Southport Lodge

Performance Report

37 Jimmieson Avenue
SOUTHPORT QLD 4215
Phone number: 07 5591 6722

**Commission ID:** 5295

**Provider name:** Planlow Pty Ltd

**Site Audit date:** 1 March 2022 to 4 March 2022

**Date of Performance Report:** 30 March 2022

# Performance report prepared by

Bruce Bassett, 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** | **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) | 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** |  **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-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** | **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) | 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 24 March 2022.

# STANDARD 1 COMPLIANTConsumer 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 understood and applied the requirements within this Standard, the Assessment Team interviewed consumers, asking them about the requirements, reviewed the care documentation and tested staff understanding and application of the requirements under this Standard.

Consumers said they were treated with dignity and respect and could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers confirmed staff were respectful towards them in their interactions and supported them to exercise choice and independence and make decisions. Consumers said there were encouraged to do things that were important to them. Consumers said they were supported to take risks in activities of their choosing in a way that also considered the risk.

Consumers were provided with information which allowed them to make informed choices about how they lived their lives including activities available, meal selections and what was happening at the service.

Consumers’ personal privacy was respected in a variety of ways including staff knocking on doors prior to entry, ensuring appropriate privacy during visits by family and friends and maintaining the confidentiality of consumer records.

Consumers’ care documentation reflects their personal choices and includes information regarding their lifestyle, cultural, social and emotional needs and preferences. The organisation’s policies and procedures supported staff in their understanding of how to support consumer individuality and choice.

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 COMPLIANTOngoing 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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Consumers considered they felt like partners in the ongoing assessment and planning of their care and services. Consumers, and other people the consumer wished to be involved, were included in the initial and ongoing assessment and planning of their care and services. Consumers and representatives said they were informed about the outcomes of assessment and planning and had access to the consumer’s care plan.

The Assessment Team reviewed assessment and care documentation which showed initial assessments were completed to identify consumers’ needs, goals and preferences, including advance care planning and end of life planning. Risks were identified as part of the assessment and care planning process. Care plans were reviewed three-monthly for effectiveness and following incidents or changes in the consumer’s circumstances. The service accessed external services and allied health professionals as required to support consumer care.

The Service’s assessment and planning was effective, and its processes supported staff to deliver safe and effective care. The Service monitors and trends clinical indicators and uses the information to minimise risks to consumers and improve practices.

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 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 understood and applied 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 ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Consumers received personal care and clinical care that was safe and right for them. Consumers had access to a Medical officer or other health professionals as required. Consumers were included in decisions about their care and it was tailored to meet their needs and preferences. Consumers nearing the end of life received safe and appropriate care with maintained their comfort and dignity.

Staff understood risks associated with the care of the consumer and could provide examples of how they minimised risk of harm including risks such as falls, weight loss, behaviours and smoking associated with the care of consumers.

Information regarding consumers’ needs and preferences was communicated and documented within the service and with others as required. Consumers were appropriately referred to specialist services including allied health services in a timely manner. Care documentation demonstrated deterioration or changes in the consumer’s health needs were identified and responded to in a timely manner. The service had processes in place to minimise infection related risks, including effective processes to manage a COVID-19 outbreak.

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

Actions have been taken to improve the performance of the Service in this requirement. Care planning documentation described key risks for consumers including falls, weight loss, behaviours and smoking. The documentation included directives and strategies for staff use in managing the identified risks.

Staff were aware of how to report and document consumer incidents and could describe how incidents are reviewed and identified required outcomes are initiated. Staff could describe how changing consumer care needs and preferences, including risks, are effectively communicated among staff.

The Service had a documented risk management framework to guide how risk is identified, managed and recorded. Policies were available to staff on the identification and management of high impact and high prevalence risks for consumers.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices 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

To understand the consumers’ experience and how the organisation understood and applied 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. Relevant documents were also examined.

Consumers considered they received the services and supports for daily living which were important for their health and well-being and enabled them to do the things that were important to them.

Consumers 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 with their families and friends.

Consumers confirmed said they were supported to keep in touch with people who are important to them and the service meets their emotional, social, spiritual and psychological needs. Consumers said they like the food at the service and have input into the menu.

Care planning information was individualised and reflective of the needs and preferences of each consumer. Care information reflected the involvement of other organisations and providers of care and services in the provision of lifestyle supports. Care planning documentation reflected the individual dietary preferences of consumers which was communicated to catering staff.

Equipment used to support the lifestyle needs of consumers was clean, suitable and well-maintained. Staff 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 NON-COMPLIANTOrganisation’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 consumers’ experience and how the organisation understood and applied the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed staff about the suitability and safety of equipment. The Assessment Team also examined relevant documents.

Consumers confirmed the service environment was homely, 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 which were attended to promptly.

Equipment and furnishings in the communal areas were observed to be clean and free from stains or odours. Furnishings were observed to be fit for purpose and in good condition.

Maintenance documentation evidenced preventative and reactive maintenance was completed for the service’s living environment and equipment. 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.

The Service was not able to adequately demonstrate the service environment is safe as some consumers who smoke refuse to use the designated smoking area of the service and are smoking outside their rooms. The Service was unable to demonstrate the effective use of strategies and monitoring processes to manage the consumers smoking habits to ensure they are safe. When smoking incidents have occurred, fire safety site inspections have not been completed and follow up actions to address identified issues are not been recorded. Safety issues that may be considered a hazard have not been identified, documented as a hazard and risk assessed.

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) 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) Non-compliant

*The service environment:*

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

The Service did not adequately demonstrate the service environment is safe as some consumers who smoke refuse to use the designated smoking area of the Service and are smoking outside their rooms.

The Assessment Team identified twelve consumers at the Service who are smokers. Three of these consumers are known by the Service to smoke outside of the designated smoking area. Review of care documentation identified consumers who smoke, have risk assessments completed in relation to their safety while smoking and for compliance with use of the service’s designated smoking area. However, the strategies identified in the risk assessments are not consistently implemented as directed for the three consumers who consistently smoke outside of the designated area.

Staff were aware of consumers who smoke outside their rooms. However, staff said reported incidents of this were not always documented in the incident reporting system. Management said they had spoken to consumers regarding smoking safety, but these conversations were not documented in the consumers care documentation.

Following feedback by the Assessment Team, Management advised they had communicated with all consumers who smoke outlining the legislative requirements for them to smoke in the designated area and would hold a consumer meeting to provide further information and follow up with the consumers who smoke.

Management also advised compliance by consumers would be monitored daily with Staff instructed to report incidents of consumer non-compliance that would be addressed.

The Service’s consumer handbook records the Service has a ‘no smoking policy’ but does not reference the relevant legislation or Queensland Health guidelines.

The Service’s incident data reviewed by the Assessment Team, did not identify any reported incidents of consumers smoking outside the designated smoking area. The Service’s Plan for continuous improvement (PCI) identified in July 2021, the issue of consumers who refused to smoke in the designated smoking area. Actions and Risk management strategies were noted to address the issue including increased provision of information and providing warnings to consumers about non-compliance. However, these actions have not led to compliance by consumers.

In response, the Service outlined a series of measures undertaken to address the concerns raised by the Assessment Team. The Service said on admission all consumers who choose to smoke are comprehensively assessed to determine the capacity of the consumer cognitively and physically. This smoking assessment has been upgraded by the Service to provide greater detail. All consumers who smoke have been reassessed using the improved smoking assessment. Additionally, a digital Dignity of risk process has been introduced replacing the previous paper-based form.

The Service advised they had developed a smoking incident assessment form to capture the details of any incidents that occur (including contributing factors and immediate actions), record the investigation of the incident and identify ongoing risk factors and proposed responses, and evaluate the effect of implemented actions taken in response to the incident.

Additional measures undertaken by the Service included, updating the consumer information handbook and including a copy of Queensland Health’s *‘Smoke-free residential Aged care facilities’* information sheet it the handbook, placing ‘No Smoking’ signs throughout the facility and providing education to staff regarding the new measures.

While acknowledging and commending the ongoing efforts by the service to manage consumers smoking outside of the designated smoking areas, I find the service Non-compliant in this requirement.

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

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

# STANDARD 6 COMPLIANTFeedback 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 understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raised complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers considered they were encouraged and supported to provide feedback, suggestions and make complaints and that appropriate action was taken in response by the service. Consumers and representatives were able to explain internal and external feedback and complaints mechanisms available to them.

Consumers and representatives who had recently made a complaint or provided feedback said management acknowledged the issue and involved the consumer in the resolution process to achieve a satisfactory outcome.

The service has policies and processes in place to promote and support consumers and representatives to provide feedback and complaints and these are used to continually improve care and services. Service records documented responses to feedback and complaints. Open disclosure processes are applied when required and in accordance with organisational policies.

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.*

The performance of the service has improved in this requirement. Complaints were demonstrated to have been investigated, records of actions taken in response to complaints were maintained and open disclosure processes used when appropriate.

Consumers confirmed that the Service responded when complaints were made, took action in response to address the concern and documented the outcome. Consumers/representatives said they had confidence that feedback or concerns they raised would be addressed.

The Service’s complaints and feedback records showed issues raised by consumers were managed in accordance with the organisations policies.

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

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

The Service demonstrated that feedback from consumers, representatives and staff were used to improve care and services.

Consumers and representatives said that when issues arose, Management responded to address the situation. Consumer feedback was monitored and recorded in Service documentation. Feedback was recorded in the Service’s Plan for continuous improvement, which recorded actions taken in response to concerns raised. Staff were able to demonstrate a shared understanding of the complaints and feedback process.

# STANDARD 7 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 understood and applied the individual requirements within this Standard, the Assessment Team spoke with consumers about staff, interviewed management and staff and reviewed a range of records including staff rosters, training records and performance reviews.

Consumers considered that they received quality care and services from staff who are capable and caring. Consumers said they felt there was enough staff who had adequate training and knowledge to appropriately deliver cares and services and described staff as kind, caring and respectful. Staff demonstrated knowledge and understanding of individual consumers and knew what was important to them.

The Service monitored staff competency through regular performance reviews, observations of staff practice and feedback from consumers and representatives. Staff have access to a range of training programs through online learning and face to face education sessions with staff completing annual mandatory training modules.

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

Actions have been taken to improve the performance of the Service in this requirement. Consumers described staff as kind and caring and said their interactions with staff were respectful. Consumer surveys recorded high satisfaction levels with staff behaviour.

Staff said they had time to engage with consumers throughout the day in a non-task focussed manner. Management said all staff had undergone education and training on person centred care and dignity and respect towards consumers over the past months. Training records confirmed that staff had completed mandatory and required training in person centred care.

The Assessment Team observed interactions between consumers and staff to be kind and caring. Consumers were not rushed or spoken to loudly.

### 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 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

Consumers and representatives provided examples of how they could provide input into their care and services which included consumer meetings, feedback and complaint processes and directly to staff and/or management. The Assessment team reviewed meeting minutes, feedback 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 described the quality and care of services as meeting their needs. 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 within the Service. 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 duty statements and a position description relevant to their role. Policies had been reviewed and updated to reflect legislative changes regarding Restrictive practices and SIRS.

The Service demonstrated that staff have received required COVID-19 vaccinations in line with the mandatory vaccination requirements which came into effect 17 September 2021.

Management demonstrated they had implemented effective risk management systems and practices that were understood by staff. The organisation provided a documented risk management framework, including systems and processes to monitor risks to consumers. Management was able to demonstrate clinical care was provided in line with the organisation’s clinical governance and risk management frameworks.

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.

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.*

The Service has taken action to improve its performance in this requirement. The Service demonstrated it promoted and is accountable for, the provision and delivery of quality care and services. Management had completed a Strategic plan and statement of organisation values. Board meetings are held regularly, and meeting documentation showed the Board receives clinical and non-clinical reports from the Service and promoted a culture of safe, inclusive and quality care and services. The governing body monitors risk levels for consumers through regular meetings to discuss clinical risk, incident reporting and regulatory compliance.

### 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.*

Actions have been taken to improve the performance of the Service in this requirement.

The Service demonstrated that it had undertaken training of staff in information management to ensure effective implementation of its information systems. The Assessment Team reviewed care planning documentation for consumers and found that it was accurate and evidenced consumer’s assessed care needs and regular reviews. Consumers/representatives said the service effectively communicates information about care and services to them and with other providers of care as required.

The Service demonstrated a continuous improvement system that is informed by feedback and complaints, audit and survey results, clinical indicator trends and critical incident data. The Service’s plan for continuous improvement identified examples of improvement activities designed to improve outcomes for consumers, including to address areas of non-compliance with the Quality Standards. Some of these improvements are noted in requirements above relating to clinical care, complaints management and staffing.

The organisation has an annual budget and expenditure which is reviewed monthly and annually. Additional funds are provided when required. The Board receives reports and monitors the financial performance of the service.

The organisation has implemented strategies to ensure the service’s workforce is sufficient to meet consumers’ needs. Staff have position descriptions and duty statements to guide them in their work performance. The Clinical governance system outlines staff responsibilities in relation to monitoring, review, evaluation and reporting.

The Service has established a range of processes to ensure it receives regular updates and information about changes to aged care legislation and regulations. Any changes are communicated to staff. Policies and staff training have been reviewed and updated in line with legislative changes, including SIRS and restrictive practice.

The organisation has an effective system to document complaints, the investigation of complaints and complaint outcomes and report complaint information to the Board.

### 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.*

Actions have been taken to improve the performance of the Service in this requirement. The Service demonstrated it had acted to improve its risk management systems and practices. The Service had developed a risk management framework formalising and communicating the management of risk. The framework includes systems and practices to oversee risk.

Staff had received training in risk management procedures and demonstrated understanding of how to apply the procedures in receiving care. Staff had received training in identifying and responding to abuse and neglect of consumers.

The Service provided examples of consumers being supported to do things important to them, even when risk was involved. The management of these risks was identified and explained to consumers.

The Service demonstrated that its incident management system identified opportunities for care and services improvement and feed into the Service’s Plan for continuous improvement.

### 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.*

Actions have been taken to improve the performance of the Service in this requirement. The Service had an implemented clinical governance framework incorporating its information management system.

The organisation has policies concerning antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. Management and staff had been trained in these policies and could describe how they apply them to their work.

Staff and management evidenced they have a shared common understanding of the monitoring of antibiotic use at the service, restrictive practices and open disclosure.

Review of Board meeting minutes identified issues regarding restrictive practices and medication management were reviewed and discussed by the Board.

# 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 5(3)(b) has been identified as an area for improvement with respect to the management of smoking by consumers outside of the designated smoking area and the potential safety risk that this creates for all consumers.

# Other relevant matters

* It is noted that the Service has a significant history of non-compliance dating back to 2020. While Requirement 5(3)(b) has been identified as an area for improvement, the Service has demonstrated significant improvement in relation to many other Requirements where non-compliance had previously been identified.