SVCS Maroochydore

Performance Report

37 Baden Powell Street
Maroochydore QLD 4558
Phone number: 07 5459 6600

**Commission ID:** 5418

**Provider name:** St Vincent's Care Services Ltd.

**Site Audit date:** 13 September 2021 to 16 September 2021

**Date of Performance Report:** 18 October 2021

# Performance report prepared by

Nicole Grey, delegate of the Aged Care Quality and Safety Commissioner.

# 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) | 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) | Non-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** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 8 October 2021.
* other information held by the Commission in relation to 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

Consumers said they felt valued and were treated with dignity and respect by staff and management. They reported being encouraged to do things for themselves and said staff were aware of what was important to them. Consumers and representatives confirmed they could exercise choice, retain their independence and communicate their decisions relating to the care and services they wished to receive.

Consumers and representatives confirmed they were provided accurate information in relation to their care and services. They said their personal privacy was respected and their personal information remained confidential.

Care planning documents provided information about consumers’ backgrounds and ‘life story’, their relationships, life experiences, interests, religious preferences, cultural needs, what was important to them and contact details for those the consumer wishes to have involved in their care. The service had assessed risks to consumers and documented strategies to assist them to maintain their independence and exercise choice.

Care information captured risks for individual consumers including, but not limited to, nutrition and dietary needs, allergies, modified meals and/or beverages and supervision and/or assistance required by staff.

Staff demonstrated respect towards consumers and an understanding of their care and service preferences. Staff were familiar with consumers’ backgrounds, cultures and values and provided examples of how they could support and enable consumers lifestyle choices each day. Staff supported consumers to maintain relationships with those people who were important to them and to take risks to enable them to live the best life that they can.

Information regarding care and services were provided to consumers through several ways including, verbal and written communication, meetings, noticeboard messages, care plan reviews, menus displayed and newsletters.

Staff were observed interacting with consumers respectfully, greeting them by name and being discreet when discussing consumers’ needs with other staff.

The organisation has a range of policies that guide staff practice, including on topics such as consumer respect, choice, diversity and privacy.

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

Consumers and representatives confirmed they were involved in the initial and ongoing planning of the consumer’s care, including end of life planning. Most consumers and representatives said staff had discussed advance care planning and their end of life preferences with them. They were informed of the outcomes of assessment and care planning and could access their care and services plan if they wished.

Consumers and representatives said the service sought input from their Medical officer, other health professionals and family to inform care and service delivery. They reported being consulted during the service’s review processes when consumers’ circumstances changed or when incidents occurred.

Assessments and care plans were individualised and included information relevant to the risk of each consumers’ health and well-being. Care planning documentation detailed the individual needs, goals and preferences of consumers including advance care planning and end of life planning information. Care information reflected input from the Medical officer and other providers of care. The outcomes of assessments and care planning were discussed with consumers and representatives during care plan reviews, consumer of the day processes, case conferences or when there was a change in the health of consumers.

Staff understood the individual needs of consumers. Registered staff provided examples of how consumers, representatives and other health providers were involved in assessment and care planning processes. Care staff confirmed they could access consumer’s information through the service’s electronic care management system and were provided with a verbal handover at the commencement of each shift. Staff had a shared understanding regarding the service’s incident reporting processes and how this triggered the reassessment of consumers’ care and services.

Evidence based assessment tools were accessible through the service’s electronic care management system. Consumer satisfaction surveys completed reflected positive results in relation to assessment and care planning. Organisational policies, procedures and work instructions were available to guide staff practice.

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

Consumers and representatives confirmed they received care and support for their clinical and personal care needs. They said the service supported and managed risks associated with their care well-being. The representative of a consumer who was provided end of life care said they were happy with the care provided and were kept informed regarding the consumers’ care needs.

A consumer who experienced falls said the service had sent them to hospital following each incident. Consumers confirmed staff were aware of their individual needs and preferences. They said they could access relevant health professionals including medical specialists and allied health professionals.

Registered and care staff had a shared understanding regarding consumers’ individual needs, risks and preferences and how they were being managed and monitored. Management advised monitoring processes employed by the service to ensure care delivered was safe and effective included regular audits, observation of staff practice and clinical documentation reviews.

The service had policies, procedures, guidelines and work instructions in place to support the delivery of care in relation to skin integrity and the management of wounds/pressure injuries, pain management and restrictive practices.

Care documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of consumers. Care documentation for consumers subject to chemical, mechanical and environmental restraint, reflected informed consent, authorisation and indications for use had been recorded.

Wound care documentation evidenced the appropriate monitoring, assessment, management, preventative strategies and improvements had been recorded. The service scheduled additional wound management education in September 2021 in response to gaps identified through the service’s internal auditing program in relation to wound documentation.

Care documentation reflected the pain management needs of consumers were assessed, managed and monitored effectively. Management advised staff were provided with information in relation to the legislative changes to restrictive practices through staff meetings and further education was scheduled in the coming months.

Care documentation described the key risks for consumers including, but not limited to, falls, behaviours and the self-administration of medications. Strategies implemented to manage these risks were reflected in care information for individual consumers. A falls management committee was established to discuss strategies to manage and minimise risks associated with falls.

Care documentation for consumers who received end of life care reflected the appropriate symptom management and comfort measures had been completed. Information in relation to the identification of and response to, deterioration or changes in consumers’ conditions was recorded in consumer’s care documentation. Care documentation included enough information to ensure the effective and safe sharing of consumer’s information to support care and reflected the input of other providers of care.

Staff had a shared understanding of the individual risks for consumers and described strategies used to effectively manage them. The Clinical managers confirmed behaviour support plans had been completed for consumers subject to restrictive practices or who experienced responsive behaviours. Staff could differentiate between the different types of care delivered including end of life care.

Staff said they received information when changes in consumers’ health care needs were identified via handover each shift, through electronic alerts in the service’s electronic care management system, the daily appointment sheet and care information. A Registered nurse was available to provide staff with clinical support in addition to Medical officers and other health professionals.

The organisation had documented policies in relation to risk management, palliative care, referrals and antimicrobial stewardship. Clinical incidents were recorded and reported to the organisation’s Board each month. Clinical incident data contributed to service wide improvements.

However, the service did not have effective infection control practices and preparedness to support the management and prevention of a potential COVID-19 outbreak. Staff failed to consistently employ safe personal protective equipment practices and the service’s outbreak management plan did not include all required information pertinent to the safe management of an outbreak.

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) 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) Non-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.*

The service was unable to demonstrate effective infection control practices and preparedness to support the management and prevention of a potential COVID-19 outbreak.

While the organisation had an outbreak management plan, the service was unable to provide the Assessment Team with a service specific outbreak management plan or confirm a service outbreak management team had been appointed.

Management did not have a shared understanding regarding the organisation’s outbreak management plan and were unable to provide the Assessment Team with information in the plan including, contact details, instructions for a surge workforce to access information in the service’s electronic care management system or personal protective equipment donning and doffing station locations during an outbreak of COVID-19.

The approved provider in its response acknowledges not all staff were aware of the service’s combined outbreak management plan however, advised that each service within the organisation has a site-specific outbreak plan in addition to the organisation’s outbreak management plan. The approved provider included evidence in their response to demonstrate this was in place and was reviewed on 1 August 2021 and 30 September 2021. Therefore, I am satisfied a site-specific outbreak management plan had been completed.

Management acknowledged they had not considered the appointment of a designated outbreak management team for the service, regular meetings or practice drills to ensure staff were aware of their responsibilities in the event of an outbreak.

Insufficient density signage was observed throughout the service during the site audit including, in meeting rooms and communal areas. Staff and management were observed wearing masks incorrectly around their necks and under their noses. While this feedback was provided to management during the site audit, the Assessment Team observed these breaches in personal protective equipment continued including during meal service.

The approved provider in its response advised following the site audit, the service has implemented actions to address deficiencies identified by the Assessment Team. These include the application of density signage in meeting rooms and communal areas, an infection control meeting was held 21 September 2021 to discuss a site -specific infection control committee, donning and doffing stations have been identified on the service’s site floor plan, the service’s outbreak management plan has been reviewed by management and the service’s infection prevention and control lead.

Further to this, the approved provider advised an additional infection control meeting occurred 5 October 2021, electronic mail correspondence was sent to all staff regarding appropriate infection control practices and was further discussed at the general staff meeting 30 September 2021. The service has increased the monitoring of staff’s compliance with personal protective equipment. Infection control champions have been appointed on each floor of the service and additional unannounced audits have been commenced to monitor and improve staff adherence to personal protective equipment practices.

Staff had a shared understanding of the principles of antimicrobial stewardship and provided examples of how this was achieved. Staff had received training in relation to infection control and COVID-19, handwashing, sneeze and cough etiquette and the correct use of personal protective equipment.

The service had appointed an infection prevention and control lead and screens all visitors entering the service. While screening processes were occurring during the site audit, thermal screening equipment was observed to record consistently low temperatures. The approved provider in its response states that a handheld thermometer is in place to monitor the temperatures of all staff and visitors while the service’s thermal camera is reviewed on 12 October 2021.

The organisation had policies and procedures in relation to infection control and antimicrobial stewardship.

While the organisation had policies in relation to this requirement and staff had been provided with training in relation to infection control and COVID-19 including the application of personal protective equipment, these were not followed appropriately. I acknowledge the actions planned and implemented by the service however, at the time of the site audit the service was unable to demonstrate effective infection control practices and preparedness to support the management and prevention of a potential COVID-19 outbreak were in place.

Therefore, it is my decision this Requirement is Non-compliant.

# STANDARD 4 COMPLIANT Services and supports 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 said the service’s lifestyle program supported their individual interests and encouraged and supported their independence. They said their choices were respected in relation to meals, sleeping and rising times, and participation in scheduled activities. They said they were supported to attend outings with the service and their families and friends.

Consumers said there were enough activity options within the service and in the community, they were supported to access. Most consumers provided positive feedback regarding the food, menu choices and other food options provided by the service. They said they felt equipment used to support their lifestyle needs was safe to use, clean and well maintained.

Care planning information was individualised and reflective of the needs, interests and preferences of each consumer. Care information evidenced strategies to support the emotional, spiritual and psychological needs of consumers had been implemented. The service engaged two pastoral carers to support the emotional, spiritual and psychological needs of consumers. Care planning documentation reflected consumers’ activity preferences and people who were important to them.

Activity calendars were observed to be on display throughout the service.

Care documentation and alerts in the service’s electronic care management system provided enough information for staff in relation to consumer’s services and supports for daily living.

Care information reflected the involvement of other providers and organisations in the provision of lifestyle supports including the Medical officer, allied health professionals and religious providers. Care planning documentation reflected the individual dietary preferences of consumers which was communicated to catering staff through the dietary information folder located in each kitchen.

Staff were familiar with what was important to consumers including their personal relationships, individual interests and strategies to support their emotional, spiritual and psychological needs. Lifestyle staff advised two lifestyle programs were available at the service which included a separate program with cognitive and sensory activities for consumers residing in the memory support unit. Staff confirmed changes in consumers’ needs, preferences or well-being were communicated between staff and other providers of care during handovers, message board alerts and care information.

During the site audit, staff were observed encouraging, assisting and supporting consumers during activities. The service engaged volunteers who provided additional support to consumers during activities and to the pastoral care team for one on one visits.

Staff provided examples of other individuals and organisations involved in the provision of lifestyle services and supports including, but not limited to, the local library, volunteers, the pastoral care team, psychologists and a hairdresser.

Staff had a shared understanding of the individual dietary requirements of consumers. Catering staff advised a summer and winter menu was developed in consultation with dieticians and the organisation’s executive team. Consumers could provide feedback in relation to the service’s meals through food focus groups, consumer and representative meetings and feedback forms.

Equipment used to support the lifestyle needs of consumers was clean, suitable, well-maintained and stored safely in designated areas throughout the service. Staff c they confirmed they could access a variety of equipment to support the lifestyle needs of consumers.

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

Consumers said the service environment was safe clean and comfortable and that they could mobilise freely inside and outside the service. They said they were able to personalise their rooms with items of importance to them. Consumers and representatives felt comfortable raising maintenance requests with staff or the maintenance officer which were attended to promptly.

The service environment was observed to be safe, clean, well maintained and enabled free movement.

Staff described features of the service which enhanced consumers sense of belonging and their independence, interaction and function. Staff had a shared understanding of the service’s processes when hazards were identified. The Maintenance officer undertook preventative and reactive maintenance to ensure the service environment remained safe, well-maintained and comfortable for consumers.

Maintenance and care staff confirmed mobility equipment such as hoists and wheelchairs are regularly checked and serviced to ensure they are safe and fit for use.

Maintenance documentation evidenced preventative and reactive maintenance was completed for the service’s living environment and equipment. Closed circuit television was used to monitor the safety of the service environment in communal living areas of the service.

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 said they were encouraged to provide feedback and were able to describe the various mechanisms available to them. Most consumers and representatives were aware of how to access advocacy services and external agencies to raise complaints. They said management were generally responsive to their concerns and open and transparent with their communication however, some delays were experienced in the service’s acknowledgement of consumer and representative feedback. Consumers and representatives provided examples of how their feedback has contributed to the improvement of care and services.

Staff provided examples of the various ways they supported consumers and representatives to provide feedback which included, through consumer and representative meetings, feedback forms or through management directly. While staff have not required the assistance of language and advocacy services, they were aware of how to access them when needed. Staff had a shared understanding of open disclosure and how this related to the resolution of complaints.

Management advised feedback from consumers contributed to the service’s quality improvements which are reported to the organisation’s executive teams. While the service was effectively resolving complaints, some complaints received were not consistently recorded in the service’s electronic risk management system. Staff provided specific examples of improvements made in response to consumer and representative feedback including, but not limited to, purchasing of additional lifestyle equipment and plans to reopen the service’s café.

A variety of posters, brochures and written materials in relation to complaints management, including details for advocates and language services were available throughout the service.

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

Most consumers and representatives said the care and services they received was in line with their needs and preferences. They said staff were kind, caring and respectful and their requests for assistance were generally responded to in a timely manner. Consumers and representatives felt staff were appropriately qualified and knew how to perform their roles. They provided positive feedback in relation to staff’s capabilities and how their care and services were delivered.

Management advised in response to recruitment difficulties, the organisation has implemented a workforce strategy across the organisation which has resulted in the appointment of a national talent manager to proactively recruit staff and the utilisation of staff from a co-located site. Management acknowledged some staff were unable to continue in their roles in response their refusal to receive mandatory COVID-19 vaccinations however, the service proactively provided education for other staff members which increased overall compliance with vaccinations.

Care staff said they had enough time to complete their job and management generally replaced unplanned leave. The organisation’s state manager confirmed staff had received training in relation to the consumer experience, person-centred care, code of conduct and discussing organisational expectations. Registered and care staff were guided by their position descriptions, workflow documents and duty statements. They confirmed they had received training relevant to their roles.

Consumer and representative meeting minutes indicated consumers and representatives were generally happy with the staffing levels at the service. Staff’s qualifications were monitored by the organisation’s electronic personnel system. Training records indicated staff had been provided with additional education opportunities and mandatory education face to face and through webinars. The organisation had policies and procedures in relation to rosters, recruitment, personnel management and dignity and respect.

However, the service was unable to demonstrate the performance of workforce members was regularly monitored and reviewed in line with the organisation’s policies and processes. Some staff had not engaged in discussions with management or senior staff in relation to their performance.

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 the performance of workforce members was regularly monitored and reviewed in line with the organisation’s policies and processes.

Several staff confirmed they had not engaged in discussions with management or senior staff in relation to their performance. Management acknowledged staff appraisals had not been completed in line with organisational timeframes. The service’s quality improvement plan was updated during the site audit to include training for key personnel in relation to performance appraisals and improved access for line managers to the organisation’s workforce management system to ensure allocated appraisals were completed.

Management advised in addition to performance appraisals, performance reviews were monitored through the investigation of feedback and incidents. Complaints and incident documentation confirmed this had occurred.

Organisational documentation did not demonstrate all staff had received a performance review since commencing their roles and most ongoing staff performance reviews were overdue.

The approved provider in its response acknowledges formal performance appraisals were not completed for thirty-four staff employed by the service. The service’s auditing program had identified performance appraisals were an area for improvement. Actions implemented to address the deficiencies identified by the Assessment Team include the delegation of overdue performance appraisals to individual line managers, discussions with staff to encourage the completion of appraisals and most staff were in the process of scheduling a meeting with their respective manager to discuss their performance appraisal. The approved provider states in its response that the timeframe for completing overdues staff performance appraisals is 22 October 2021.

I acknowledge the actions implemented by the service to address the deficiencies identified by the Assessment Team however, at the time of the site audit the service was unable to demonstrate the regular assessment, monitoring and review of the performance of each staff member of the workforce was undertaken.

Therefore, it is my decision this Requirement is Non-Compliant.

# STANDARD 8 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

Consumes and representatives provided examples of how they could provide input into their care and services which included case conferences, consumer meetings and directly to management. The Assessment team reviewed meeting minutes, compliments and complaints documentation and care documentation which evidenced the engagement of consumers and representatives in the development, delivery and evaluation of their care and services.

Consumers and representatives provided positive feedback in relation to the quality of care and services delivered by the organisation. Operational documentation demonstrated the governing body was informed and accountable for the care and services delivered. The organisation’s management team advised clinical and operational data regarding the service was collated and reported to the Board each month to ensure consumers’ needs were met and contributed to the service’s continuous improvement activities.

The organisation had effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation’s information management systems supported effective communication at all levels of the organisation. Consumers and representatives said they were confident the organisation was well run, and they could access feedback and complaints processes that have informed continuous improvement activities within the service. Staff advised and operational documentation demonstrated staff were guided by workflow documents, duty statements and have been provided with a position description relevant to their role. Most policies had been reviewed and updated to reflect legislative changes however, the organisation’s restrictive practice policy had not been updated to include ‘physical and mechanical’ restraint. The service has hosted three COVID-19 vaccination clinics to encourage staff vaccinations prior to the mandatory vaccination requirements which came into effect 17 September 2021.

Management demonstrated they had implemented effective risk management systems and risk management practices that were understood by staff. The organisation provided a documented risk management framework, including policies describing how:

* high impact or high prevalence risks associated with the care of consumers is managed
* the abuse and neglect of consumers is identified and responded to
* consumers are supported to live the best life they can
* incidents were managed and prevented.

Staff had a shared understanding regarding dignity of risk and provided examples of how they support consumers to take risks and specific measures the organisation has in place to monitor those risks for consumers.

Management was able to demonstrate clinical care is provided in line with the organisation’s clinical governance and risk management frameworks.

The organisation had a documented clinical governance framework, a policy relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff could access these policies, confirmed they had received education about them and could provide examples of their relevance to their work.

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

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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.

* Minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection.
* Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.