did not have an adverse impact on the consumer’s care. Staff interviewed were able to identify how changes in consumer condition and care needs are assessed following an incident, such as a fall.

I find this requirement is Compliant.

# STANDARD 3 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 relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. One consumer representative explained that her mother has very complex clinical care needs and the staff are doing very well to meet her needs. Another consumer representative stated that her husband is being cared for very well by the staff. He always looks healthy, clean and shaved.

The service demonstrated effective management of high impact or high prevalence associated with care of each consumer such as behaviours, falls and weight loss. Care planning documents evidenced timely and appropriate referrals to individuals and other organisations and providers of care and services.

Consumers’ care and service plans are reviewed and updated regularly including when there is a change to a consumer’s care needs. Changes are communicated with staff and required changes to care plans are made in consultation with the consumer and or their representative/s.

Staff interviewed understood the importance of infection control, could describe infection control processes in their work, and infection control processes were observed by the Assessment Team to be in practice.

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

The Assessment Team found that overall, consumers get the clinical and personal care they need that is tailored to their needs and optimises their health and well-being. Consumers and their representatives interviewed said consumers get the care they need, and this care is in line with their preferences. The service demonstrated improvements in the management of psychotropic medication and physical and environmental restraint including effective consent and review processes. The service demonstrated effective wound management, including referral to specialist services when appropriate.

I find this requirement is Compliant.

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

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

The Assessment Team found that the service demonstrated effective management of high impact or high prevalence associated with care of each consumer such as behaviours, falls, weight loss, diabetes, and complex health care. Staff were able to describe the high impact or high prevalence risks for sampled consumers, and the care for the service’s consumers with the highest risk.

I find this requirement is Compliant.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found that the service utilises effective standard and transmission based precautions to prevent and control infection. Staff interviewed understood the importance of infection control, could describe infection control processes in their work and infection control processes were observed by the Assessment Team to be in practice. The organisation has written procedures relating to infection control and practices to reduce the risk of resistance to antibiotics.

I find this requirement is Compliant.

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

The Assessment Team found overall sampled consumers confirmed 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. Consumers interviewed said that they are supported to do the activities they enjoy. Consumers said the staff make sure to let them know when lifestyle activities are on and assist them to attend when needed. Two consumers said that they are supported by care staff and lifestyle staff to continue to join in their favourite activities on a regular basis and staff were able to demonstrate their knowledge of consumers and their likes and dislikes when it came to activities and daily living.

Consumers interviewed said they like the food at the service. They also said staff are knowledgeable on their food preferences and dietary needs. They stated the food is plentiful and alternatives are available for those wanting something different.

Consumers interviewed discussed how they are supported to keep in contact with family and friends by phone and one consumer said staff help when he wants to make a call. All consumers interviewed said staff are welcoming to their visitors and will get them a chair or offer them a cup of tea.

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.*

The Assessment Team found that consumers interviewed said they are encouraged by staff with services and supports that meet their needs, goals and preferences. Care documentation reviewed by the Assessment Team reflected assessments around supports for daily living with consumer preferences that enhances their independence, health, well-being and quality of life. The service demonstrated improvements in the services and supports for daily living for a consumer who was previously identified as not receiving these services to optimise her health, well-being and quality of life.

I find this requirement is Compliant.

### 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.*

The Assessment Team found that consumers are generally supported to pursue a range of interests in the service. Consumers are supported to participate in outside activities through bus outings and independently accessing outside services such as shops and appointments. Consumers and representatives interviewed said that consumers have a say in their daily activities and can decide what they do. The service completes an assessment of consumer’s individual background, cultural and other specific needs and provides information on what activities they may be interested in. All consumer files reviewed by the Assessment Team contained this assessment.

I find this requirement is Compliant.

### 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.*

The Assessment Team observed a range of equipment used to provide or support lifestyle services including wheelchairs and lifters. This equipment was observed to be available where required, clean, regularly serviced and well maintained. Consumers and representatives interviewed said they are satisfied with the cleanliness, suitability, and safety of mobility aids and other assistive equipment provided.

I find this requirement is Compliant.

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

The Assessment Team found overall sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment. They said the staff are kind and they are satisfied with the care they receive. Consumers interviewed stated they were happy living at the service. They confirmed that their visitors are made to feel welcome and gave examples of how staff help to welcome their visitors. Consumers said there are plenty of areas they can meet visitors with privacy and comfort. Consumers confirmed that the service is always kept clean and well maintained. Consumers spoke positively about the staff and confirmed that they keep the environment in their room and in the communal areas clean and tidy.

The Assessment Team observed the service environment to be clean and well maintained, this included service areas such as kitchens and laundry. Equipment was stored where they were accessible to staff, however not intrusive for consumers. The doors to all garden areas were unlocked during the day and consumers were also observed accessing garden areas.

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 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 Assessment Team found overall sampled consumers and representatives felt that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives interviewed said they know how to raise concerns, make a complaint or give feedback and felt comfortable and safe in doing so. A consumer’s representative indicated the current management approach of completing a case conference to discuss concerns raised by consumers and their families was a positive step.

The service uses an open disclosure approach and staff are educated on what this means and how to manage complaints. There was evidence of its implementation in dealing with complaints, and consumers and representatives confirmed this approach. Complaints are actioned in line with organisational policy, and the service has ensured that identified concerns are used to implement actions/improvement measures to benefit all consumers in the service.

Management demonstrated an awareness of complaints trends and this is reported on a monthly basis to the Executive team.

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.*

The Assessment Team found that complaints and feedback are reviewed and used to improve the quality of care and services. Management provided the Assessment Team with examples of improvements to the service based on consumer, representative or staff feedback. Management described how several sources of feedback including information from the complaints system, resident meetings, informal suggestions from consumers/representatives and staff is used to improve the quality of care and services.

I find this requirement is Compliant.

# 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.

The Assessment Team found overall, sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable, kind and caring. They gave several examples where staff had sat and talked with them and had gone out of their way to help. This was also observed by the Assessment Team.

Consumers interviewed by the Assessment Team said they felt staff were knowledgeable about their care needs. Some consumers said they felt safe when staff had used equipment to assist them as they were being re-assured by the staff throughout the process. Most consumers generally felt there were enough staff as they did not have a long wait for staff to attend if they used their call bell. One consumer said she has to wait for staff to answer her call bell and one representative believes more permanent staff are needed.

Management has systems in place to monitor call bell responses. As part of this system, management undertakes a call bell check and interviews staff where response time are above the acceptable timeframe. Systems are in place to identify training needs, provide education to staff and monitor staff performance. Management advised that consumer care needs are the key driver when considering staffing needs.

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.*

The Assessment Team found that while some consumers and representatives raised some concerns about the adequacy of staffing, most consumers and representatives indicated satisfaction with staffing. Review of documentation by the Assessment Team demonstrated the service’s reliance on agency personnel to fill shifts has decreased, staff recruitment is ongoing and there has been improvements to the number of vacant shifts. Call bell reports show that call bells are promptly responded to and wait times outside the organisation’s benchmark are followed up by management.

I find this requirement is Compliant.

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

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

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

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

The Assessment Team found that consumers and representatives interviewed said they feel staff are competent and capable to performing their roles. Staff and management advised they have ongoing training with skill assessments to ensure competency levels. The service demonstrated systems to monitor qualifications, conduct staff appraisals to monitor and review staff performance, and provide education to staff to assist staff to perform their roles effectively.

I find this requirement is Compliant.

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

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

The Assessment Team found that consumers and representatives interviewed said staff are trained and equipped to deliver their care and services effectively. Staff provided examples of recent training they have completed. Review of training documents by the Assessment Team identified that training is generally up to date and the service is responsive to training needs following feedback and areas of potential risk.

I find this requirement is Compliant.

### 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).

Most consumers and representatives interviewed by the Assessment Team indicated that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives interviewed could provide examples of how they are involved in the development, delivery and evaluation of care and services. All consumers and representatives interviewed said that the service’s management are approachable and listen to their suggestions and other feedback. Consumers are involved in a range of activities to improve the care and services including through feedback, referrals, participation in surveys, focus groups and consumer/ representative forums.

The governing body has implemented programs that provide a framework for   
person-centred and inclusive care and services. The organisation’s governing body has developed governance systems that ensure accountability is acknowledged and accepted from top down.

However, the service did not demonstrate effective information management systems to ensure information is readily available to staff and consumers. Staff feedback indicated that they face difficulty accessing the wi-fi network to complete and record tasks, which impacts on their ability to perform their tasks and provide quality care. Consumers and their representatives indicated they face difficulties accessing the internet and contacting their family via social media.

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) 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 found that the organisation has governance systems in relation to continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. However, the service has issues with technology including failing wi-fi connections that means staff do not always have access to consumer information when they need it. This impacts staff ability to record progress notes, record medication rounds or access consumer care information. While the service had raised these issues with the organisation, they did not demonstrate that their systems were effective in rectifying these issues in a timely manner.

In the Approved Provider’s response, they acknowledged that system outages over the past 12 months have impacted network coverage throughout the service. Since the site audit, the Approved Provider has started plans to replace the IT infrastructure in the service.

I find this requirement is Non-Compliant. At the time of the site audit, the information management systems at the service were not effective.

### 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 demonstrated a risk management framework and systems to manage organisational risks including high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, and supporting consumers to live their best life.

I find this requirement is Compliant.

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

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

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

The service demonstrate that an effective clinical care framework is in place that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

I find this requirement is 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.

### Requirement 2(3)(a)

*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 Approved Provider should ensure that:

* The service follows its policies and procedures regarding initial assessment and planning, and assessment and planning is completed in a timely manner.
* Risks to consumers health and well-being are identified in assessment and planning, and consistently inform the delivery of safe and effective care and services.

### Requirement 8(3)(c)

*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 Approved Provider should ensure that:

* The organisation has effective governance systems relating to information management.
* The service implements the improvements to the IT infrastructure, outlined in the Approved Provider’s response.