Accreditation Decision and Report

**Decision to revoke accreditation following review audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | People Care Pty Ltd |
| **RACS ID:** | 5223 |
| **Name of approved provider:** | People Care Pty Ltd |
| **Address details:** | 62 Lawrence Drive NERANG QLD 4211 |
| **Date of review audit:** | 12 July 2019 to 2 August 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 23 August 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 77 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service after receiving a review audit report. | |
| **Decision:** | To revoke the accreditation of the service under section 77 of the Rules. | |
| **Date revocation takes effect:** | 24 November 2019 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Not Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Standard 4 Services and supports for daily living | | Not Met |
| Standard 5 Organisation’s service environment | | Not Met |
| Standard 6 Feedback and complaints | | Not Met |
| Standard 7 Human resources | | Not Met |
| Standard 8 Organisational governance | | Not Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 80 of the Rules.**

## Introduction

**This is the report of an assessment of People Care Pty Ltd (the Service) conducted from 12 July 2019 to 2 August 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 details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

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

## Assessment Details

On 12 July 2019 an Assessment Team arrived at People Care to undertake a review audit. The Assessment Team were advised that following a breakdown in the working relationship between the approved provider and the management company, members of the workforce had their employment terminated and information used to guide care and service delivery had been removed from the service. This resulted in the need for all consumers to be evacuated to other residential aged care services. The evacuation of consumers commenced on the evening of 11 July 2019 and was completed by 2.00am on 12 July 2019.

The assessment was informed by a site visit at the service, consisting of review of documents and interviews with staff, consumers/representatives and others. Throughout the review audit there were no consumers at People Care and minimal staff remained at the service. The Assessment Team visited the consumers and their representatives at the services where they had been temporarily relocated to conduct interviews with them.

The team communicated with the approved provider’s nominated person in charge of the service during the review audit (who was also appointed as the administrator on 15 July 2019 following the imposition of sanctions by the Department of Health).

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Assistant to manager | 1 |
| Consultant/administrator/person in charge on the day | 1 |
| Enrolled nurse | 3 |
| Registered nurse | 3 |
| Managing director | 1 |
| Receptionist | 1 |
| Consumers | 26 |
| Representatives | 22 |
| Cleaning staff | 2 |
| Team leader | 1 |
| Care staff | 7 |
| Nurse advisers | 2 |

**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 Not Met

#### Consumer outcome:

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:

The organisation:  
  
a) has a culture of inclusion and respect for consumers; and   
  
b) supports consumers to exercise choice and independence; and   
  
c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation has not met all six requirements under Standard 1.

There was extensive evidence collected by the assessment team including interviews with 49 consumers or their representatives that the service did not treat its consumers with dignity and respect and there were significant impacts on privacy, autonomy and control for consumers caused by recent events and relocation of residents from the home.

Cultural safety of some consumers was compromised and the assessment included evidence of distress to consumers based on relocation, separation from personal belongings of significance to them and their effects and the intersection of this trauma with cognitive status, previous life events and circumstances.

There was insufficient evidence that priority is given to communication and how consumers are supported to make and communicate decisions at any time and exercise control over planning and delivery of care and services as they want. There were no mechanisms in place for supporting consumers to make informed choices, by providing clear and accurate information about what was happening at the service and options available to them.

The organisation could not readily identify consumer’s individual preferences and provide assurance of how they were to maintain consumers’ privacy. The organisation did not demonstrate their understanding of consumer vulnerability and how to ensure they are treated with respect and feel safe.

The organisation could not adequately demonstrate:

* How the workforce treats consumers with dignity and respect, respects or promotes cultural awareness or values diversity in practice.
* A respectful culture that is inclusive, supports consumers to exercise their choice or independence and respects their privacy. The organisation does not demonstrate it is committed to diversity and has no diversity action plan or similar document available which shows the workforce has strategies for inclusive care and service delivery.
* Evidence of systems, strategic documents, policies and procedures that demonstrates an inclusive, consumer centred approach to delivery of care and services, manages consumer choice and independence, manages taking risks and protects privacy and confidentiality.
* Systems to undertake regular monitoring or to seek consumer feedback to ensure consumers are satisfied the workforce treats them with respect and supports them to maintain their identity and live the life they choose.

#### Requirements:

##### Standard 1 Requirement (a) Not Met

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

##### Standard 1 Requirement (b) Not Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement (c) Not Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:  
  
i) make decisions about their own care and the way care and services are delivered; and  
  
ii) make decisions about when family, friends, carers or others should be involved in their care; and  
  
iii) communicate their decisions; and  
  
iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement (d) Not 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 (e) Not 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 (f) Not 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:

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:

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 the organisation has not met all five requirements under Standard 2.

At the time of the audit the service did not have access to electronic records systems for care planning. The assessment team was not able to verify the application of cited policy approaches to support outcomes under Standard 2. The assessment team was informed by old care plans, hard copies of consumer files that remained at the service and information from staff and consumers of the service. Available documentation on case conferencing with consumers and/or representatives indicated 10 out of 30 consumers were past their review date.

Consumers interviewed described a lack of partnership in assessment and planning processes to help them to receive the care and services they need for their health and well-being. Consumers’ interviewed were not aware if they had a documented care and services plan and were not satisfied with communication or involvement in case conferencing and not confident the workforce listens to their goals and preferences.

While some files remaining at the service included a record of end of life wishes, consumers and, representatives could not describe any planning activities related to end of life care and the staff interviewed were not able to provide practical examples of how this was applied.

An external consultant had been engaged to undertake clinical audits from May 2019 but there was no evidence of how the organisation was using this information to implement improvements in care. Specific examples of failure to respond to or communicate changed health circumstances of consumers was noted in the evidence provided by consumers.

The organisation could not adequately demonstrate how the initial or ongoing assessment and planning of care and services was in partnership with consumers to meet their goals, needs and preferences. The organisation did not demonstrate assessment or planning tools that focus on optimising the health and well-being of consumers in accordance to their needs, goals and preferences. The organisation could not adequately demonstrate it seeks input from other professionals to ensure consumers receive the right care and services that meet their needs.

There was also no evidence of systems to undertake regular monitoring or to seek consumer feedback to ensure consumers are satisfied with their ongoing involvement in assessment and planning which is tailored to them, documented, communicated and optimises consumers health and well-being.

#### Requirements:

##### Standard 2 Requirement (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 (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 (c) Not Met

The organisation demonstrates that assessment and planning:   
  
i) 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   
  
ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement (d) Not 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 (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:

I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

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 the organisation has not met all seven requirements under Standard 3.

At the time of the audit the service did not have consumers receiving care so the assessment team was not able to observe care in practice under Standard 3. There was not an operational workforce in place to deliver care in accordance with Standard 3. There was no operational framework for policy and processes to enable the service to provide safe and effective personal care or clinical care immediately or into the future. The service does not have access to paper based or electronic care information at the time of the audit.

The assessment team was informed by old care plans, hard copies of consumer files that remained at the service and information from staff and consumers of the service. Providers taking consumers who had been evacuated expressed dissatisfaction with issues of continence and medication management. Consumers interviewed were not confident they were receiving quality care.

While the Assessment Team were provided with electronic documentation of policies and procedures, relating to clinical quality and safety these were observed to reflect the previous Aged Care Quality Standards or were in draft form awaiting approval.

There was documented evidence on site about some concerns with clinical care namely:

* Issues with management and safe storage (refrigeration) of medication over the last 3 months with no evidence that this had been followed up as required.
* Documented evidence at the service also indicated that staff had been instructed to improve early reporting of pressure injuries.
* Handover documentation for consumers was incomplete or not current.

The service did not identify possible high prevalence risks for different cohorts of consumers and how this was managed for consumers being relocated from the service. During the evacuation members of the workforce said they informed ambulance personnel they were concerned about the safety and care of consumers as the clinical records were not available. Concerns included consumers were without medications for about two and a half hours and ensuring their safety as all systems, care plans and progress notes were gone.

An external consultant had been engaged to undertake clinical audits from May 2019 but there was no evidence of how the organisation was using this information to implement improvements in care. Issues identified related to pain management and assessments not consistently carried out, unplanned weight loss, regular review of assessment and care planning and following of clinical directives.

The organisation could not adequately demonstrate:

* How it exercises best practice, seeks opportunities for continuing professional development or share information within the organisation and with others outside the organisation. The workforce does not demonstrate an understanding of precautions to prevent and control infections or steps to take to minimise the need for antibiotics.
* Delivery of 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 consumers health and well-being.
* Systems, strategic documents, policies or procedures to underpin the delivery of personal or clinical care.
* How they review practice and policies to ensure they remain fit-for-purpose or how they seek information from consumers and other professionals. There are also no systems to undertake regular monitoring or to seek consumer feedback to ensure consumers are satisfied with personal or clinical care in accordance with their needs, goals and preferences.
* Minimisation of infection related risk through implementing standard and transmission-based precautions and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

#### Requirements:

##### Standard 3 Requirement (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:   
i) is best practice and   
ii) is tailored to their needs and   
iii) optimises their health and well-being.

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

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

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

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

##### Standard 3 Requirement (g) Not Met

The organisation demonstrates that minimisation of infection related risks through implementing:   
i) standard and transmission based precautions to prevent and control infection; and   
ii) 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 Not Met

#### Consumer outcome:

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:

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 the organisation has not met all seven requirements under Standard 4.

There are no systems, strategic documents, policies or procedures to demonstrate the organisation’s approach to providing services and supports for daily living which helps consumers stay active, involved and doing as much for themselves as possible. There are also no systems to undertake regular monitoring or to seek consumer feedback to ensure consumers are satisfied with the services and supports for daily living.

There was not an operational workforce in place to deliver care in accordance with Standard 4. There was no/minimal documented policies and procedures which reflected the standards with consumers identifying consultation was minimal and documentation was not available to support that this occurred.

Consumers interviewed expressed varying degrees of satisfaction with meals. Concerns were raised about laundry services, with laundry not being returned and reports of washing not having been done for a fortnight with clothes missing. Consumers also expressed that lifestyle activities provided at the service had declined and were not suited to their needs or preferences. Consumers do not feel supported to attend spiritual services, are not able to influence the activities provided and indicate they do not have anyone to talk to if they were feeling down, through provision of emotional support.

Documents at the service indicated an activity calendar that provided for three external bus trips a month and other community organisations visiting the service. A volunteer was being sought to replace the men’s maintenance activity. Existing lifestyle equipment was being removed whilst the audit team were on site.

Members of the workforce who identified they had donated resources to the lifestyle program sought permission for these to be retrieved as they “had no intention of working here ever again.”

The organisation could not adequately demonstrate:

* Delivery of services and supports for daily living that are important for each consumer’s health and well-being and how consumers are enabled to do the things they want to do.
* Provision of services and supports for daily living to consumers, such as domestic assistance, food services or encourage them to part take in social and other activities they are interested in, including community life.
* Provision of safe and effective services and supports for daily living that optimises the consumer’s independence, health, well-being and quality of life.
* Referrals to other organisations are timely, meals are of suitable quality and quantity, furniture is safe, suitable, clean and well-maintained.
* Support for consumers to connect with other supports or people outside the service.
* Seeking advice from consumers about activities of interest to them within the service and how they, review and support consumers emotional, spiritual and psychological well-being.

#### Requirements:

##### Standard 4 Requirement (a) Not 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 (b) Not Met

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

##### Standard 4 Requirement (c) Not 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 (d) Not 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 (e) Not Met

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

##### Standard 4 Requirement (f) Not Met

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

##### Standard 4 Requirement (g) Not Met

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

### Standard 5: Organisation’s service environment Not Met

#### Consumer outcome:

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

#### Organisation statement:

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 the organisation has not met all three requirements under Standard 5.

The approved provider did not demonstrate an understanding of this standard, delivery of care or governance arrangements that would be required to meet the standard/requirement. The person in charge at the service identified there needed to be improvements to meet the new standards, however these have not yet been implemented.

In addition, due to the discontinuance of care and services at the site, the building would need recommissioning of operating infrastructure and some renovation to meet the requirements of this Standard.

The service environment was not welcoming, and individual rooms were observed to be decorated with memorabilia, photographs and other personal items left behind when consumers were evacuated.

The environment was not clean or well-maintained with limited access to natural light, furniture and equipment. There was no access to quiet rooms for consumers to meet with friends and family.

Consumer interviews confirmed that they did not feel welcomed or comfortable within the organisation’s service environment. They did not have access to a range of good-quality equipment and furnishings that met their needs and preferences. Consumers were not satisfied with the service environment and not confident the workforce knows how to safely operate equipment used to support their health and well-being.

The workforce had no understanding of the systems and maintenance arrangements. They cannot demonstrate their knowledge of how to respond to a safety incident, hazard or emergency. The workforce has no orientation, training or other records to show how they are supported to promote a safe and comfortable environment for consumers’ independence and enjoyment.

The organisation’s service environment does not provide a safe and comfortable service environment that promotes consumer’s independence, function and enjoyment. There are no systems, strategic documents, policies or procedures to demonstrate systems for the purchase, service and maintenance of furnishings and equipment and how environmental related risks to consumers were identified and managed. There are also no systems to undertake regular monitoring or to seek consumer feedback to ensure consumers are satisfied with the organisation’s service environment and how it could be improved and made more welcoming.

#### Requirements:

##### Standard 5 Requirement (a) Not 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 (b) Not 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 (c) Not Met

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

### Standard 6: Feedback and complaints Not Met

#### Consumer outcome:

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:

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 the organisation has not met all four requirements under Standard 6.

Consumers cited specific complaints and concerns that were not followed up by the service. Consumers are not encouraged or supported to give feedback or to make complaints. They are not engaged in processes to address their feedback and complaints and were not aware of any actions undertaken by the organisation.

The workforce could not explain what is required when feedback or complaints are made. There are no records of workforce orientation and training which includes information about open disclosure processes.

The organisation could not demonstrate consumers know how to give feedback, make complaints or feel safe and comfortable doing so. They could not demonstrate consumers have access to advocates, language services and other methods for raising and resolving complaints. Appropriate action is not taken in response to complaints and an open disclosure process is not used when things go wrong. Feedback and complaints are not reviewed or used to improve the quality of care. The organisation does not regularly seek input and feedback from consumers, carers, the workforce and others and use the input or feedback to inform continuous improvements for individual consumers and the whole organisation.

There are no systems, strategic documents, policies or procedures to demonstrate the organisation’s system to manage complaints, including what consumers, their representatives, the workforce and others can expect when they provide feedback or make a complaint. There are also no systems to undertake regular monitoring or to seek consumer feedback to ensure consumers are satisfied with the organisation’s feedback and complaints system.

#### Requirements:

##### Standard 6 Requirement (a) Not 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 (b) Not 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 (c) Not 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 (d) Not Met

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

### Standard 7: Human resources Not Met

#### Consumer outcome:

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

#### Organisation statement:

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 the organisation has not met all five requirements under Standard 7.

There was not an operational workforce in place to deliver care in accordance with Standard 7. There was no arrangements or operational framework for a sufficient, skilled and qualified workforce to enable the service to provide safe and effective care immediately or into the future.

The Assessment Team was not provided with a workforce profile, a new roster following the evacuation or a recruitment plan, or approved policies, procedures or documentation to support a workforce or to demonstrate the organisation is able to provide care immediately or into the future.

Feedback from staff at the service focussed on dissatisfaction with training, industrial and employment issues. The assessment team noted that a new educator commenced and implemented a new training schedule for 2019 which came into effect in January. Consumers commented on high turnover at the service.

The organisation could not adequately demonstrate:

* Consumers get quality care and services when needed from a knowledgeable, capable and caring workforce. Consumers are not encouraged to participate in interviewing of new workforce members.
* The workforce is skilled or qualified to provide safe, respectful and quality care and services. Staff interactions with consumers are not kind, caring and respectful of each consumer’s identity, culture and diversity. No workforce is currently employed to demonstrate the number and mix of staff is planned to enable safe quality care and service.
* The organisation does not demonstrate the workforce is recruited to specific roles, is trained or equipped and supported to deliver outcomes for consumers. No performance appraisals were evidenced as part of probation monitoring and ongoing recruitment. The organisation has no resources available to identify training needs and competency review. The organisation does not act promptly on workforce shortages.
* Systems, strategic documents, policies or procedures to demonstrate effective recruitment and selection of workforce including police and reference checks. There are also no evidence of systems to undertake regular monitoring or to seek consumer feedback to ensure consumers are satisfied with the workforce.

#### Requirements:

##### Standard 7 Requirement (a) Not 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 (b) Not 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 (c) Not 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 (d) Not Met

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

##### Standard 7 Requirement (e) Not 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:

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

#### Organisation statement:

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 the organisation has not met all five requirements under Standard 8.

Fundamentally the approved provider has not met the requirements of this Standard in relation to governance of the service including effective organisational systems relating to workforce governance and clinical governance of the delivery of safe and effective care.

Information utilised to provide care to the consumers was removed, resulting in the need for all consumers to be evacuated on the evening of 11 July 2019,

Consumers and their representatives interviewed are not confident the organisation is well run. Consumers advised they were not a partner in improving the delivery of care and services.

The organisation could not demonstrate the organisation’s governing body is accountable for the delivery of safe and quality care and services. They do not demonstrate they involve consumers in the design, delivery and evaluation of care and services. They did not provide any examples of how consumers are involved in the co-design of services or are engaged on a day-to-day basis. Consumers said they are not involved in care planning, delivery and evaluation, providing no examples of how this occurs in practice.

The governing body does not meet regularly to set clear expectations for the organisation and does not regularly review risks from an organisation or consumer perspective. There is not an organisation wide governance system that supports effective information management, the workforce, compliance with regulation and clinical care. The organisation does not have a clinical governance framework to inform anti-microbial stewardship, open disclosure or minimising the use of restraint. The workforce interviewed does not understand these concepts and could not explain how they are applied in practice.

#### Requirements:

##### Standard 8 Requirement (a) Not 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 (b) Not 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 (c) Not Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:  
i) information management  
ii) continuous improvement  
iii) financial governance  
iv) workforce governance, including the assignment of clear responsibilities and accountabilities  
v) regulatory compliance  
vi) feedback and complaints

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

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:  
i) managing high-impact or high-prevalence risks associated with the care of consumers  
ii) identifying and responding to abuse and neglect of consumers  
iii) supporting consumers to live the best life they can

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

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:   
i) antimicrobial stewardship   
ii) minimising the use of restraint  
iii) open disclosure