St Anna's Residential Care Facility

Performance Report

41 Burley Griffin Boulevard   
BROMPTON SA 5007  
Phone number: 08 8346 0955

**Commission ID:** 6144

**Provider name:** Croatian Ukrainian and Belarusian Aged Care Association of SA Incorporated

**Site Audit date:** 19 January 2021 to 21 January 2021

**Date of Performance Report:** 23 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-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) | Non-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** | **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 Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 9 February 2021 which consists of a letter of response and supporting documentation.

# 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, sampled consumers and representatives confirmed staff make consumers feel respected by treating them kindly, value their identity culture and diversity and maintain their privacy. Consumers and representatives confirmed consumers are encouraged to be independent and they are supported to make choices and take risks in their daily life. Consumers described how they can maintain relationships of choice, including intimate relationships.

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. Staff could describe the cultural norms for consumers in the service, including for consumers from Croatia, Ukraine and the Belarusian communities. Some staff at the service speak the consumers’ spoken languages which consumers and representatives said is helpful and beneficial to them.

The Assessment Team observed that confidential information, including electronic and hard copies are stored in secure areas and staff displayed an understanding and respect for consumers’ 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 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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.

Overall, sampled consumers and representatives considered they feel like partners in the ongoing assessment and planning of consumers’ care and services that is focused on optimising health and well-being. However, the service was not able to demonstrate that assessment and planning includes consideration of risks to the consumer’s health and well-being occurs for some consumers sampled who experienced recurrent urinary tract infections. Potential risks were not always identified and incorporated into care planning documentation for sampled consumers.

Consumers and representatives interviewed said they are involved in the care planning process at the service in accordance with a consumer’s needs, goals and preferences. Any changes are agreed with the consumer or their representative and communicated to those involved in delivering care.

Consumers and representatives interviewed confirmed they were satisfied with the assessment process in relation to end of life and palliative care planning. Plans of care reviewed confirmed consumers have a range of assessments completed, including advance care planning and end of life planning.

Assessment and planning consistently addressed the consumer’s current needs, goals and preferences, when a consumer’s condition deteriorates. 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 Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team provided information that a review of clinical documentation identified that for some consumers, consideration of risks was not considered in assessment and planning to inform plans of care, particularly in relation to consumers sampled who experienced recurrent urinary tract infections. While there are policies and procedural flow charts in place to guide staff on the management of infections that occur the procedural flow chart in relation to guiding staff in identifying consumers who are at risk of urinary infections was not sufficient to inform the delivery of safe and effective care. Staff interviewed by the Assessment Team were unable to articulate how risk is effectively assessed and how strategies are planned and implemented to inform the delivery of safe and effective care and services for consumers who experienced recurrent urinary tract infections. The Assessment Team found assessment and planning documentation for sampled consumers demonstrated a range of other assessments were completed, including assessments to address risks associated with pressure injuries, depression, cognitive function, malnutrition and falls with strategies reflected in the plan of care**.**

The approved provider provided a response that included planned education and quality improvements to address the issues identified in the requirement. Sufficient time is required to undertake the planned actions and to demonstrate their effectiveness

I have considered the Assessment Team’s report and the approved provider’s response and I find assessment and care planning did not include consideration of risks for some consumers’ health and well-being to inform the delivery of safe and effective care and services.

I find this requirement Non-Compliant.

### 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.

Overall, sampled consumers, and representatives on their behalf, considered they received personal care and clinical care that is safe and right for them in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

Staff were able to demonstrate that they deliver safe and effective personal care and/or clinical care to optimise health and well-being, however, the systems in place to manage high impact high prevalence risk to consumers were found to be ineffective in managing hydration and for consumers who experienced episodes of reoccurring infections.

Whilst the service was able to demonstrate it minimised infection related risks, including the application of standard and transmission-based precautions, to prevent and control infections, the service was unable to demonstrate practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The service was able to demonstrate the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.

Consumer information is 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 health of the well-being of consumers and demonstrated through examples various referral pathways being used to optimise consumers’ well-being.

The Quality Standard is assessed as Non-compliant as two 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) Non-compliant

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

The Assessment Team provided information that whilst the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of some consumers, for other consumers who experienced reoccurring urinary tract infections this did not always occur. Consumers and representatives interviewed said staff are aware of individual consumer needs and deliver services according to their needs and preferences. The service has a range of policies to guide staff in their role in relation to high impact or high prevalence risks.

While there are risk assessment tools and flow charts to support assessment and care planning, and systems in place to trend incidents, there were deficiencies identified in the procedures in place to equip staff with strategies for effective management of high impact or high prevalence risks toconsumers, particularly in relation to effective management of reoccurring infections that occurred and managing hydration in the consumers sampled.

Nursing staff were able to describe how they monitor the needs of consumers and ensure that services provided are safe and effective through the handover process and care plan reviews. Staff described how they are aware of which consumers are at risk of some high impact or high prevalence risks, including malnutrition, falls, pain, choking and pressure injuries.

Staff interviewed by the Assessment Team described how the staff complete a monitoring chart when they suspect a consumer is unwell, however, this was not found to be completed for three consumers with documented urinary tract infections prior to the commencement of antibiotics. Deficits observed in fluid balance charting made it difficult to determine if hydration risks were effectively managed for the consumers sampled.

The approved provider submitted response includes planned education and quality improvements to address the issues identified in the 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’s response and I find at the time of the performance assessment the management of high impact or high prevalence risks associated with the care of each consumer were not always effective.

I find this requirement Non-Compliant.

### 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 Assessment Team described how the service minimises infection related risks through implementing standard and transmission-based precautions to prevent and control infections. Guiding policies are in place in relation to infection prevention and control and a review of vaccination records for consumers and staff confirmed the service is promoting and monitoring influenza vaccinations. Interviewed staff demonstrated some related understanding on minimising infection related risks, however, practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics were not always effective for some consumers sampled. Risk of infection were not identified nor were appropriate care strategies implemented to minimise infection risk sufficient for three consumers who experienced recurrent urinary tract infections.

The Assessment Team’s review of the monthly governance reports demonstrated the number of infections per month are monitored in the service, however, the number of antibiotics prescribed are not currently monitored through the monthly reporting or through the service’s medical advisory meetings.

The approved provider’s letter of response includes actions that have been undertaken and planned to improve antimicrobial stewardship in line with the requirement and best practice as shown in the supporting evidence provided.

The approved provider submitted response also includes planned education and quality improvements to address the issues identified in the requirement. I note 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’s response and I find at the time of the performance assessment infection related risks were not being minimised.

I find this requirement Non-Compliant.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand 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.

Overall, sampled consumers did consider 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:

* All consumers confirmed they are able to do the things they like to do and are supported by the service to do this. Consumers said they can attend activities they like or spend time doing other activities and maintain relationships with others of their choosing both inside and outside the service. The service is well supported with religious, pastoral and clergy support.
* 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 confirmed 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.
* All consumers interviewed said they enjoy the variety and choice of food provided and they find the food to be culturally appropriate for them.
* Consumers and representatives confirmed the equipment provided in the service is safe and well maintained.

Overall, the approved provider has a range of lifestyle supports and services available for consumers identified in the lifestyle program which includes options for consumers with varying levels of functional, cognitive and visual abilities to optimise the consumer’s independence, health, well-being and quality of life.

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

## Assessment of Standard 4 Requirements

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

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

### Requirement 4(3)(b) Compliant

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

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

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

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

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

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

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

The Assessment Team observed the service to be welcoming with individual rooms personalised and decorated with personal items.

Consumers are able to move freely through the service, both indoors and outdoors, with consumers observed to be tending to garden pods, sitting in a shaded area and collecting plums from the numerous fruit trees located in the central courtyard.

Staff were able to describe features of the service environment that are designed to assist in way finding and support functioning of people with functional and/or cognitive impairment.

Observations of the environment and cleaning documentation showed the service has a process in place to ensure the service environment is clean and well maintained. A preventative maintenance system is in place and consumers feel equipment at the service is safe, well-maintained and tailored to their needs.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall, consumers and representatives sampled are aware of complaints and feedback opportunities at the service and 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 consumers receive. There is an open disclosure framework appropriately utilised when things go wrong. Complaint, advocacy and aged care related information is displayed and available in multiple languages, with feedback stations located throughout the service.

Feedback and complaints documentation reviewed, and observations made demonstrated that feedback and complaints are documented, analysed monthly for trends and appropriate actions were taken. The service has a consumer representative on the Board who is able to represent the voice of the consumers living in the service.

Management and staff spoke of the range of ways consumers can give feedback and make complaints and said that advocacy and language services are promoted in the service. Overall, consumers and their representatives know how to access advocates and are aware of how advocates can help them raise and resolve complaints.

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 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, sampled consumers stated they receive quality care and services when they need it 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.

Overall, consumers and representatives interviewed felt there were sufficient staff numbers at the service to provide safe, respectful and quality care and services. The management described how they have employed additional registered and clinical nursing staff over the last year to improve clinical and personal care to consumers. A range of additional education modules, competencies and clinical and personal skill assessments have been introduced for staff at the service with a focus on person centred care.

The Assessment Team reviewed a range of supporting documents, including rosters and training records which evidenced the workforce is planned and enabled to meet the needs of consumers ensuring the delivery and management of safe and quality care and services. Care staff interviewed said they have enough time to complete their duties and provide assistance to consumers.

The service demonstrated the workforce completes education and competencies to ensure they have the knowledge and skills to perform their roles effectively. Review of the service education document contained education completion dates for mandatory training and role specific competencies. The 2020 training needs analysis identified staff had completed a range education, including Montessori education in specialised nursing care.

A performance review audit undertaken at the service in November 2020 and reported to the Board demonstrated the service has completed al staff performance appraisals as scheduled.

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.*

### 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, sampled consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers have input into the service through a number of feedback mechanisms. This includes a range of focus groups, surveys, and scheduled consumer meetings in addition to the care plan review process. Improvements within the service are communicated through monthly newsletters and consumer meetings.

The service demonstrates that the governing body actively promotes a culture of safe, inclusive care and services with all Board members receiving training on the Standards. The service has effective governance systems, including a range of policies and procedures to guide the delivery of safe and quality care and service. The governing body is accountable for overall quality care delivery and meet regularly to discuss the performance of the service.

Staff interviewed were generally able to describe how they manage high impact or prevalence risks associated with the care of consumers through the electronic register and care planning. Staff training has been completed on elder abuse and neglect of consumers and staff could describe how they use this information to help identify and respond to abuse and neglect of consumers.

The organisation has an effective clinical governance framework in place in relation to minimising the use of restraint, and open disclosure with quality improvements planned and actioned in relation to antimicrobial stewardship.

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 2: Ongoing assessment and planning with consumers

* Ensure 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.

Accreditation Standard 3: Personal care and clinical care

* Ensure effective management of high-impact and high-prevalence risks associated with the care of each consumer.
* Ensure minimisation of infection-related risks through implementing practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.
* Review and improve the ongoing processes for identifying and monitoring whether consumers are provided with personal and clinical care that is safe and right for them when infections occur as the processes have not been effective.