RFBI Glen Innes Masonic Village

Performance Report

175 Lambeth Street   
GLEN INNES NSW 2370  
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**Commission ID:** 0305

**Provider name:** Royal Freemasons' Benevolent Institution

**Site Audit date:** 10 November 2020 to 12 November 2020

**Date of Performance Report:** 23 December 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 3 December 2020 which demonstrates a commitment by the approved provider to rectify the non-compliance.

# STANDARD 1 NON-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 sampled considered that they are treated with dignity and respect, can maintain their identity and live the life they choose, and their personal privacy is respected. Most consumers sampled provided information about being supported to maintain connections with others and relationships of choice.

Other information gathered confirmed consumers are treated with dignity and respect with their identity valued, that culturally safe care and services are provided, consumer privacy is maintained, and that consumers are generally supported to maintained connections with others and relationships of choice.

However:

* It was not demonstrated that each consumer is being supported to exercise choice in relation to decisions about their own care and services or about others who should be involved in their care. The organisation’s approach to this includes regular case conferencing, but this has not been occurring for all consumers based on their feedback, the review of care and service records and discussions with management. Review of care and service records show the choice of one consumer was not respected and that advanced care decisions have been made on behalf of one consumer without authority to do so.
* While management and staff were aware that two consumers sampled were taking risks to live their best life, it was not demonstrated that the organisation’s procedures relating to balancing autonomy and risk had been implemented. Risk assessment was not undertaken, and the consumers’ care and service records did not include relevant information to guide management and staff in supporting these consumers to take risks to live their best life.

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

It was not demonstrated that each consumer is being supported to exercise choice in relation to decisions about their own care and services or about others who should be involved in their care. The organisation’s approach to this includes regular case conferencing, but this has not been occurring for all consumers based on their feedback, review of care and service records and discussions with management. Review of care and service records show the choice of one consumer was not respected and that advanced care decisions have been made on behalf of one consumer without authority to do so. Most consumers are supported to make connections with others and to maintain relationships of choice, however two consumers (a couple) expressed some dissatisfaction with this.

### Requirement 1(3)(d) Non-compliant

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

While management and staff were aware that two consumers sampled were taking risks to live their best life, it was not demonstrated the organisation’s procedures relating to balancing autonomy and risk had been implemented for them. Risk assessment was not undertaken, and the consumers’ care and service records did not include relevant information to guide management and staff in supporting these consumers to take risks to live their best life.

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

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

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Most sampled consumers (or their representatives) did not consider that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

Overall consumers (or representatives on their behalf) interviewed said they have not been involved in the process of assessment and care planning and are not aware of assessment and care planning processes at the service.

For the consumers sampled, representatives on their behalf said they have had an opportunity to communicate end of life care wishes with the service staff. However all but one consumer (or their representatives) said they are not involved in assessment and care planning at any time.

The results of interviews with consumers or their representatives does not demonstrate they are aware of the consumer’s care plan or that they know this is available to them.

For the consumers sampled, care and service records do not provide evidence of comprehensive assessment and care planning that considers risk to the consumer’s health and well-being including when a consumer first enters the service. The service demonstrated that consumers sampled (or representatives on their behalf) generally have shared their goals and preferences in relation to advanced care planning and end of life wishes. In relation to other current care needs, these are not identified or addressed with impact on the consumers sampled. The regular review of care plans has not identified whether interventions have been effective in meeting the needs of consumers. Incident reports are not always made in relation to physical aggression by consumers towards other consumers or staff. A lack of comprehensive investigation of incidents means that strategies to minimise the risk of reoccurrence are not identified and actioned.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The organisation has policies and procedures and processes to guide staff practice in relation to conducting assessments and developing care plans according to a schedule however they are not consistently followed by staff. The review of assessments and care plans identified that consumers generally have care plans that cover most care needs however they are not individualised and do not address specific risks to the consumer’s health and well-being. For consumers sampled who have recently entered the service, assessment and care planning has not addressed their individual needs in relation to falls prevention, the development of pressure injuries and screening for depression.

### Requirement 2(3)(b) Non-compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

The service demonstrated that consumers sampled (or representatives on their behalf) generally have shared their goals and preferences in relation to advanced care planning and end of life wishes. In relation to other current care needs, these are not identified or addressed with impact on the consumers sampled. Consumers’ personal goals and preferences are not identified and shared within the care team.

### Requirement 2(3)(c) Non-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.*

Consumer (or representative) feedback does not support their involvement in assessment, care planning and review. In relation to assessment and planning being in partnership with consumers or their representatives this has not been demonstrated. Processes including case conferences are intended to identify consumers’ wishes however this has not been demonstrated as case conferencing has not occurred for the consumers sampled. Assessment and care planning do not demonstrate goals, needs and preferences established by consumers themselves.

### Requirement 2(3)(d) Non-compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

The service did not demonstrate an understanding and implementation of this requirement. Consumers (and representatives on their behalf) provided feedback that supports they are not aware of the consumer’s care plan and do not know about, or have not had, the care plan readily available to them.

### Requirement 2(3)(e) Non-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.*

While staff said care plans are reviewed on a regular basis, meaningful review of them is not conducted when consumers’ condition or needs change. The regular review of care plans has not identified whether interventions have been effective in meeting the needs of consumers. A lack of comprehensive investigation of incidents means that strategies to minimise the risk of reoccurrence are not identified and actioned. In some cases, incident reports are not recorded, particularly in relation to behaviour management and therefore are not escalated to prompt reassessment.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Overall sampled consumers (or representatives on their behalf) considered that they receive personal care and clinical care that is safe and right for them.

For example:

Consumers said they had no issue with the way personal and clinical care was provided confirmed that they get the care they need. However, one representative expressed concerns with personal care provision.

Consumers and consumer representative interviewed said they were not aware of any issues in relation to accessing medical services or allied health professionals for consumers.

For the consumer sampled in relation to end of life care the care and service records reflect their comfort was maximised and dignity preserved when receiving end of life care.

While consumers (or representatives on their behalf) gave mostly positive feedback about clinical and personal care, the review of care and service records does not support that clinical care provided to the consumers sampled is best practice and does not optimise consumers’ health and wellbeing. Care plans include information about some high impact and high prevalence risks for consumers however interventions are not adequate to minimise risk. For the consumers sampled, care and service records do not reflect the identification of, and timely response to deterioration or changes in condition. While there are systems in place for communicating information about the care of consumers, these have not been effective for all consumers sampled.

The Quality Standard is assessed as Non-compliant as four 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.*

While consumers (or representatives on their behalf) gave mostly positive feedback about clinical and personal care, the review of care and service records does not support that clinical care provided to the consumers sampled is best practice and does not optimise consumers’ health and wellbeing. The behaviour of consumers living with dementia is not fully assessed and strategies developed to minimise the risk of reoccurrence. Chemical restraint is not used as a last resort and physical causes of escalation in behaviour including pain and constipation are not explored. Falls prevention strategies do not reflect best practice and do not include consideration of postural hypotension, medication, nutritional status or continence management. Pain management does not address all areas of pain for one consumer sampled.

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

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

Care plans include information about some high impact and high prevalence risks for consumers however interventions are not adequate to minimise risk. For the consumers sampled, negative outcomes have been identified in relation to pain management, choking risk and behaviour management. Medication management at the service is unsafe; consumers are administered the wrong dose of medications.

### 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) Non-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.*

Processes for the escalation and response to deterioration in consumers’ condition have not been effective for all consumers sampled. Staff described processes for the escalation of changes in consumers’ condition however response by the registered nurses or further escalation to the medical officer is not evident.

### Requirement 3(3)(e) Non-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.*

#### While there are systems in place for communicating information about the care of consumers, these have not been effective for all consumers sampled. Sharing of information had not always occurred and information in consumer care and service records is incorrect or inconsistent. Information about consumers condition is not always shared with the medical officer for all consumers sampled.

### 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 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Most consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

Most consumers said they are supported by the service to do things they like and they are supported to keep in touch with people who are important to them.

For the consumers sampled, their feedback (or a representative on their behalf) about how they do things within the service and how they keep in touch with people important to them is largely positive

Consumers (or representatives on their behalf) spoke positively about their opportunities to participate in the community inside and outside the service (prior to the coronavirus pandemic) and currently.

Generally, consumers (or representatives on their behalf) said they were supported emotionally by staff however the review of care and service records does not support that consumers emotional and psychological wellbeing is assessed, monitored and supports provided consistent with the organisation’s expectations.

While some consumers/representatives interviewed provided information about the meals being of suitable quality, some consumers provided information about the meals not being of suitable quality particularly since a new organisation-wide menu was implemented. The catering manager and management said consumers were informed the new menu was being implemented; they did not provide information about consumers having input to its development. Review of resident meeting minutes shows some consumers have not been happy with the meals since the new menu was introduced.

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

## Assessment of Standard 4 Requirements

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

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

### Requirement 4(3)(b) Non-compliant

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

Generally, consumers (or representatives on their behalf) said they were supported emotionally by staff however the review of care and service records does not support that consumers emotional and psychological wellbeing is assessed, monitored and supports provided consistent with the organisation’s expectations.

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

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

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

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

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

While some information about consumers is being communicated it was not demonstrated there was complete and current information for all consumers in relation to services and supports for daily living. The needs and preferences of consumers are not always identified meaning the information is not available to be 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) Non-compliant

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

Consumers/representatives interviewed provided information about the meals being varied and of suitable quantity. While some consumers/representatives interviewed provided information about the meals being of suitable quality, some consumers provided information about the meals not being of suitable quality particularly since a new organisation-wide menu was implemented. The catering manager and management said consumers were informed the new menu was being implemented; they did not provide information about consumers having input to its development. Review of resident meeting minutes shows some consumers have not been happy with the meals since the new menu was introduced.

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

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

# STANDARD 5 NON-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

Most sampled consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment.

For example:

For the consumers sampled (or representatives on their behalf), most spoke positively about the environment. They also confirm consumers are able to move freely within the service environment, and that suitable equipment is available to consumers.

Consumers interviewed consistently provided information about the service environment being clean and well maintained.

Consumers interviewed (and representatives on their behalf) consistently provided information about suitable furniture and equipment being available to the consumer and about furniture, equipment and areas where there are fittings being kept clean and well-maintained.

Observations of the service environment and of furniture, fittings and equipment show overall that these are clean, appear safe and well maintained.

The Assessment Team observed that parts of the service environment is welcoming, has communal spaces for socialisation and lounge areas for consumers to receive guests. However, the CWA unit (memory support unit) including the recently built extension does not reflect dementia enabling environmental principles (the principles). While expertise has been sought to improve the environment for people living with dementia, there has been limited actions taken to improve the environment.

The Assessment Team found that two of three specific requirements were met.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Non-compliant

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

The Assessment Team observed that parts of the service environment is welcoming, has communal spaces for socialisation and lounge areas for consumers to receive guests. However, the CWA unit (memory support unit) including the recently built extension does not reflect dementia enabling environmental principles (the principles). However, consumers and staff do not report concerns with the environment, with one exception despite consumers sampled who wander corridors and enter other consumers’ rooms.

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

*The service environment:*

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

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

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

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Most consumers interviewed (or a representative on their behalf) considered that they are encouraged and supported to give feedback and make complaints and said they would feel comfortable doing so. This and other information gathered shows consumers are encouraged and supported to provide feedback and make complaints.

Organisational guidance for management and staff does not provide sufficient information about consumer advocacy and staff interviewed were not aware of advocacy services. Other than some posters/brochures displayed in the service environment and a recent mention at a resident meeting, it was not demonstrated that advocacy services are promoted to consumers. Some consumers are not aware of the available advocacy services.

A consumer representative said they have raised concerns and made complaints, but the service’s complaint records do not include information about this and the actions taken. Open disclosure was not well understood by relevant personnel and was not demonstrated to have been implemented. Review of records relating to external complaints shows an issue about staff conduct identified during the complaint investigation which had not been addressed; and management advised the complainant is not satisfied with the resolution of their complaint. Other information gathered is there are consumer concerns about the meals and consumer complaints about assaults, and it was not demonstrated that appropriate action has been taken in response.

A trend in complaints about clinical care has been identified, but actions have not been demonstrated to be effective in leading to continuous improvement in consumer clinical care. An emerging trend in complaints about the meals has not been identified and improvements undertaken.

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

## Assessment of Standard 6 Requirements

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

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

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

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

Organisational guidance for management/staff does not provide sufficient information about consumer advocacy and staff interviewed were not aware of advocacy services. Other than some posters/brochures displayed in the service environment and a recent mention at a resident meeting, it was not demonstrated that advocacy services are promoted to consumers. Some consumers are not aware of the available advocacy services.

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

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

A consumer representative said they have raised concerns and made complaints, but the service’s complaint records do not include information about this and the actions taken. Open disclosure was not well understood by relevant personnel and was not demonstrated to have been implemented. Review of records relating to external complaints shows an issue about staff conduct identified during the complaint investigation had not been addressed; and management advised the complainant is not satisfied with the resolution of their complaint. Other information gathered is there are consumer concerns about the meals and consumer complaints about assaults, and it was not demonstrated that appropriate action has been taken in response.

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

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

A consumer who said they had made a complaint provided information about this being resolved immediately. A consumer representative who had raised concerns and made complaints said the issue kept arising after they complained. A trend in complaints about clinical care has been identified, but actions have not been demonstrated to be effective in leading to sustained improvement in consumer clinical care. An emerging trend in complaints about the meals has not been identified and improvements undertaken.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The consumers interviewed (and representatives on their behalf) considered on the whole that consumers get quality care and services when they need them and from staff who are knowledgeable, capable and caring.

This information and observations made show staff are kind, caring and respectful to consumers.

However:

* While consumers and representatives interviewed considered there is generally enough staff to meet consumers’ needs and to respond to calls for assistance, care staff have provided feedback to the organisation and to the Assessment Team that there is not enough staff and they spoke of impacts including on consumers. There has been a significant number of unfilled rostered staff hours each month in 2020 until September 2020 when there was significant improvement, which was sustained in October 2020 and seems on track to be sustained in November 2020.
* While a majority of consumers have been clinically assessed as having high care needs, there is not a registered nurse on-site 24 hours a day, seven days a week for effective clinical care and oversight consistent with best practice and the Assessment Team’s findings are that this is not being provided. The care manager explained they are allocated registered nursing hours and budget and have to work within this. When asked for assistance to demonstrate that clinical care consistent with best practice is able to be provided with these registered nursing on-site hours, the regional manager said it is not.
* Some members of the workforce do not have relevant qualifications and knowledge to perform their role or some tasks which form a part of their role. While the organisation has some competency assessment tools, these do not cover all relevant clinical tasks or have not been implemented with care staff at the service who are expected to have clinical assessment knowledge and skills.
* While consumers/representatives did not think staff needed more training in any particular areas, management and staff interviews and documentation reviewed showed staff are not trained and supported to deliver the outcomes required by the Quality Standards.
* Staff performance appraisals have not regularly occurred, and some members of the workforce have not had an appraisal since 2016, 2017 or 2018. Some of the other ways staff performance is to be monitored and reviewed have not been effective. It was not demonstrated that staff performance is satisfactory for the provision of care and services consistent with the Quality Standards.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

While consumers and representatives interviewed considered there is generally enough staff to meet consumers’ needs and to respond to calls for assistance, care staff have provided feedback to the organisation and to the Assessment Team that there is not and they spoke of impacts of this including on consumers. There has been a significant number of unfilled rostered staff hours each month in 2020 until September 2020 when there was significant improvement, which was sustained in October 2020 and seems on track to be sustained in November 2020.

While a majority of consumers have been clinically assessed as having high care needs, there is not a registered nurse on-site 24 hours a day, seven days a week for effective clinical care and oversight consistent with best practice and the Assessment Team’s findings are that this is not being provided. The care manager explained they are allocated registered nursing hours and budget and have to work within this. When asked for assistance to demonstrate that clinical care consistent with best practice is able to be provided with these registered nursing on-site hours, the regional manager said it is not.

### 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) Non-compliant

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

Some members of the workforce do not have relevant qualifications and knowledge to perform their role or some of the tasks which form a part of their role. While the organisation has some competency assessment tools, these do not cover all relevant clinical tasks being performed or have not been implemented with care staff at the service who are expected to have clinical assessment knowledge and skills.

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

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

Consumers interviewed (and representatives on their behalf) did not think staff needed more training in any particular areas. Management and staff interviews and documentation reviewed showed staff are not effectively trained and supported to deliver the outcomes required by the Quality Standards.

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

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

Staff performance appraisals have not regularly occurred, and some members of the workforce have not had an appraisal since 2016, 2017 or 2018. Some of the other ways staff performance is to be monitored and reviewed have not been effective. It was not demonstrated staff performance is satisfactory for the provision of care and services consistent with the Quality Standards.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The service’s report of self-assessment against the Quality Standards lacked information about engaging consumers in the design and delivery of care and services. Policy/procedure to guide management and staff in engaging consumers in the design and delivery of care and services was not demonstrated. Consumers interviewed (and representatives on their behalf) provided information about being engaged in the evaluation of care and services, but not design and delivery. No other information or documentation was provided to demonstrate consumers and representatives have been engaged in the design and delivery of care and services.

The new strategic plan does not include a clear commitment to a culture of safe, inclusive and quality care and services. Information provided by organisational executives did not demonstrate the governing body promotes or is accountable for a culture of safe, inclusive and quality care and services. It was not demonstrated there are key performance indicators relating to the care of consumers, or that the data being collated is analysed and actioned. Documentation provided to the Board relating to safe and quality care and services for consumers at the service is not accurate. This has been known to the organisation and service, but it was not demonstrated it has been addressed. There are plans underway to introduce a new organisational quality system.

Effective organisation wide governance systems have not been demonstrated in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, or feedback and complaints.

Effective organisational risk management systems and practices have not been demonstrated generally or in relation to managing high impact, high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, or supporting consumers to live the best life they can.

An effective clinical governance framework was not demonstrated generally or in relation to minimising the use of restraint and open disclosure. It was demonstrated in relation to antimicrobial stewardship.

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

## Assessment of Standard 8 Requirements

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

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

The service’s report of self-assessment against the Quality Standards lacked information about engaging consumers in the design and delivery of care and services relevant to this requirement. Policy/procedure to guide management and staff in engaging consumers in the design and delivery of care and services relevant to this requirement was not demonstrated. Consumers interviewed (and representatives on their behalf) provided information about being engaged in the evaluation of care and services relevant to this requirement, but not design and delivery. No other information or documentation was provided to demonstrate consumers/representatives have been engaged in the design and delivery of care and services relevant to this requirement.

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

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

The new strategic plan does not include a clear commitment to a culture of safe, inclusive and quality care and services. Information provided by organisational executives did not demonstrate the governing body promotes or is accountable for a culture of safe, inclusive and quality care and services. It was not demonstrated there are key performance indicators relating to the care of consumers, or that the data being collated is analysed and actioned. Documentation provided to the Board relating to safe and quality care and services for consumers at the service is not accurate. This has been known to the organisation and service, but it was not demonstrated that it has been addressed. There are plans underway to introduce a new organisational quality system.

### 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.*

Effective organisation wide governance systems have not been demonstrated in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, or feedback and complaints.

### 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.*

Effective organisational risk management systems and practices have not been demonstrated generally or in relation to managing high impact, high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, or supporting consumers to live the best life they can.

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

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

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

An effective clinical governance framework was not demonstrated generally or in relation to minimising the use of restraint and open disclosure. It was demonstrated in relation to antimicrobial stewardship.

# 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.