Pyramid Residential Care Centre

Performance Report

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**Commission ID:** 5111

**Provider name:** Pyramid Residential Care Centre

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

**Date of Performance Report:** 16 September 2021

# Publication of report

This Performance Report **will 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** | **Compliant** |
| Requirement 2(3)(a) | 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) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-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) | Non-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) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the assessment team’s report for the Site Audit; the Site Audit report, was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report dated 23 August 2021.
* other relevant information held by the Commission regarding 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

Overall consumers and representatives confirmed that consumers are treated with dignity and respect, can maintain their identity and make informed choices about their care and services. Consumers and representatives said that consumers are encouraged and supported to do things for themselves and are provided with information to assist in decision making. Consumers reported feeling supported to take risks and said that staff know what is important to them as individuals. Consumers described the way their culture and diversity are valued, and said they are supported to express their individuality without judgement. They said that the service respects consumers personal privacy and they expressed satisfaction that care and services are undertaken in a way that affords them dignity and respects their privacy.

Staff interviewed were aware of consumers’ preferences, culture, values and beliefs and were able to explain how those preferences influence how care is delivered, including support consumers to make choices which may involve risks. The Assessment Team observed staff interacting with consumers respectfully.

Care documentation included consumer profiles and lifestyle planning, which reflect consumer cultural background, identity and preferences for activities. The site audit report provided examples from staff in which they describe delivering tailored care and services to four named consumers adapted, to meet consumers cultural, lifestyle and personal needs.

The organisation had policies and procedures to guide staff including privacy and confidentiality and consumer’s rights to take risks which includes examples of risk-taking activities, risk identification and management processes.

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 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

Overall consumers and representatives expressed they feel like partners in the ongoing assessment and planning of consumer care and services. Consumers and representatives said they are involved in both the initial and ongoing care planning of consumer’s care, that they are informed of the outcomes of assessment and planning and have access to the consumer’s care and services plan. Consumers and representatives said that the service seeks input from other providers of care including medical officers, allied health professionals and other specialist services as required. Consumers and representatives reported consumers care plans included things they consider important to the consumer such as preferences and wishes for end of life care.

Staff described individual consumer’s preferences and provided examples of how they involve consumers and representatives in the assessment and care planning process. They advised they had access to consumer care plans via the electronic care documentation system and staff described the process for escalation should they require support in the understanding or applying of care directives within consumer care plans.

Management described the service’s assessment and care planning process, including the review of consumer care plans every three months or as circumstances change. However, at the time of the Site Audit the Assessment Team provided information which identified the service had not consistently reviewed consumer care plans every three months. Feedback to Management identified that the service had implemented immediate actions to address the outstanding care plans and all reviews would be completed by August 2021.

Review of care documentation reflected consumer’s individualised needs, goals and preference, were inclusive of potential consumer risk/s, advanced planning information and referrals to other providers of care and services as appropriate.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

### 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.*

# STANDARD 3 NON-COMPLIANTPersonal 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

Overall consumers and representatives considered consumers received personal and clinical care which met their needs and is safe. They expressed satisfaction that appropriate referrals occurred when needed and that the consumer had access to relevant health professions as required.

Management described the high impact and high prevalence risks for consumers including falls, choking, medication management and infection control. Staff provided examples of how deterioration or changes to consumer’s health and/or wellbeing are recognised and responded to, such as for one named consumer who was transferred to hospital when staff recognised a decline in the consumer’s health. Staff described how changes in consumers’ care and services are communicated, including at shift handover and documentation in progress notes; and described processes for referring consumers to the Medical Officer and other health professionals.

Staff described how they would support someone at the end of their life, such as by ensuring the consumer is comfortable, providing mouth care, repositioning and monitoring pain. Staff described infection control practices in place within the service and confirmed they had received training in infection control and handwashing competencies.

Care planning documentation demonstrated referrals to other health professionals and the identification of, and response to consumer deterioration or a change in consumer’s condition and/or health status. Care documentation for one named identified the commencement of an end of life pathway to guide staff practice for one named consumer.

The organisation had policies and procedures that reflected best practice guidelines, decision-making tools and protocols to manage high impact and high prevalence risks.

The Assessment Team reviewed the care documentation for consumers prescribed psychotropic medication for the purposes of chemical restraint and established that informed consent and authorisation had been obtained for the use of the psychotropic medication. Consumers with physical restraints had authorised consents for the restraints.

However, the service has not demonstrated that each consumer gets safe and effective personal care, or both personal and clinical care, which is best practice, is tailored to their needs and optimises their health and well-being.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team provided information that identified consumers had not received personal and/or clinical care that was tailored to their needs or optimised their health and well-being specifically in relation to wound management and medication management. The service was unable to demonstrate effective clinical oversight of consumers personal, clinical and/or personal and clinical care. For example,

* One named consumer’s wound care documentation identified inconsistent review and monitoring of their wound resulting in wound deterioration.
* A second named consumer, care documentation identified a lack of clinical oversight when the consumer was administered a medication to which they were allergic without staff first consulting with the Registered Nurse or confirming the consumer’s allergy status.

The Assessment Team provided information that the service had not reported the two incidents to Aged Care Quality and Safety Commission’s - Serious Incident Response Scheme. I have considered this information under Requirement 8(3)(d).

Following feedback by the Assessment Team at the time of the Site Audit, Management advised the service would take the following actions, report these incidents under the Serious Incident Response Scheme; counsel staff involved, and provide additional staff training to minimise these incidents occurring in the future.

The Approved Provider in its response dated 23 August 2021, did not refute the Assessment Team’s findings evidenced in the Site Audit report.

In coming to my decision for this requirement, I have considered the information in the Site Audit report and acknowledge that the service has implemented actions to address the deficiencies identified by the Assessment Team. However, at the time of the Site Audit, the service did not consistently demonstrate that each consumer receives safe and effective personal or clinical care that is best practice, tailored to their needs and optimises their health and well-being. Therefore, I find the service Non-compliant in this requirement.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and representatives considered that consumers receive safe and effective services, and supports for daily living that are important for the consumer’s health and well-being and that enabled consumers to do the things they want to do. For example, three named consumers described programs and supports implemented by the service that supported their daily living, allowed them to engage in activities of interest and to remain connected to their community. Consumers advised they are supported when feeling sad or low, including being able to talk with staff or family, and having access to spiritual and faith based supports where desired.

Consumers and representatives expressed satisfaction regarding the meals offered at the service, they advised that the quality and quantity of meals cater for individual consumers needs and preferences and that they can request more food between meals when required.

Staff described what is important to individual consumers and how they support consumers’ needs, goals and preferences to promote independence and quality of life. Staff described how they identify when a consumer is experiencing a low mood and provide additional support to the consumer or escalate an emotional need or concern to Registered Staff. Lifestyle staff described how the service involves consumers in planning activities through feedback from consumers and via the monthly clinical reviews.

Staff described how consumer input is sought in relation to the menu, such as providing suggestions for alternatives at each meal. Staff described the various systems in place that enable them to share information about consumer preferences, including any changes that occur that encompass both meal and food preferences and general daily living needs.

Care planning documentation included information about consumers life history and individual interests and about relationships consumers wish to maintain. Care planning documentation reflected involvement of others in the provision of lifestyle supports including external services and input from representatives. Individual consumer’s dietary needs and preferences including recommendations made by speech pathologists and dietitians were reflected in care documentation.

During the Site Audit, the Assessment Team observed consumers and representatives participating in and enjoying individual and group activities.

Staff said they had access to the equipment they needed and the equipment was maintained. Review of maintenance documentation provided to the Assessment Team identified scheduled preventative and reactive maintenance, which includes equipment maintenance, had been completed.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

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

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s 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

Overall consumers and representatives considered that they feel they belong in the service, felt safe and comfortable in the service environment. Consumers and representatives expressed satisfaction with the service environment including furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. For example, two named consumers reported feeling comfortable and at home in the environment and said that their rooms and the communal areas of the service were comfortable and homely.

Staff described the features of the service that ensured consumers had a sense of belonging, enhanced consumers independence, interaction and function including for those with cognitive impairment.

The service environment was observed to be welcoming, with a reception and staff available to direct consumers and visitors to various areas of the service. Consumers were observed to move freely around communal areas of the service. Consumer rooms were personalised and decorated to reflect their individuality. During the Site Audit the Assessment Team observed consumers utilising common areas both indoors and outdoors to socialise, engage in games and activities and consume meals.

Staff described the maintenance and cleaning schedules undertaken at the service and organisational documents reflected regular and appropriate cleaning and maintenance of the service environment.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives confirmed that they were aware of avenues available for providing feedback and raising complaints. They considered the service encouraged and supported them to provide feedback and raise complaint and expressed satisfaction that appropriate action is taken as a result of feedback provided. For consumers and representatives who had raised a concern, they said their feedback was acknowledged and actioned in a timely manner, and resulted in changes being made.

Management described how they respond to complaints, including speaking to the complainant to gather more information, acknowledging their concerns prior to investigating the complainant, and meeting to provide a response and an apology if needed.

Staff demonstrated an understanding of an open disclosure process including providing an apology and offering an explanation, and staff confirmed they had receiving training in open disclosure. Staff provided examples of how consumer feedback and complaints are managed by the service including advocacy supports for consumers if needed.

During the Site Audit the Assessment Team observed feedback forms and feedback boxes; and posters on external complaints and advocacy services available throughout the service. Information on making a complaint was available in consumer handbooks.

The service had an electronic complaint register, which is reviewed at monthly service meetings and reported to the governing body. Where improvements are identified as a result of feedback, these are added to the service’s continuous improvement plan for actioning.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANTHuman 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

Overall consumers and representatives said staff are kind and caring and expressed confidence that members of the workforce are competent, and suitably skilled to provide care and services. They were satisfied with the number of staff and the availability of clinical and care staff to meet their care and service needs. Consumers said when they used their call bell most staff respond promptly.

Staff interviewed reported they had enough time to complete their duties and were able to meet consumers’ care and service needs and preferences. Staff are involved in workforce planning and provide feedback to management during monthly staff meetings. Staff demonstrated knowledge and understanding of individual consumers. The Assessment Team observed were kind, caring and respectful.

Management described how the service determine whether staff are competent and capable in their role, which includes minimum qualifications for roles, orientation on commencement of employment, support shifts alongside experienced staff, mandatory training programs and performance reviews.

Staff confirmed they had received training on the Quality Standards and Serious Incident Response Scheme requirements and demonstrated an understanding of how this training support their understanding relevant to their role. Staff provided examples of recent internal and external training provided by the service and advised they can request further training as required.

The organisation had a staff performance framework supported by policies and procedures, that includes probationary performance reviews, annual performance appraisals and mandatory education.

Staff are guided by the service’s ‘code of conduct’ policy and are provided an employee handbook upon commencement of employment that advises staff on the processes and expectations of consumer care.

Review of information provided to the Assessment Team identified the service has system in place to monitor staff qualifications and competencies to ensure they remain up to date. However, the service was unable to demonstrate that staff have regular assessment, monitoring and reviews of performance, to identify their workforce capabilities or to respond to lack of knowledge, skills and ability.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

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

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

### Requirement 7(3)(c) 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) Non-compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The service was unable to demonstrate that staff have regular assessment, monitoring and reviews of their performance, to identify their workforce capabilities or to respond to lack of knowledge, skills and ability, the site audit report identified:

* Registered staff said they have not had a performance review or any regular assessments during the past twelve-month period.
* Care staff said they have not undertaken any discussions with Management regarding their performance for over twelve months.

The Assessment Team provided information which evidenced some staff have not had a performance review in the past twelve months; and staff who had not had a review since 2018.

The Approved Provider did not refute the Assessment Team’s findings and in its written response provided evidence of actions undertaken by the service since the Site Audit including:

* Staff with outstanding performance reviews at the time of the Site Audit have had a performance review completed.
* Performance reviews have been added as a standing agenda at the service’s leadership meeting to ensure ongoing monitoring.

The development of a new tracking system to monitor staff’s annual performance appraisals.

I acknowledge that the service has implemented actions to address the deficiencies identified, however, at the time of the Site Audit the service did not consistently demonstrate regular assessment, monitoring and review of the performance of each member of the workforce. Therefore, I find the service Non-compliant in this requirement.

# STANDARD 8 NON-COMPLIANTOrganisational 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

Overall consumers and representatives considered that the organisation is well run and advised that they feel engaged in the delivery and evaluation of services and can make suggestions at any time. Consumers and representatives considered the organisation promoted an inclusive environment, built around quality care.

Consumers are involved in the development, delivery and evaluation of care and services through focus groups, board meetings and feedback channels. The organisation’s governance systems ensured that information from feedback and complaints is reviewed by the service and at Board level.

Staff reported that they receive current information to direct them in their roles and can readily access information as they need it. They have meetings and handovers as well as written information to refer to. The organisation has policies, procedures and human resource management to ensure the workforce is managed in accordance with regulatory requirements.

The organisation has a documented clinical governance framework that includes policies on antimicrobial stewardship, minimising the use of restraint and open disclosure. The organisation monitors and implements changes to various legislative requirements with monitoring by the Board with monthly reporting. Changes to regulatory requirements are communicated to the service through systems such as an intranet, memorandums and staff meetings.

However, the service was unable to demonstrate effective, organisation-wide governance systems relating to regulatory compliance or effective risk management systems for the management of high impact or high prevalence risks associated with the care of consumers

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.*

While the organisation demonstrated effective governance processes in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints; systems and processes relating to regulatory compliance were not ineffective.

The Assessment Team provided information to evidence the service did not demonstrate an understanding of the regulatory compliance requirements of the Serious Incidents Response Scheme, including in relation to incident management system and reportable incident obligations. The Assessment Team identified two reportable incidents that had not been reported by the service under the Serious Incident Response Scheme.

The Approved Provider in its written response provided evidence of actions undertaken by the service since the Site Audit including:

* An update to the service’s electronic incident reporting system to support staff when reporting an incident which requires notification under the Serious Incident Response Scheme.
* Implementation of the Serious Incident Response Scheme risk matrix to guide staff in risk assessment for reporting.
* Reporting tools to notify managers of reportable incidents at the time of notification under the Serious Incidents Response Scheme.

I acknowledge that the service has implemented actions to address the deficiencies identified, however, at the time of the Site Audit the service was unable to demonstrate effective governance systems relating to regulatory compliance. Therefore, I find the service Non-compliant in this requirement.

### Requirement 8(3)(d) Non-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
4. managing and preventing incidents, including the use of an incident management system.

The service was unable to demonstrate effective risk management in their Incident Management System to identify and report incidents in accordance with Serious Incidents Response Scheme incident management and reportable incident obligations.

The Assessment Team provided information which evidenced the service had two incidents where care for consumers from staff had resulted in harm. These incidents were not identified by the service as ‘neglect of a consumer’ under Section 54-3 of the Aged Care Act; and were not reported under the Serious Incidents Response Scheme – Priority One notifications.

The Approved Provider in its written response provided evidence of actions undertaken by the service since the Site Audit including:

* Training of staff in, and implementation at the service of a Serious Incident Response Scheme risk matrix to guide staff when reporting incidents.
* Retrospective reporting of the two incidents identified by the Assessment Team under the Serious Incident Response Scheme on 29 July 2021.

I acknowledge that the service has implemented actions to address the deficiencies identified, however, at the time of the Site Audit the service was unable to demonstrate effective risk management systems and practices. Therefore, I find the service Non-compliant in this requirement.

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

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

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

# 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 3(3)(a) – The approved provider ensures that each consumer gets safe and effective care that is best practice, is tailored to their needs, and optimises their health and well-being, particularly for those consumers with complex or specialised care needs.
* Requirement 7(3)(e) –The approved provider ensures that its workforce receives regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.
* Requirement 8(3)(c) –The approved provider ensures the ongoing implementation and management of an effective, organisation wide governance system, including but not limited to regulatory compliance.
* Requirement 8(3)(d) –The approved provider ensures effective risk management systems and practices, including but not limited to the management of high impact or high prevalence risks associated with the care of consumers and identifying and responding to abuse and neglect of consumers.