Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Pemulwuy Aged Care |
| **RACS ID:** | 1057 |
| **Name of approved provider:** | Allity Pty Ltd |
| **Address details:**  | 11 Pastoral Circuit Pemulwuy NSW 2145 |
| **Date of site audit:** | 12 November 2019 to 15 November 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 27 December 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 19 March 2020 to 19 March 2022 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met |
| Requirement 1(3)(a) | Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Met |
| Requirement 1(3)(d) | Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Not Met |
| Requirement 2(3)(a) | Not Met |
| Requirement 2(3)(b) | Not Met |
| Requirement 2(3)(c) | Met |
| Requirement 2(3)(d) | Met |
| Requirement 2(3)(e) | Not Met |
| Standard 3 Personal care and clinical care | Not Met |
| Requirement 3(3)(a) | Not Met |
| Requirement 3(3)(b) | Not Met |
| Requirement 3(3)(c) | Met |
| Requirement 3(3)(d) | Met |
| Requirement 3(3)(e) | Met |
| Requirement 3(3)(f) | Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Met |
| Requirement 4(3)(d) | Met |
| Requirement 4(3)(e) | Met |
| Requirement 4(3)(f) | Met |
| Requirement 4(3)(g) | Met |
| Standard 5 Organisation’s service environment | Met |
| Requirement 5(3)(a) | Met |
| Requirement 5(3)(b) | Met |
| Requirement 5(3)(c) | Met |
| Standard 6 Feedback and complaints | Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) | Met |
| Requirement 6(3)(c) | Met |
| Requirement 6(3)(d) | Met |
| Standard 7 Human resources | Met |
| Requirement 7(3)(a) | Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) | Met |
| Standard 8 Organisational governance | Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Met |
| Requirement 8(3)(d) | Met |
| Requirement 8(3)(e) | Met |
| **Timetable for making improvements:** | By 28 February 2020  |
| **Revised plan for continuous improvement due:** | By 11 January 2020  |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Pemulwuy Aged Care (the Service) conducted from 12 November 2019 to 15 November 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Director of Asset Management | 1 |
| Maintenance supervisor/fire warden | 1 |
| Operations managerGeneral manager | 11 |
| Consumers/representatives | 29 |
| Care manager | 1 |
| Care staff | 13 |
| Hospitality and environmental services staff | 4 |
| Lifestyle staff | 5 |
| Cleaning staffAllity Group Executive Chef | 21 |
| Executive ChefCatering/servery staff | 15 |
| Management | 5 |
| Clinical staff | 5 |
| Café staff | 2 |
| Visiting service providers such as allied health professionals | 3 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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.

#### Summary of Assessment of Standard 1:

The Assessment Team found that all six requirements under Standard 1 were met.

***Consumer Experience Interviews***

Twenty-three consumer/representatives were interviewed at random plus six purposeful interviews with consumers were undertaken.

Of consumers/representatives randomly sampled for the consumer experience report, 100% said staff *“treat them with respect and are kind and caring”* most of the time or always.

Consumers and their representatives were satisfied personal care is undertaken in a respectful way and consumers’ dignity valued. The service demonstrated that it actively promotes a culture of inclusion.

Staff were observed to interact with consumers respectfully and could readily identify consumer’s individual preferences and interests. Consumers described the ways their social connections are supported both inside and outside the service. The service promotes the value of cultural safety and diversity through staff training, in the range of activities it offers for consumers and choices offered to consumers with diverse backgrounds.

Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers clear and accurate information and options to inform their choice. Consumers/representatives said consumers have a say in their care and services and that they can make decisions about their life even when it involves an element of risk.

Consumers said the service protects the privacy and confidentiality of their information, and that they are satisfied that care and services, including personal care, are undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy and dignity of consumers. The service demonstrated how electronic and hard copy filing systems support the protection of consumers’ confidential information.

#### Requirements

Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that two of five requirements in relation to standard 2 were met.

***Consumer Experience Interviews***

Twenty-three consumer/representatives were interviewed at random plus six purposeful interviews with consumers were undertaken.

Of consumers randomly sampled, 100% said *“they get the care they need, and they have a say in their daily activities”* either most of the time or always.

Consumers and representatives also confirmed that they are involved in assessment and planning for care and services. However, some feedback from consumer representatives regarding inadequate assessment and planning of risks was received.

The service was unable to demonstrate that assessment and planning consistently has informed the delivery of safe and effective care and services for consumers. The Assessment Team identified that risks such as pressure injuries, oral and dental health, myiasis, cognitive impairment and pain have not been consistently assessed and planned to inform the delivery of safe and effective care and services; as a result, consumers have been impacted.

The service’s assessment and planning generally addresses consumers’ needsgoals and preferences, including advanced care planning and end of life planning if the consumer wishes. This information is gathered on admission and reviewed when changes occur or at least every six months. However, assessment and planning did not consistently identify and address consumers’ needs. The service was able to demonstrate that assessment and planning is generally based on ongoing partnership with the consumer and others that the consumer wishes to involve the assessment, planning and review process. Consumers and representatives are consulted when changes in care occur. The service also organise routine case conferences every six months and the care and services plan is reviewed together. Agreed changes to the care and services plan are generally documented and communicated within the team. Consumers and representatives are consulted before other organisations, individuals and providers or other care and services are involved in the care of the consumer.

Care and service plans are reviewed every six months for effectiveness. However, the Assessment Team identified instances when this did not occur when circumstances changed or when incidents impacted on the needs, goals and preferences of the consumer. For example, pain has not been consistently monitored when incidents occurred such as a new pressure injury or burn/scald.

#### Requirements:

##### **Standard 2 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Not Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(c) Met**

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.

##### **Standard 2 Requirement 3(d) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(e) Not Met**

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3:Personal care and clinical care Not Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found that two of the seven requirements in relation to Standard 3 were met.

***Consumer Experience Interviews***

Twenty-three consumer/representatives were interviewed at random plus six purposeful interviews with consumers were undertaken.

Of consumers randomly sampled, 100% said they “get the care they need” either most of the time or always. 95% of consumers randomly sampled said they “feel safe at the service” either most of the time or always.

However, the Assessment Team received feedback from some consumer representatives who had concerns about care.

The service was unable to demonstrate that each consumer gets safe and effective care that is best practice and optimises their health and wellbeing. However, the service was able to demonstrate the care is generally tailored to consumers’ needs. Gaps were identified in the management of high impact/prevalent risks such as oral and dental care, wound/skin care, pain management, myiasis, behavioural management, cognitive impairment (and how it impacts decision making) and restraint.

The needs, goals and preferences of consumers nearing end of life are recognised and addressed. The service was able to demonstrate examples of when consumers nearing end of life had their needs met, their comfort maximised, and their dignity preserved.

Deterioration and changes in consumers’ mental health, cognitive or physical function, capacity or condition have not consistently been recognised and responded to in a timely manner. Some examples of these changes include oral and dental health, pain, deterioration of wounds, cognition/decision making capacity, continence and weight loss.

The service has systems and processes to ensure information about consumers’ needs and preferences are documented and communicated within the organisation. However, the Assessment Team identified several instances in which information was not effectively communicated or escalated so the consumer’s skin integrity was impacted.

Although the service was able to provide examples and evidence that appropriate and timely referrals have occurred; the Assessment Team found this was not consistently done so some consumers had been impacted.

The service was able to demonstrate standard and transmission-based precautions to prevent and control infection. The service was also able to demonstrate they have practices to promote appropriate antibiotic prescribing and use; this was evidenced through the review of consumer files. The service’s monitoring and review processes identify trends every month and actions plans are implemented when necessary.

#### Requirements:

##### **Standard 3 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(b) Not Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Met**

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

##### **Standard 3 Requirement 3(d) Not Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(e) Not Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(f) Not Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Met**

The organisation demonstrates minimisation of infection related risks through implementing:

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

### Standard 4: Services and supports for daily living Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found that all seven requirements under Standard 4 were met.

***Consumer Experience Interviews***

Twenty-three consumer/representatives were interviewed at random plus six purposeful interviews with consumers were undertaken.

90% of consumers/representatives interviewed say “they like the food” most of the time or always.

The service demonstrated that it supports consumers emotional, physical, spiritual and psychological wellbeing. This is achieved by staff understanding the needs and preferences of individual consumers and delivering appropriate care to meet consumer goals. Consumers and their representatives are asked to provide feedback to the service, formally and informally, to ensure that their needs are being met. The service has demonstrated that it delivers services and supports for daily living in a safe and effective way.

Consumers interviewed said they are satisfied with the cleaning, laundry, food and other services and supports which optimise their independence and let them live the best life they can. There is a lifestyle team with dedicated roles to implement a new and more comprehensive lifestyle framework. Care staff are educated to deliver person centred care and engage meaningfully with consumers when delivering care and facilitating one to one or other activities.

The service demonstrated that it provides safe, suitable, clean and well-maintained equipment. The Assessment Team’s observations of the laundry and kitchen areas confirmed they are well designed, have safe working areas and that equipment and machinery are maintained and clean. Management ensure safe work practices are being followed, environmental and equipment audits are being completed and resources allocated to ensure preventative and reactive maintenance is completed in a timely manner.

At Allity Pemulwuy Aged Care the food and dining experience is recognised as an important part of the consumers day, not only from a social and emotional point of view but also from a health and wellbeing perspective so consumers” likes and dislikes and special dietary needs are well catered for. Pemulwuy’s approach endeavours to deliver a fine dining experience to its consumers. This includes good food and dining rooms that are conducive to the enjoyment of meals. The majority of consumers said that they were happy with the quantity, quality, variety and presentation of meals served in the neighbourhood dining rooms.

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found that all three requirements under Standard 5 were met.

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

***Consumer Experience Interviews***

Twenty-three consumer/representatives were interviewed at random plus six purposeful interviews with consumers were undertaken.

100% of consumers said that “*they feel at home here”* and 95% said they *feel safe at the service” m*ost of the time or always.

Consumer/representatives stated that they were happy with the quality of the living environment stating that a well maintained, clean and hygienic environment is maintained at all times. They stated that they are consulted and kept up to date regarding proposed changes to the service environment. They described various ways the service is welcoming and supports their well-being, sense of belonging, independence, interaction and function. These include:

* Allity Pemulwuy Aged Care is a 130 bed service located in the suburb of Pemulwuy 30 kilometres west of Sydney’s Central Business District (CBD). The suburb is home to many parks and recreational reserves. The building is a new purpose-built professionally decorated and well-appointed facility that opened in 2017. The service is close to shops, transport and medical services.
* Pemulwuy Aged Care provides accommodation for consumers in six separate neighbourhoods or sections. Each neighbourhood has communal living areas that include a dining room and lounge areas. Consumers reside in single rooms with an ensuite bathroom and access to a balcony or garden courtyard. Consumers have personalised their rooms by decorating them with items from their homes such as furniture, memorabilia, photographs and other personal items. Consumers say the design of the environment provides them with high levels of comfort and privacy. Lifts connect the accommodation levels so consumers and their visitors have easy access to the downstairs communal areas which include a reception area, café, garden courtyards, foyer lounge (with fireplace), hairdressing salon, activity/library area, private function rooms and a computer kiosk. Reverse cycle air conditioning systems are ensuring that comfortable internal temperatures are maintained. Large windows and doors provide good light and outdoor access to several secure courtyards which are appropriately laid out and furnished with shade structures including gazebos.

The Assessment Team observed that the service environment was a warm, welcoming home like environment for consumers and their visitors with spaces for consumers to interact with others and spaces for quiet reflection in each neighbourhood and outdoors.

The Assessment Team observed that the layout of the building enables consumers to move freely around both indoors and out, with suitable well-maintained furniture, fittings and equipment provided. The various outdoor courtyards are popular with and well used by consumers and visitors alike.

The organisation demonstrated that the design of services environment including furnishing fittings and equipment are safe, clean, well maintained and comfortable; and enable consumers to move freely, both indoors and outdoors. It employs a range of effective strategies to maintain this. These include policies and procedures for the purchase, service and maintenance of furnishing and equipment, a cleaning program and systems to identify and manage environment risks. Management and staff interviewed confirmed that they are familiar with the use of these systems.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found that all four requirements under Standard 6 were met.

***Consumer Experience Interviews***

Twenty-three consumer/representatives were interviewed at random plus six purposeful interviews with consumers were undertaken.

90% of consumers/representatives interviewed at random said “*staff follow up when you raise things with them"* most of the time or always.

Interviews of these consumers/representatives revealed that they are aware of, and feel comfortable to use the feedback mechanisms, which include both internal and external complaint mechanisms. For example, meetings with management, the residents’ monthly meetings, food forum, staff meetings, paper based and/or electronic feedback forms, external complaints bodies and advocacy groups.

The organisation demonstrates that consumers are encouraged and supported to provide feedback and/or make a complaint. Management and staff have participated in relevant training and could describe how they support consumers to provide feedback or make a complaint.

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. For example, the service provides a choice of well-publicized complaint mechanisms that can be used by stakeholders including consumers, relatives and staff.

The organisation demonstrated that feedback and complaints are reviewed by the General Manager, the Operations Manager and other relevant groups including the Board of Management.

Numerous examples of feedback being used to improve the quality of care and services for individuals. Numerous examples of the services responsiveness to feedback and complaints were provided.

The organisation demonstrates that appropriate action is taken in response to complaints and now endeavours to use an open disclosure process when things go wrong. Allity has an effective, resolution-focused complaint system. This generally allows the majority of issues to be dealt with quickly and effectively, enhancing the ongoing relationship with many of the consumers and their representatives. However, there is currently one complex complaint being dealt with that will take time to work through with the complainant.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found that all five requirements under Standard 7 were met.

***Consumer Experience Interviews***

Twenty-three consumer/representatives were interviewed at random plus six purposeful interviews with consumers were undertaken.

Of consumers/representatives randomly sampled 100% said “*staff treat them with respect, are kind and caring, 95%* said that *“staff know what they are doing”* and *90% said “staff follow up when they raise things*” most of the time or always. Consumers and representatives interviewed said consumers get the care they need from staff who are adequately trained, and respectful of their identity, culture and diversity.

The organisation demonstrates that they have systems and processes in place to ensure they recruit, train, and support staff to deliver safe, inclusive quality care to each consumer. Staff have the qualifications, knowledge and skills to perform their roles and consumers are satisfied with the care provided.

Of consumers/representatives randomly sampled for the consumer experience report, all said staff treat them with respect, are kind and caring, know what they are doing and follow up when they raise things most of the time or always. Consumers and representatives interviewed said consumers get the care they need from staff who are adequately trained, and respectful of their identity, culture and diversity.

Management ensures they employ a sufficient amount of competent staff and that staff performance is regularly assessed, monitored and reviewed. Staff described how there are enough staff rostered to meet consumers’ preferences and needs and that they receive the support and education they need.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

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

##### Standard 7 Requirement 3(d) Met

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

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found that three out of five requirements under Standard 8 were met.

***Consumer Experience Interviews***

Twenty-one consumer/representatives were interviewed at random plus three purposeful interviews with consumers were undertaken.

95% of consumer/representatives interviewed at random said “*the place is well run”* most of the time or always. The majority of consumers interviewed indicated that the organisation is run in their best interests and that their views and needs impact on how it is run.

Consumers and representatives interviewed confirmed that they can partner in improving the delivery of care and services. Consumer/representatives said they are involved in care and service planning, delivery and evaluation, providing various examples of how this occurs in practice.

The organisation demonstrated that they involve consumers in the design, delivery and evaluation of care and services, providing numerous examples of how consumers are involved in the co-design of services and are engaged on a day to day basis.

Consumer/representatives said they are involved in care and service planning, delivery and evaluation, providing various examples of how this occurs in practice.

There are organisation wide governance systems to support effective information management, financial management, the workforce, compliance with regulation and feedback and complaints.

Allity Pemulwuy Aged Care's governing body (Board, state-wide support teams and on-site management) meet regularly, set clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective. Whilst the organisation has risk management systems and processes in place, they have not been effective in managing all high impact/prevalent risks relating to Standard 3 Personal Care and Clinical Care for the consumer.

Whilst the organisation has a clinical governance framework in place that addresses anti-microbial stewardship, open disclosure and minimising the use of restraint it too has not effectively or consistently managed issues relating to Standard 3 Personal Care and Clinical Care for all consumers. In particular, management and staff could not demonstrate a good understanding of restraint.

#### Requirements:

##### **Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

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

##### **Standard 8 Requirement 3(c) Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(d) Not Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Not Met**

The organisation demonstrates that 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.