Rosedurnate Aged Care Plus Centre (0130)

Performance Report

46 Orange Street
PARKES NSW 2870
Phone number: 02 6862 2300

**Commission ID:** 0130

**Provider name:** The Salvation Army (NSW) Property Trust

**Site Audit date:** 9 February 2021 to 17 February 2021

**Date of Performance Report:** 13 April 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **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) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | 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** | **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) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | 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 received 26 March 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

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

Consumers interviewed stated they felt their privacy is respected and their personal information is kept confidential. Consumers stated the information they receive helps them make decisions about the things they would like to do and eat. They felt they had the information they needed and were supported to understand the information.

Consumers were observed to be happy and engaging in interactions throughout the site audit. They were aware of their rights and responsibilities and felt comfortable expressing their concerns to management. They stated they felt safe and confident in the staff members skills and knowledge when providing care and services.

The service’s values include respect and compassion. The service has systems in place which are designed to engage and include consumers and their family members in care and service planning, delivery and evaluation, as well as to provide each consumer with information that is current, accurate and timely.

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

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

Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Most representatives indicated they are aware of consumers care needs and that care plans are available for consumers. One representative indicated they have been offered a copy of the consumer care plan.
* Documentation sampled, consumer and/or representative feedback together with staff interviews, indicate that consumers are assessed.
* Representatives interviewed indicated staff have discussed care with them including advance care directives.

Care planning documentation for consumers sampled generally reflects the consumer is a partner in their care or who they choose to have involved in their assessment and care plan. The service does identify the person responsible in either the clinical form within the electronic care program or a paper copy in the consumers clinical file.

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.*

The Assessment team reviewed a sample of care planning documents and identified that consumers receive assessment and planning. However, they have found consumer goals to be generic and are not individualised, which may not demonstrate engagement with the consumer to identify their goals of care.

The consumers and representatives interviewed stated that staff have discussed care with them, including advanced care directives.

Staff interviewed could describe the care they provided to consumers, that advance care directives are discussed when a consumer enters a service, and that the directives are monitored via a spreadsheet during annual reviews in line with case conferences. However, staff sampled were not able to describe consumer goals and provide examples of what is important to the consumer, although I note that staff sampled in other standards during this assessment were able to describe what is important to the consumers.

The provider has since responded that although the wording is generic as the system populates the wording, the goals are manually selected and are suitable for the consumer. They have also organised further training in care plans for staff to improve their documentation in care plans.

Based on the above information, I have considered whether the evidence indicates that assessment and planning do not address the consumer’s goal, needs and preferences; however, I note the Assessment Team did not identify a consumer with a generic goal that is not suitable, and in consideration of consumer feedback from other standards in this assessment, I am persuaded that the goals are likely to be suitable and developed in consultation with the consumer. The team has also not identified examples of assessment and planning that did not meet a consumer’s need or preferences. I am of the view the service can improve on their individualisation of consumer’s goals, although this would not demonstrate that consumer’s goals, needs, and preferences are not addressed.

I find this requirement Compliant.

### 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.*

The Assessment team reviewed a sample of care planning documents and identified that outcomes of assessment and planning are documented in the consumer care plan and available to the consumer.

Consumers interviewed confirmed they receive relevant information regarding the consumers care for sampled consumers.

The Assessment Team note that care plans indicate older information that is not current is not removed from the care plan, which affects the accuracy of information. Management interviewed indicated the issues of out of date information remaining in the consumer care plan is due to system limitations, and this has been previously known to the service and there are planned upgrades to address it.

Since the assessment, the provider has since responded that an upgrade to their system has been implemented in March and further training was provided to staff in regard to ongoing assessment and care planning.

I have considered the above information and acknowledge that outcomes of assessment and planning are included in care plans, and that consumers sampled are satisfied that they receive relevant information. Issues with out of date information for delivery of care will instead be considered in requirement 3(3)(e).

I find this requirement Compliant.

### 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

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

For example:

* Consumers interviewed expressed satisfaction with the care they receive. They also indicated staff provide them with personal care in a way that meets their needs.
* Consumers and representatives sampled felt the consumer has access to doctors and other relevant health professionals as needed.
* Registered nurses are allocated consumers who they are responsible for ensuring consumer care plans and assessments are reviewed and developed. This is monitored by the care manager.

However, information in the consumer care plan is not consistent, consistently accurate or reflective of current care interventions.

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) 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.*

### 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) 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.*

The Assessment Team reviewed a sample of consumer documentation and identified that it noted consumer’s conditions, needs, and preferences, but there were inaccuracies due to containing both old and current information.

Consumers interviewed indicated that their needs and preferences are effectively communicated and generally did not raise any issues with communication.

Staff indicated they use the care plan to know what a consumer needs, and they also receive information through the handover processes. However, while staff said they are able to readily access consumer information through the electronic care planning system, they raised issues about the content and functionality of the electronic care planning system and challenges they experienced in accessing current and accurate consumer information through this system.

Management explained that the staff’s concerns with the electronic system is due to a limitation of the system; however, this issue was already known and there are already planned upgrades for the system. Since the assessment, the provider has responded that an upgrade to their system has been implemented in March and further training was provided to staff regarding ongoing assessment and care planning.

I have considered the above and have given weight to the comments from staff regarding challenges in accessing current information, which may eventually affect care delivered. I have also considered that this system limitation was an outstanding issue that was present during a previous assessment visit at the service. I acknowledge that an upgrade to the system has since occurred, but it is not clear at the time of this assessment on whether this has resolved the system limitations, or whether communication of information within the organisation has improved as a result.

I find this requirement Non-compliant.

### 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

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

For example:

* Consumers at the service expressed they felt satisfied with the services provided and staff support them to optimise their health and well-being and enable their independence and quality of life.
* Consumers felt they were able to do the things they wanted to do and felt their social, emotional and spiritual needs were supported. This included participating in local community activities or engaging in social and personal relationships and things of interest to them.
* Consumers interviewed about the meals spoke favourably regarding the meals and snacks being provided. They said they get plenty to eat and do not usually feel hungry between meals.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

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

For example:

* Consumers interviewed confirmed the service environment is welcoming, clean and tidy and they feel at home and safe whilst living at the service. Consumer said they are able to decorate and personalise their rooms. Several consumers commented positively about having their own room and bathroom and being able to “potter about” in their room without being disturbed.
* The service accommodates consumers on three levels of the service and has a lift, located near the main entrance, to enable consumers to move between the different levels.
* Work has been undertaken on the courtyard and garden beds to improve the outlook for consumers and make the area user friendly. This includes the use of large outdoor umbrellas and shade awnings to provide shade, installation of a fountain, outdoor seating and garden beds which are being maintained by the gardener.
* Consumers who smoke have access to a gazebo, with roll-up screens, to provide a sheltered smoking area in the front garden. These consumers have a swipe card to open the front door to use the gazebo.

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

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

Most sampled consumers and representatives felt they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Most consumers and representatives interviewed said they know how to raise concerns, make a complaint, or give feedback and felt comfortable and safe in doing so.
* Staff interviewed could describe the process of how they manage feedback and complaints, and an example was provided. However, the electronic system has limitations and complaints appear to be removed once closed on the system.
* The management could describe how the service uses an open disclosure approach to complaints management however, the new electronic system did not display the service’s open disclosure process.

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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall most sampled consumers and representatives considered that they get quality care and services and from people who are knowledgeable, capable and caring. However, most consumers and representatives said there were not always adequate staff available to provide safe and quality care, and this has also been reflected in the feedback of staff interviewed.

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) 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.*

The Assessment team interviewed a sample of consumers who stated there are not enough staff to deliver quality care and services. Some consumers described the impact this has had on them, for example, lengthy response times for call bells, feelings of being ‘rushed’ by staff, and issues with personal care related to showers and incontinence.

Staff interviewed also reflected similar feedback and stated that there is not enough time to deliver quality care and services, including difficulty to provide one to one care when consumers require emotional support. One care staff said it was difficult to provide care when multiple consumers required care at the same time, and this meant some consumers had to wait longer for their call bells to be answered. Another staff member also said it was often difficult to replace unplanned vacant Registered Nurse shifts which made it difficult to attend to all tasks required of the RN during the day, although it is noted that management staff have stated all recent essential RN shifts have been filled.

The Assessment Team reviewed the call bell response times and confirmed the feedback of staff and consumers, noting that a number of call bell response times in the past month exceeded a 15-minute wait time. They also identified that there were several vacant shifts over a two-week period.

The provider has since responded that they were already undertaking actions to improve compliance in this requirement and had commenced the trial of a new model of care that has increased the number of staff across shifts, and their call bell response times have continued to improve. They have also noted other various improvements or ongoing actions, such as recruitment and strategies to reduce unplanned leave to better manage rosters.

Although I acknowledge that the provider has made improvements (or are in progress of improving their service) to meet this requirement, the consumer and staff feedback have yet to demonstrate that these improvements have been satisfactory in enabling the delivery and management of safe and quality care and services.

I find this requirement Non-compliant.

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

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

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Compliant

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

### Requirement 7(3)(e) Compliant

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

# STANDARD 8 NON-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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with consumers, 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).

Overall most sampled consumers and representatives considered that the organisation is well run. However, they did not consider that they partner in improving the delivery of care and services.

The organisation’s governance systems were still developing at the time of the site audit and demonstrated deficiencies in areas such as information management. However, they demonstrated effective risk management systems and practices, and a clinical framework.

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) Non-compliant

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

The Assessment Team interviewed a sample of consumers and/or representatives who provided feedback that they believe the organisation was well run. However, most were unable to provide examples of how they are engaged in the development, delivery and evaluation of care and services. Some consumers stated they attend the consumer meetings where they have opportunities to discuss and provide feedback, but they were not sure if improvements to the service have been made as a result.

Management staff interviewed stated that consumers are supported to attend the consumer and representative meetings which include consultation on lifestyle, food services and general business, however specific examples were not provided at the time of assessment. They also provided a continuous plan for improvement (CPI), however, the Assessment team noted the Continuous plan for improvement showed minimal actions that arose from consumers and representatives, with only two out of around 60 action times having been generated from consumer feedback.

The provider has since responded by providing further documents such as a lifestyle flyer and zoom meeting records to demonstrate consumers have been invited and engaged in the development and delivery of care. They also state they are in the progress of developing and implementing a consumer engagement framework. Although this response might evidence that consumers are present in consultation with the service to develop and deliver care, it remains unclear whether consumer voices are supported in evaluation of care, and whether there are changes that have been made to the service as a result of consumer involvement.

I find this requirement Non-compliant.

### 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.*

The Assessment Team interviewed management staff who described how the service uses an incident management system to capture and monitor incidents, and significant escalations are escalated to the head office and these are discussed at the clinical governance meeting. They have also commenced a process for trending and analysing incidents to identify areas of significant risk to the organisation’s governance.

Management staff also advised that the board monitors whether the Quality Standards is met through the organisation’s risk committee and provided a care quality and compliance report to demonstrate the monitoring of quality standards. Furthermore, the staff noted that communication regarding the Quality standards is distributed through the organisation’s governance structures including newsletters, weekly communications and more. However, the Assessment Team noted that the care quality and compliance report only covered a list of not met requirements from previous audits and did not monitor the current status of the service, and the service also did not provide examples of distributed communication regarding the quality standard.

The provider has since responded with further details of their boards oversight and accountability of safe, inclusive and quality care in the service. The board meets once a month with the National Director which includes reviewing results of each site assessment/audit and the service’s response. The Care Quality and Compliance team also completes a peer review process of the Quality Standards and provide their results to the board and other areas of the governance structure for review to ensure continued compliance. The provider has also provided an example of distributed communication regarding standards.

I find this requirement compliant.

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

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

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

The Assessment Team reviewed the service’s governance systems and identified gaps in relation to information management, workforce, and feedback and complaints.

Staff interviewed raised issues about inadequate staffing, and issues and challenges they experienced in accessing current and accurate consumer information through the service’s electronic system. It was also stated that there were challenges with the electronic system in regard to consumer feedback and complaints, which did not display closed off items, follow up actions or open disclosure processes taken.

Management described and provided evidence of a developing governance system however it has not yet reached an effective state of implementation. The provider has since responded that they have recruited resources to review all their systems and ensure they reflect best practice principles and legislative requirements.

I find this requirement Non-compliant.

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

### 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)(e)

*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.*

* Ensure the information recorded in electronic systems are accurate and up to date

### Requirement 7(3)(a)

*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.*

* Improve staff numbers or method of staffing to ensure that consumer and staff feels there is adequate staffing to deliver safe and quality care

### Requirement 8(3)(a)

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

* Ensure the consumer voice is supported and their feedback and input supports the development and evaluation of care (where applicable).
* Ensure consumers are informed or have the opportunity to understand how their consumer feedback and input has resulted in improvements to the service

### Requirement 8(3)(c)

*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.*
* Ensure the electronic system is effective in delivering up to date information on consumers, and feedback and complaints
* Ensure the service’s developing governance system is implemented to meet this requirement