Mount Clear Aged Care

Performance Report

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**Commission ID:** 3703

**Provider name:** OC Health Ballarat Pty Ltd

**Site Audit date:** 27 January 2021 to 29 January 2021

**Date of Performance Report:** 21 April 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** | **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** | **Non-Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-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** | **Non-Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-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) | 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 on 1 March 2021 and 2 March 2021.
* information held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

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

For example:

* Consumers said staff sought out their views on how care might be tailored to recognise and support their individual identity, culture and background.
* Consumers were satisfied with how staff deliver care and services and said they feel comfortable and safe.
* Consumers described how they are supported to exercise choiceand independence and said staff respect their choice to balance their lifestyle choices with health outcomes.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. Staff demonstrated they understood each consumers’ needs and outlined how they provided care as per the individual’s preferences. Consumers and representatives expressed satisfaction with communication about care planning and the outcomes of assessment and planning are effectively communicated to the consumer and their representative.

Documentation relating to the clinical care and lifestyle needs of consumers was not readily available and in cases incomplete.

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 reported deficits in documentation to support the care of consumers. Care plans and assessments were not always individualised, and assessment tools, charting and monitoring documents were inconsistently completed.

The Assessment Team also evidenced deficits in documentation in relation to Standard 3 Requirements (a) and (b) which is relevant to this requirement.

The Assessment Team’s found staff were unable to provide clinical documentation in a variety of areas for a number of consumers and could not demonstrate through their assessment and care planning information that the care being delivered was in line with assessed needs.

The approved provider’s response included a number of the documents across Standard 2 and Standard 3 which staff and management at the service could not locate while the Assessment Team were on site.

The approved provider asserts that the evidence they have submitted demonstrates compliance with the requirement and any difficulty the service had during the site audit was because the service is transitioning from a paper-based documentation system to an electronic system.

Considering all the evidence available, the pivotal issue is that staff with responsibility for caring for consumers on a day to day basis could not produce the assessment and planning documentation that demonstrated care was being delivered in line with consumer needs.

Based on the evidence (summarised above) the approved provider does not comply with this Requirement.

### 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.*

The Assessment Team’s report provided some positive and some negative information in regard to this Requirement. For consumers sampled the Assessment Team found deficits in post fall reassessment, a failure to follow a medical directive and discrepancies in information across care planning documentation.

The approved provider submitted further documentation that addresses some of the Assessment Team’s findings and notes that the service is transitioning to an electronic care planning system which was one reason the evidence was not available to the Assessment Team during the site audit.

The approved provider complies with this Requirement. While documentation does have anomalies, the approved provider demonstrated that a post falls review was timely, a change in a consumer’s eating pattern was referred to a dietician, and charting was undertaken.

# 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 relevant documents.

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

Most consumers said they usually get the care they need and provided positive feedback about the manner in which staff provide care. Consumers said staff are always checking them regularly.

Staff could describe how they ensure clinical care is best practice and how they ensure that clinical information is shared both within the organisation and with others outside the organisation as required.

The Quality Standard is assessed as Non-compliant as six 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 were unable to ascertain during the visit the status of individual consumer’s health and wellbeing due to deficits in documentation.

The approved provider submitted further documentation that addresses some of the Assessment Team’s findings and notes that the service is transitioning to an electronic care planning system which was one reason the evidence was not available to the Assessment Team during the site audit.

It is not evident that a lack of documentation has resulted in a lack of care. Supplementary evidence included photographs of wounds resolving, pain charting occurring and general practitioner and representative involvement in the management of psychotropic medication.

Consumer and representative feedback was generally positive on the care being delivered.

I have considered the evidence of the Assessment Team regarding deficits in documentation under Standard 2 Requirement 2(a).

The approved provider complies with this Requirement.

### 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 there were no significant risks for the consumers sampled that are not being addressed or managed, however documentation did not always support this was the case.

I have considered the evidence of the Assessment Team in deficits in documentation under Standard 2 Requirement 2(a).

The approved provider complies with this Requirement.

### 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 observed poor infection control practices by staff during the site audit including poor use of personal protective equipment.

The approved provider’s response did not address poor staff practices in regard to minimising infection related risks through the correct use of personal protective equipment.

Staff were familiar with procedures for reporting a consumer with signs and symptoms of infection, however, could not demonstrate that the service’s practices for reporting infections and antibiotic use had been followed.

The service has failed to meet sub requirement (i) of the Requirement and as a result does not comply with Requirement (3)(3)(g).

# STANDARD 4 NON-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.

Overall sampled 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.

For example:

* Consumers interviewed are satisfied that the service welcomes visitors. They described how the service enables them to stay connected with important people in their life.
* Consumers said they are generally supported by the service to do things they like to do. Consumers are also satisfied with the range of equipment available.
* Consumers are mostly satisfied with the quality and quantity of the food provided. Some consumers said the food could have more variety, particularly the vegetable section.
* The Assessment Team reviewed lifestyle care planning documents and found them generic.

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

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

The Assessment Team found information on consumers’ lifestyle preferences were generic and would not adequately inform staff in regard to consumer care, for example, lifestyle interventions for behaviour management were not available to relevant staff managing behaviours.

Lifestyle staff could not demonstrate how information collected by them from consumers informs the review of each consumer’s health and wellbeing.

The approved provider’s response recognises that the current documentation timeline for integrating lifestyle information has room for improvement and stated staff training is ongoing in this regard.

The service does not comply with this Requirement, at the time of the site audit information on lifestyle preferences was not available to others who support the health and wellbeing of consumers.

### 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.

Overall most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers interviewed confirmed they feel safe at the service and they are able to access outdoor areas when they choose.
* Consumers interviewed confirmed they feel at home and the service is welcoming. Consumers described how they enjoy being able to set up their rooms as they choose and having visitors feeling welcomed by staff.
* Consumers described how they can access different areas of the service and staff are available to assist then when required.
* Consumers interviewed confirmed that the service is clean and well maintained.
* The service was observed to be welcoming with the layout of the service enabling consumers to move around freely, both indoors and outdoors.
* Consumers have access to a range of different communal areas with appropriate furniture.
* Consumers had ready access to tidy outdoor areas with gardens, benches and communal areas and paths that consumers were free to access. Consumers were observed being able to move freely and safely in these outdoor 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 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

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

For example:

* Consumers interviewed were able to describe how they could provide feedback regarding care and services and felt comfortable and safe to do so.
* Consumers interviewed described how management responded to concerns they had raised and were satisfied with the outcome.
* The organisation encourages comments, complaints and suggestions and has documented processes to ensure all feedback is addressed in a timely manner.
* Consumers were not aware of how to access external complaints agencies or advocate services. The Assessment Team observed a small display of information on these services, was not displayed appropriately for the consumers to access. Consumers expressed they can give verbal feedback; however, several sampled consumers were unaware of the location of the one lodgement box available in the service.
* The service maintains a complaint register; however, review of the service’s continuous improvement plan did not reflect where appropriate, the consumers’ feedback incorporated in the service’s plan.

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

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

The Assessment Team received feedback from some consumers that they were unaware of how to access external complaint services. Two consumers requested information on the external services from the Assessment Team. The Assessment Team observed brochures on how to make a complaint on a high shelf in the foyer and a lodgement box in the ‘activity room’.

The approved provider’s response states that all consumers receive a handbook on admission with information on complaints and that feedback forms are positioned in prominent areas of the service and locked depositories ensure confidentiality of information.

While the approved provider has some processes in place these are not sufficient to demonstrate compliance with this Requirement. Two consumers interviewed were unaware of how to access external complaints services and requested this information directly from the Assessment Team.

### 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.

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

For example:

* Consumers and representatives interviewed confirmed that staff are kind and caring in their approach.
* Overall consumers interviewed confirmed that staff know what they are doing.
* The staffing roster is based on continuity of staffing across the service, where possible. The service is actively recruiting clinical, care and hotel services staff to support the increasing occupancy at the service. The service has commenced using agency staff to fill unplanned leave and vacancies in the roster.
* The service’s recruitment and selection processes ensure the workforce is competent and staff have the qualifications and knowledge to effectively perform their roles. The service uses an external human resources organisation to assist with human resource management.
* Staff complete mandatory education and accompanying competencies on orientation. Ongoing annual competencies are planned and a staff development calendar for 2021 has been planned for additional training to be provided to all classification of staff.
* The service uses a range of processes to monitor staff performance including observation, monitoring incidents, analysis of consumer feedback and plans to initiate a formal annual performance appraisal.

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).

Most sampled consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* The majority of consumers interviewed confirmed that from their perspective the service is well run and is responsive to their changing needs, preferences and feedback.
* Consumers interviewed confirmed they have been invited to provide feedback on a range of issues, have been invited to join various committees and expressed satisfaction with their engagement with the current service management.
* The Assessment Team’s reports notes deficits in the way information is managed at the service and that the service’s governing body has not identified these deficits are occurring.

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

## Assessment of Standard 8 Requirements*.*

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Non-compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team found the service did not comply with sub-requirement (i) information management. The Assessment Team’s report outlines that staff were unable to provide clinical information to them in a timely way. Management were also unable to locate requested documentation during the site audit and information on key risk questions such as the number of consumers receiving pressure area was not provided at the time of the site audit. Consumers could not recall receiving a handbook on entry and others did not know how to access information on external complaint services. Lifestyle information was not shared to support the health and well being of consumers and there was a lack of evidence that relevant information was tabled at committees to inform governance activities.

The approved provider’s response includes information that staff and management were unable to locate at the time of the site audit. The response does not provide evidence that the governing body has oversight of the effectiveness of information management systems. Mechanisms such as audits and meeting minutes are noted in the approved provider’s response but not submitted.

Based on the evidence summarised above the approved provider does not comply with this Requirement as there are deficits in how information is managed and used to support the health and wellbeing of consumers across multiple Quality Standards.

### 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 Assessment Team found deficits in the written information provided by the service in relation to wound management and incident reporting. This evidence has been considered in Requirement 8(3)(c).

### Requirement 8(3)(e) Non-compliant

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

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

The Assessment Team noted the service’s governance policy includes the reporting of antibiotic usage and infection surveillance. The meeting minutes of two committees where this topic is a standing agenda item were accessed by the Assessment Team. There was no data reported.

The approved provider’s response includes information on the number of infections per month and the use of antibiotics, however it is unclear from the response how this information is circulated within the service to support clinical governance. The response notes audits, trending and benchmarking is undertaken, however evidence demonstrating that this is occurring was not submitted.

Based on the evidence summarised above the service does not comply with sub-requirement (i) and as a result does not comply with Requirement 8(3)(e).

# 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) 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.*

Ensure clinical documentation that supports the care and wellbeing of consumers on a day to day basis is complete and readily available to all relevant staff.

Ensure assessment and planning documentation is effectively used to inform care plans and that these remains contemporary and reflective of the current care needs.

Establish a system to identify any deficits in documentation.

### 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.*

Address deficits in how staff wear personal protective equipment and ensure that all staff practice effective standard and transmission based precautions in line with the infectious risk.

Provide relevant training and induction to staff to support their understanding of infection control during a pandemic.

Establish a system for ongoing monitoring of staff practice.

### Requirement 4(3)(d) Non-Compliant

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

Integrate lifestyle information with other clinical information to ensure a holistic approach to consumers’ health and wellbeing is adopted by staff and can be demonstrated through file reviews.

Ensure information is tailored to the individual and not generic.

Establish a system to monitor the completeness of relevant documentation and that it remains contemporary.

### Requirement 6(3)(b) Non-compliant

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

Ensure that all consumers or relevant representatives are aware of how to access advocates, languageservices and other methods for raising and resolving complaints.

Establish a system to ensure this occurs for consumers new to the service and on an ongoing basis.

### Requirement 8(3)(c) Non-compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*

Ensure that deficits in this area can be identified and rectified in a timely manner though oversight by a suitably qualified employee.

Establish a system to ensure the governing body is informed of any deficits in the collection, use and sharing of information.

### 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;*

Establish a formal system for the collection of information relevant to this Requirement.

Demonstrate that data collected is made available to the relevant Committee and that meeting minutes reflect consideration of the data by Committee members and any course of action taken.

Ensure relevant meeting minutes are considered by the Governing body and any course of action decided is endorsed by the Governing body as required.

Demonstrate that the service is actively considering how to reduce its use of antibiotics in line with its clinical governance framework.