Accreditation Decision

**Decision not to revoke accreditation following review audit**

**Decision not to vary period of accreditation following review audit**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | St Paul's Lutheran Hostel |
| **RACS ID:** | 6157 |
| **Name of approved provider:** | St Paul's Lutheran Homes Hahndorf |
| **Address details:** | 7 Braun Drive HAHNDORF SA 5245 |
| **Date of review audit:** | 29 October 2019 to 31 October 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 02 December 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 77 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service after receiving a review audit report. | |
| **Decision:** | Not to revoke the accreditation of the service under section 77 of the Rules.  Not to vary the period of accreditation under section 77(4)(a) of the Rules. | |
| **Period of accreditation:** | 20 June 2017 to 20 June 2020 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Not Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Not Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Not Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Not Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Not Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Not Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Not Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Not Met |
| Requirement 7(3)(a) | | Not Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Not Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Not Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Not Met |
| Requirement 8(3)(d) | | Not Met |
| Requirement 8(3)(e) | | Not Met |
| **Timetable for making improvements:** | By 30 March 2020 | |
| **Revised plan for continuous improvement due:** | By 18 January 2020 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 80 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of St Paul's Lutheran Hostel (the Service) conducted from 29 October 2019 to 31 October 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 8 |
| Consumer representatives | 3 |
| Management | 2 |
| Clinical staff | 2 |
| Care staff | 8 |
| Hospitality and environmental services staff | 2 |
| Lifestyle staff | 5 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### 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.

#### Summary of Assessment of Standard 1:

The Assessment Team found that five of the six requirements in relation to Standard 1 were met.

The consumers and representatives described how staff support them and provided examples of how staff value their identity, culture and diversity. Staff were observed treating consumers with dignity, respect and demonstrating an understanding of each consumer’s personal circumstances. The organisation demonstrated how they support consumers and fosters relationships within and outside the facility.

Consumers and representatives confirmed the service provider supports independence and provides information to them. Staff described how they provide individual care to consumers enabling the consumer to exercise choice. The organisation demonstrated each consumer is supported to exercise choice and remain as independent as possible.

While consumers are able to take risks and there are processes to identify supports for consumers to take risks they choose; these processes are not implemented consistently and consumers with risks related to low low bed restraints and choices related to diabetes management have not been identified or supported.

Consumers confirmed staff respect their privacy and personal information is kept confidential. Staff were observed to ensure privacy for all consumers is maintained, according to their choices and confidential information was observed to be stored securely and accessed by appropriate persons. The organisation has systems to ensure consumers and their representatives can access their information, however, are not able to have copies of this information.

The organisation has reactive monitoring processes related to Standard 1 and proactively seeks feedback relating to privacy and confidentiality. Management advised they will consider developing monitoring systems which help them identify if they meet the requirements under this standard.

#### Requirements:

##### **Standard 1 Requirement 3(a) Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(d) Not Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that four of the five requirements in relation to Standard 2 were met.

Consumers and representatives said consumers get the care and services they need. They said consumers are seen regularly by medical officers and allied health professionals to ensure they get the right care and services to meet their needs. Consumers said they felt safe in the environment and staff listen to them ensuring their needs and preferences for care are implemented.

The service has processes for initial and ongoing assessment and care plan review which are conducted in consultation with consumers and/or representatives. These processes assist the service to create care plans which are tailored to each consumer’s care needs and preferences. These processes ensure each consumer’s goals, needs and preferences are identified and monitored. Consumers and representatives said consumers’ care is regularly reviewed and when something goes wrong, or consumer care needs, or preferences change, the service communicates changes promptly.

A sample of consumer care plans viewed showed care plans are regularly reviewed. Where changes to care or services result from a medical officer or allied health professional review, documentation viewed demonstrated these recommendations are incorporated into care plans.

Care staff said they notify senior clinical staff of any changes to consumers’ health and well-being and described how they are made aware of any changes to consumers’ care and service needs. Staff demonstrated an awareness of clinical incident reporting processes in line with their scope of practice.

The Assessment Team was not satisfied care plans are readily available to consumers and/or representatives. This was evidenced by feedback provided to the Assessment Team from consumers and representatives, a number of which were not aware of care plan documentation. Whilst some representatives said staff consult with them in relation to care plan reviews, a number of representatives could not recall viewing the care plan. The management team said care plans are not routinely provided to consumers and/or representatives.

#### Requirements:

##### **Standard 2 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(c) Met**

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.

##### **Standard 2 Requirement 3(d) Not Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(e) Met**

The organisation demonstrates that 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: Personal care and clinical care Not Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found that four of the seven requirements in relation to Standard 3 were met.

Consumers and representatives were satisfied with the personal and clinical care provided and agreed that the care consumers receive is right for them. Some consumers described occasions where they had experienced changes in their health and the actions the service implemented, including referrals to medical officers and allied health professionals.

The organisation and workforce could not adequately describe how the care they provide is best practice. This was further demonstrated through a sample of consumer files viewed, particularly in relation to diabetes management and restraint processes.

Staff said they have opportunities for continuing education within and outside of the organisation, have access to up to date consumer information and described how they are notified of changes to consumers’ care and service needs.

Some consumers recalled staff discussing advanced care planning and end of life wishes with them. A sample of consumer files viewed demonstrated information relating to advanced care planning and end of life wishes was included. The sample viewed included a consumer file which demonstrated information in relation to end of life wishes and preferences was gathered from the consumer’s representative and incorporated into the care plan, regular medical officer reviews and consultation with representatives occurred, spiritual supports were initiated and regular monitoring of the consumer’s condition, including pain was evident. Consumer files viewed demonstrated referrals to medical officers and other allied health professionals are initiated in a timely manner and recommendations are incorporated into plans of care to direct staff with the delivery of care and services.

Clinical staff described processes for review of consumers’ care and service needs, including consultation with consumers and/or representatives. Staff said they have access to a range of documentation, including clinical policies, procedures and guidelines to assist them to deliver safe and effective care and services to consumers.

The Assessment Team was not satisfied that diabetic management, particularly in relation to blood glucose level monitoring was in line with best practice or consumers’ diabetic management directives. This was evidenced by inconsistent blood glucose monitoring documented in monitoring charts and progress notes for three consumers. Whilst clinical staff said they follow diabetic management directives, documentation viewed demonstrated processes which were inconsistent with these directives.

The Assessment Team was not satisfied that restraint processes are in line with best practice or legislative requirements. This was evidenced in three consumer files viewed by the lack of documentation in care plans, such as duration and monitoring to ensure consumer safety and guide staff practice in the use of physical restraint devices. Documentation viewed demonstrated discussions with consumers and/or representatives in relation to the risks associated with the use of restraint devices is undertaken. However, agreed strategies to minimise risks to consumers whilst restraint devices are in place have not been identified, discussed or documented. Staff described inconsistent processes relating to monitoring of restraint devices when in use; this was also evidenced through monitoring chart documentation.

The Assessment Team identified through documentation and discussions with staff, three consumers who use low low beds, who are mobile. Management and clinical staff have not recognised the use of low low beds as restraint and, therefore, discussions with consumers and/or representatives in relation to the use of these restraint devices have not been undertaken and risk assessments, authorisations and strategies to minimise risk for use have not been implemented.

Infections are reported, collated and monitored on a monthly basis. A sample of consumer files viewed demonstrated, where infections are identified, referral to medical officers occurs and strategies for care are implemented. There is an influenza vaccination program for both consumers and the workforce. Staff demonstrated an understanding of precautions to prevent and control the incidence of infections and observations during the visit supported this.

However, the Assessment Team was not satisfied the organisation has adequately implemented processes to promote appropriate antibiotic prescribing. This was evidenced through feedback provided by clinical staff who were unaware of the principles of antimicrobial stewardship. Whilst the organisation has developed an antimicrobial stewardship policy, they could not adequately demonstrate how this has been implemented and promoted.

#### Requirements:

##### **Standard 3 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(b) Not Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Met**

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

##### **Standard 3 Requirement 3(d) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(f) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Not Met**

The organisation demonstrates 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: Services and supports for daily living Met

#### 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.

Summary of Assessment of Standard 4:

The Assessment Team found that all seven requirements in relation to Standard 4 were met.

Consumers and representatives said they are satisfied with the services they receive which support their independence, well-being and quality of life. Meals are prepared on site and are varied and presented in an appetising manner. Consumers said they are encouraged to be as independent as possible and can participate in activities both within the service and outside. Consumers have a say in their day to day activities and their choices are respected by staff and management. Consumers and representatives said the relationships between the consumers and their loved ones, both inside and outside the facility are promoted and supported.

Staff are aware of consumers’ choices and preferences relating to services and supports, such as weekly church services, concerts, bus trips, exercises and preferences around the care provided. The service provided examples of the emotional, spiritual and psychological support provided to consumers, including the involvement of volunteers and one-to-one activities. Staff said they are provided with information about changes in consumers’ care needs. This occurs through care plan update, handover processes or verbal communication. Lifestyle staff described the processes for referring consumers to external services and other organisations, should there be a need to do so. Documentation confirmed these referrals occur. Preventative and unplanned maintenance is undertaken by either maintenance staff or external contractors to ensure all equipment is clean and safe to use.

#### Requirements:

##### **Standard 4 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(b) Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(d) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Not Met

#### 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.

#### Summary of Assessment of Standard 5:

The Assessment Team found that two of the three requirements in relation to Standard 5 were met.

Consumer and representative feedback received confirmed they feel the service environment was clean and welcoming and that consumers feel at home.

Staff could describe the processes in place to ensure the service environment is safe for consumers, such as equipment audits and hazard identification processes. Management of the organisation demonstrated that they keep a tidy and comfortable environment for consumers. The organisation has reactive and preventative maintenance schedules in place to ensure equipment and assets are maintained appropriately.

However, the Assessment Team was not satisfied that the organisation could demonstrate how it monitors and reviews the service environment in Nitschke Cottage. The service could not establish how it supports the independence of consumers who are mobile and in what way the service safeguards consumers’ independence and ensures they are safe from injury or risk; and continuously learns from what is not working in the absence of alternative strategies to manage behaviours and management being unaware of protocol of staff.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

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

##### **Standard 5 Requirement 3(b) Not Met**

The organisation demonstrates that the service environment:

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

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Not Met

#### 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found that three of four requirements in relation to Standard 6 are met.

Consumers and representatives confirmed through interviews they were comfortable to raise complaints or provide feedback to the organisation. Consumers and representatives described the various mechanisms available to provide feedback and confirmed when they had provided feedback they were satisfied with the resolutions.

Staff described feedback processes to the Assessment Team and explained what they would do with feedback from a consumer and how they could assist them. Management provided examples of the various consumer feedback mechanisms which include Resident meetings, consumer surveys, consumer feedback forms and general daily discussions with consumers.

The Assessment Team identified there are mechanisms to provide feedback. The Assessment Team identified that where consumers have made complaints the organisation has actively worked to review, escalate and taken appropriate action in response to these complaints.

The Assessment Team was not satisfied the service adequately demonstrated open disclosure practices relating to their complaint process. Management was not able to provide examples of how they have used open disclosure in practice or a clinical governance framework to support and encourage open disclosure.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Not Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found that of two of five requirements in relation to Standard 7 are met.

The majority of consumers and representatives interviewed confirmed in various ways that consumers receive quality care and services when they need them and from staff who are knowledgeable, capable, kind, caring and respectful. However, five consumers are not satisfied with the responsiveness of staff in relation to answering call bells, three of those consumers said slow call bell response times impacts on their continence. Furthermore, two consumers said some staff from non-English speaking backgrounds are difficult to understand. Additionally, one consumer said they were not always satisfied with the service’s recruitment choices and one consumer representative said they are not sure care staff know how to manage their relative when they refuse care.

The Assessment Team observed staff interacting with consumers in a kind and respectful way. Staff interviewed described how their interactions with consumers are kind, caring and respectful of consumers’ choices, decisions, privacy, cultural and emotional needs.

The organisation demonstrated processes are in place for the recruitment and induction of new staff. Staff described orientation processes, including buddy shifts and mentoring process and provided examples of training recently completed.

The Assessment Team was not satisfied the organisation has planned the workforce to ensure the delivery and management of safe and quality care and services in relation to staff’s responsiveness to consumers call bell. Staff interviewed said they do not always have time to answer call bells and the service’s monitoring processes are not effective in identifying deficiencies in call bell response times as evidence through call bell data viewed.

The Assessment Team was not satisfied the organisation has developed the competency and knowledge of management and staff to effectively perform their role and provide safe and effective care to consumers in line with best practice and legislative requirements. This was evidenced through feedback from management who were unaware of industry best practice processes, legislative and Aged Care Quality Standards requirements in regard to risks to consumers related to physical and environmental restraint, diabetes management, mandatory reporting of reportable incidents, clinical governance related to open disclosure processes and consumers’ access to their care plans. This was further evidenced through feedback provided by clinical and care staff and consumer files viewed which indicated diabetes management and restraint processes are not in line with best practice and legislative requirements. Furthermore, staff were unaware of the antimicrobial stewardship concept and processes relating to the minimisation of antibiotic use.

The Assessment Team was not satisfied the organisation has adequately assessed, monitored and reviewed staff performance in line with organisational requirements. This was evidenced through personnel files and incidents viewed which identified performance management processes were not consistently and effectively implemented following allegations of staff rough handling consumers, staff not following care plan directives and organisation’s processes.

#### Requirements:

##### **Standard 7 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Not Met**

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

##### **Standard 7 Requirement 3(d) Met**

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

##### **Standard 7 Requirement 3(e) Not Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Not Met

#### 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.

#### Summary of Assessment of Standard 8:

The Assessment Team found that of two of five requirements in relation to Standard 8 are met.

The majority of consumers interviewed confirmed in various ways the organisation engages them about care and services, however, three consumers said management does not engage with them.

The organisation demonstrated consumers are engaged to provide feedback on services to improve service development and delivery. Staff and management provided examples of how feedback from consumers informed changes and improvements.

The organisation demonstrated the governing body promotes a culture of safe, inclusive and quality services and is accountable for their delivery. Management provided examples and evidence of monthly reporting to the Board in relation to the service’s operational performance. The Board member interviewed describe how the Board monitors and reviews the service’s performance and provided examples of Board engagement with consumers at the facility.

While the organisation demonstrated effective governance systems with respect to continuous improvement, financial governance, workforce governance, feedback and complaints, the Assessment Team was not satisfied that information management and regulatory compliance are in line with legislative and Aged Care Quality Standards requirements. This was evidenced through feedback provided by management who were not aware of the Standards’ requirement in relation to consumer and representative access to care plans. This was further evidenced through personnel files and consumer incident documentation viewed which demonstrated allegations of rough handling of consumers by staff members are not consistently reported by the organisation in line with legislative requirements.

The Assessment Team was not satisfied the organisation demonstrated effective risk management systems and practices in relation to managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglects of consumers and supporting consumers to live the best life they can. While policies and procedures are available to staff in relation to risks, monitoring systems did not consistently identify risks associated with restraint and consumer choices. The organisation has implemented a risk register to monitor and review risk at organisational level however the risk register does not recognise high impact and high prevalence risks as identified by the Assessment Team. Furthermore, the Assessment Team was not satisfied the organisation has adequately implemented processes in line with legislative requirements following consumer incidents when the service implemented their discretion not to report physical reportable incidents.

The Assessment Team was not satisfied the organisation has adequately implemented processes relating to clinical governance. While the organisation has developed an antimicrobial stewardship policy, staff could not demonstrate how they apply antimicrobial stewardship in line with best practice and legislative requirements. The organisation did not demonstrate it understands and recognises practices that constitute restraint and takes appropriate actions to ensure the safety of consumers. This was evidenced through the Assessment Team’s observations and feedback from management and staff, which identified physical and environmental restraint practices at the service had not been identified and managed in line with legislative requirements. The organisation did not demonstrate it understands and applies an open disclosure process when things go wrong. This was evidenced through feedback provided by consumers and management who did not demonstrate open disclosure processes were implemented following two consumer incidents.

#### Requirements:

##### **Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### **Standard 8 Requirement 3(c) Not Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(d) Not Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Not Met**

The organisation demonstrates that 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.