St Andrews Village Hostel

Performance Report

95 and 81 Groom Street   
HUGHES ACT 2605  
Phone number: 02 6283 4999

**Commission ID:** 2913

**Provider name:** Presbyterian Church (ACT) Property Trust

**Site Audit date:** 16 February 2021 to 18 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) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-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) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | 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 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 Assessment Team’s Infection Control Monitoring checklist completed during the site audit
* the provider’s response to the Site Audit report received 15 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.

Overall consumers sampled confirmed staff make them feel respected by treating them with dignity and respect, with their identity, culture and diversity valued. Consumers said they are encouraged to be independent, they are provided with choice and that staff know them well and what is important to them.

Staff interviewed were able to describe each consumer’s individual preferences and spoke about consumers in a respectful manner, demonstrating familiarity with consumers and an understanding of their personal circumstances, preferences and life journey. The Assessment Team observed that that the delivery of care and services were respectful of consumers privacy.

The organisation has processes in place to ensure information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables consumers to exercise 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 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 consumers and representatives sampled considered they feel like partners in the ongoing assessment and planning of their care and services in accordance with consumer’s needs, goals and preferences. Representatives interviewed said they are involved in regular care plan review, and copies of their consumer’s care plan is provided to them.

Consumers and representatives interviewed confirmed they have a choice regarding the completion of advance care directives and advance care plans.

The Assessment Team observed assessment and planning consistently identified and addressed the consumer’s current needs, goals and preferences, including when a consumer’s condition changes or deteriorates. Potential risks are identified and incorporated into care planning documentation. The organisation uses an electronic documentation system which incorporates daily care planning information accessible to staff at the site of care provision. Care and service reviews are conducted regularly, with involvement from other services and health practitioners involved in the care of the consumer.

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-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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 and examined relevant documents – 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.

Whilst most consumer sampled considered they received personal care and clinical care that is safe and right for them, some consumers did not share this experience. The Assessment Team identified at the time of the performance assessment the delivery of safe and effective personal and clinical care does not always occur for all consumers sampled.

Staff interviewed were able to demonstrate the service has systems in place to manage high impact high prevalence risk associated with the care of each consumer.

The Assessment Team observed the consumers care planning documentation reflected advanced care plans and end of life wishes. Staff involved in palliative care were able to describe measures undertaken near the end of life.

The Assessment Team observed consumers information is effectively communicated within the service and with others involved in their care where responsibility for care is shared. Staff described how they identify and manage any deterioration in the health of the well-being of consumers and gave examples of various referral pathways used to optimise consumer’s wellbeing.

Review of key documents showed the organisation has a suite of policies and procedures, underpinning the delivery of care, and are regularly reviewed to ensure they remain fit-for purpose, informed by best practice guidelines.

Observations made, review of key documents and interviews with management and staff showed there was policy and practice to minimise infection related risks through implementation of standard and transmission-based precautions to prevent and control infections and practises are in place to support appropriate antibiotic use.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team provided information that whilst most consumer sampled considered they received personal care and clinical care that is safe and right for them, some consumers did not share this experience. Whilst care planning documents are individualised for the consumers sampled, observations and interviews with consumers does not always reflect care is safe, effective and tailored to the consumers current needs. Deficits were identified in the delivery of personal and clinical care including falls management, pain management, continence care, incident reporting and chemical restraint minimisation practices.

A consumer sampled described how pain management practices were not delivered in a timely manner to meet their documented care needs. For another consumer continence care provided was not tailored to meet their observed care needs and was not effective for optimal care and comfort.

Staff interviewed were able to describe consumers’ care needs and are aware of the planned actions to manage consumers clinical care needs in line with best practice guidelines.

Whilst the organisation has processes for reviewing clinical systems including collecting data from incident reports to be trended, analysed and benchmarked, the Assessment Team observed discrepancies in the collection and reporting of clinical data of incidents reviewed, particularly in relation to sampled consumers with incidences of falls.

In relation to chemical restraint the Assessment Team observed the psychotropic medication self-assessment report did not adequately identify consumers who are prescribed chemical restraint. A review of sampled consumer files demonstrated some psychotropic medications were prescribed as PRN (as needed) however the team observed the medication had not been required by the sampled consumers at the time of the performance assessment.

The approved provider in providing a response to the Assessment Team’s findings considers each consumer gets safe and effective personal care and clinical care. The approved provider’s written response includes they refute the team’s findings at the time of the performance contact however the approved provider in their response acknowledges some of the issues identified, including sub optimal continence management for a consumer sampled and the discrepancies observed in the incident reporting system.

The approved provider provided a response that acknowledges there is opportunity to improve practices in minimising the use of chemical restraint with planned improvements to be implemented.

Review of the plan for continuous improvement submitted by the approved provider reflects planned improvements relating to this requirement. Sufficient time is required to undertake the planned actions and to demonstrate their effectiveness.

I have considered the Assessment Teams report and the approved provider response and I find at the time of the performance assessment not all consumers were receiving safe and effective personal care and clinical care.

I find this requirement Non-compliant.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 approved provider, and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Most consumers sampled considered they are provided with safe and effective services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Most consumers interviewed confirmed they are able to do the things they like to do and are supported by the service to do this.
* Consumer preferences for services and supports for daily living were consistent with the information provided in interviews with staff and the information documented in consumers’ care plans.
* Consumers interviewed stated they are supported to keep in touch with family members and other people who are important to them. This occurs through visits, support to access the community and using technology.

The Assessment Team identified some consumers sampled provided negative feedback on the quality of meals provided. Whilst some consumers described the food as varied, of sufficient quantity and quality with alternatives available, other consumers sampled stated they were unsatisfied with the quality of food, including taste and texture. The Assessment Team observed complaints regarding food are a reoccurring theme on the service’s feedback management system.

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

## Assessment of Standard 4 Requirements

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

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

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

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

The Assessment Team identified whilst some consumers sampled advised the food is varied, of sufficient quantity and quality with alternatives available other consumers sampled stated they were not satisfied with the quality of food, including taste and texture. The Assessment Team observed complaints regarding food are a reoccurring theme on the service’s feedback.

Some consumers sampled considered catering staff act on their feedback about whether they like the food on the menu and they can always ask staff for more food if they need it between meals. The management of the service advised the Assessment Team the organisation is planning more on-site fresh food options in response to consumer feedback.

The approved provider in providing a response to the Assessment Team’s findings considers where meals are provided, they are varied and of suitable quality and quantity. The providers response outlines how most meals are currently produced by a cook- chill system from an external provider as the preferred method of food delivery and service however in response to consumer feedback the service is in the process of increasing the range of foods cooked and prepared fresh onsite.

Review of the plan for continuous improvement submitted by the approved provider reflects planned improvements relating to this requirement. Whilst the approved provider has planned actions in response to issue raised these actions will take time to implement.

I have considered the Assessment Teams report and the approved provider response and I find at the time of the performance assessment the approved provider is not providing meals that are varied and of suitable quality for consumers.

I find this requirement Non-compliant

### 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 consumers sampled considered they feel they belong in the service and feel safe and comfortable in the environment.

The Assessment Team observed the service to be welcoming with individual rooms decorated with memorabilia, photographs and other personal items. Staff were able to describe features of the service environment that are designed to support functioning of people with functional and/or cognitive impairment.

Consumers were observed to move freely through the service, both indoors and outdoors by mobilising, using wheelchairs and walkers. Consumers had ready access to tidy outdoor areas access from their rooms, either onto a balcony or into the courtyard.

Document review of the services electronic maintenance schedule evidences an effective preventative maintenance system to ensure equipment provided is safe and clean in accordance with the schedule.

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 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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.

Overall consumers and representatives sampled are aware of complaints and feedback opportunities and most indicated they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

The service demonstrated they encourage and support consumers and their family, friends, carers and others to provide feedback or complain about the care and services they receive. There is an open disclosure process appropriately utilised when things go wrong.

The Assessment Team viewed feedback and complaints documentation and whilst there was evidence the service reviews individual feedback including the actions undertaken to address issues raised, documents reviewed did not clearly or consistently demonstrate that consumer feedback leads to improvements in the quality of care and service provided.

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

## Assessment of Standard 6 Requirements

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

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

### Requirement 6(3)(b) 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 Assessment Team identified appropriate action is not always undertaken when complaints have been made. While consumers interviewed said some action was taken in relation to complaints, they said they were not always satisfied with the outcome or the lack of action taken by the service in regard to their complaint raised.

The Assessment Team observed the service has policies and procedures on complaint resolution and open disclosure in place and staff were able to confidently discuss the service’s expectations around complaint resolution. Some staff interviewed were unable to articulate the meaning of open disclosure however the Assessment Team observed recent entries on the service’s new complaints and feedback register provided evidence of open disclosure and instances where staff have apologised to consumers and their representatives when things go wrong.

The approved provider provided a response that included clarifying information for consumers sampled. The approved provider acknowledges whilst there is room for improvement with respect to staffs understanding of the principles open disclosure the provider refutes the Assessment Teams findings and provided further clarifying information and documented examples of staff adherence to the principles of open disclosure. Review of the plan for continuous improvement submitted by the provider reflects planned improvements relating to this requirement.

I have considered the Assessment Teams report and the approved provider response and I find on balance with the information provided at the time of the performance assessment appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

I find this requirement Compliant.

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

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

The Assessment Team identified most consumers interviewed were unable to identify a change or improvement made at the service as a result of consumer feedback or complaint. Management were able to demonstrate the review of feedback and complaints, including the actions which have been taken to address issues raised, however documents reviewed did not clearly or consistently demonstrate that consumer feedback leads to improvements in the quality of care and service provided.

Consumer feedback included complaints on food services which have not been reviewed in a timely manner to improve the quality of food services provided. Please see Standard 4(3)(f) in relation to improvements actioned and planned for this area of concern.

At the time of the performance assessment the Assessment Team observed the organisation had recently implemented a new process to capture feedback and improvement activities however the assessment team did not observe the review of feedback has driven quality improvements to care and services.

The approved provider in the letter of response considersthe service reviews feedback and complaints and these are used to improve the quality of care and services provided. The approved provider provided further information on the process to capture improvement activities on the new electronic portal and a copy of the organisations plan for continuous improvement was provided in the response.

A review of the plan for continuous improvement provided in response to the performance assessment demonstrates feedback and complaints raised by consumers are documented on the service plan however these are recorded as planned improvements for 2021, with no outcomes delivered to date.

I have considered the Assessment Teams report and the approved provider’s response and I find at the time of the performance assessment feedback and complaints are not used to improve the quality of care and services.

I find this requirement Non-compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the 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 stated they receive quality care and services from people who are knowledgeable, capable and caring. The Assessment Team observed all staff to consumer interactions to be kind, caring and respectful of individual identity.

Most sampled consumers and representatives felt there were insufficient staff number at the service to provide safe, respectful and quality care and services. Most sampled consumers described how staff took too long to answer their call bells. Documented call bell response reporting reflects this with data demonstrating that whilst some calls are answered in a timely manner there were instances of call bells not being answered in a timely manner.

The service demonstrated the workforce completes education and competencies to ensure they have the knowledge and skills to perform their roles effectively. Most staff interviewed stated that their performance assessments were conducted on time and they had a current performance plan in place. The service holds an annual staff awards program where management, staff, consumers and representatives all get an opportunity to vote for staff to receive a number of recognition awards.

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 provided information that consumers interviewed (and representatives on their behalf) provided feedback there was insufficient staff at the service to meet the needs of consumers and the consumers’ needs were not being met. A review of call bell response times reflects this with call bell data demonstrating that whilst some calls are answered in a timely manner there were instances of call bells not being answered in a timely manner.

The Assessment Team review of documentation including meeting minutes and incident occurrences demonstrated the service did not adequately address the gaps identified in the number and mix of members of the workforce to plan the workforce based on consumer acuity.

The approved provider in providing a response to the Assessment Team’s findings considers 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 approved provider’s letter of response includes a number of planned improvements relating to this requirement. The provider plans to review the rostering for the evening and night shift with plans under way to recruit further staff, specifically for the night shift. In relation to call bell data and reporting, inconsistencies identified in the call bell system reporting were actioned by the organisations IT provider.

Review of the plan for continuous improvement submitted by the provider reflects planned improvements relating to this requirement. Whilst the approved provider has taken several actions in response to issue raised in the report these have occurred since the performance assessment and will take time to implement.

I have considered the Assessments Teams report and the approved provider response and I find the workforce is not consistently 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.

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 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management, 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 consumers sampled considered the organisation is well run and that they can partner in improving the delivery of care and services by raising complaints.

The service demonstrates that the governing body actively promotes a culture of safe, inclusive care and services. The governing body meets regularly to discuss the performance of the service and is made up members from the community with various professional backgrounds who are accountable for overall quality care delivery.

The organisation has effective organisational wide governance and a clinical governance framework in place in relation to antimicrobial stewardship and minimising the use of restraint. Staff interviewed were able to describe the process of open disclosure in a practical way. Staff interviewed were able to demonstrate their knowledge on the service’s risk management system and how it applies to their day-to-day 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.*

### 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.

The approved provider is required to:

Accreditation Standard 3: Personal care and clinical care

* Ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being.
* Undertake a review of consumer psychotropic medication and complete the psychotropic medication self-assessment report to identify which consumers are being chemically restrained and to demonstrate restraint minimisation is being practiced.

Accreditation Standard 4: Services and supports for daily living

* Ensure meals provided are varied and of suitable quality.
* Review and improve the processes for gaining input and feedback from consumers about the variety and quality of the meals, the menus and about the dining experience, and demonstrate responsiveness to that input and feedback.

Accreditation Standard 6: Feedback and complaints.

* Ensure feedback and complaints are reviewed and used to improve the quality of care and services.
* Ensure an ongoing plan for continuous improvement (in addition to the action plan, which is predominantly about corrective actioning) and record the planning, actioning and outcomes of quality care and service improvement initiatives taken in response to complaints. This should include improvements for individual consumers and the whole organisation.

Accreditation Standard 7: Human resources

* Ensure 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.
* Review the staffing structure, number and skills mix planned with appropriate expertise and input from consumers/representatives and make any further improvements to workforce planning and deployment as identified are needed.