SummitCare St Marys

Performance Report

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**Commission ID:** 0527

**Provider name:** St Marys Gardens Aged Care Centre Pty Limited

**Site Audit date:** 4 May 2021 to 6 May 2021

**Date of Performance Report:** 8 June 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | 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) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-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 28 May 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 interviewed by the Assessment Team considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers interviewed said staff respect their privacy, and their backgrounds, values and diversity. Consumers said they make decisions about their care and the way it is delivered, and they receive information to help them exercise choice. When asked if there was anything they wished to do but have not been supported to do, most sampled consumers said there wasn’t.

Staff interviewed by the Assessment Team demonstrated they knew about consumer’s backgrounds, needs and preferences regarding their care and services. Care planning documentation reviewed demonstrated consultation with consumers around the way care and services are delivered including maintaining relationships of choice. The Assessment Team observed staff interacting with consumers in a caring and respectful manner.

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.

Overall, consumers interviewed by the Assessment Team considered they are partners in the ongoing assessment and planning of their care and services. Consumers (or representatives on their behalf) interviewed said they have been involved in the process of assessment and care planning, and staff are prompt at updating them with changes to care needs and any incidents.

The Assessment Team found that, for sampled consumers, care plans identified individualised risks to their health and well-being and care and services were reviewed regularly and when circumstances change. Care documents reviewed by the Assessment Team demonstrated the service undertakes assessment and planning which addresses the consumer’s current needs, goals and preferences. End of life planning was completed for consumers who wished to have this discussion.

The service was able to demonstrate that assessment and planning is based on ongoing partnership with the consumer and other individuals/providers that the consumers wish to involve.

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 – 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, consumers interviewed by the Assessment Team considered that they receive personal care and clinical care that is safe and right for them.

The Assessment Team reviewed care documents for consumers identified as on a palliative pathway which demonstrated the service altered their care and services to meet the consumers’ needs and preferences, and maximise their comfort. Overall, the Assessment Team found that consumer care documentation shows evidence of updates about consumer’s condition and staff could describe how information is shared.

Care documents reviewed indicate appropriate and timely referral to providers of services. Consumers (or representatives on their behalf) interviewed by the Assessment Team stated they have access to health professionals as required. Deterioration or change in consumer’s condition was identified and responded in a timely manner.

The service has policies and procedures relating to infection control and antimicrobial stewardship. The Assessment Team found that the service has implemented appropriate COVID-19 preparedness procedures. Staff demonstrated understanding of the importance of infection control and could describe how this influences their day to day practice.

However, the Assessment Team found that the service’s restraint management was not best practice as restraint was not used as a last resort. The Assessment Team found a lack of evidence that staff trialled non-pharmacological behaviour management interventions prior to administering chemical restraint. The service did not demonstrate that assessment occurred to identify the trigger for the behaviour, or that consumer’s safety was monitored following the administration of the restraint.

The Assessment Team found that interventions were not adequate to minimise or to effectively manage the high impact and high prevalence risks for each consumer sampled. Comprehensive behaviour management plans or strategies to minimise the risk of reoccurrence were not in place to manage consumers’ behaviour including for a consumer who has assaulted other consumers.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that care provided to sampled consumers in relation to skin integrity and pain management was tailored to consumers’ needs and optimised health and wellbeing. However, the Assessment Team found that restraint practices used at the service were not best practice or in line with the service’s restraint policy. The Assessment Team did not find evidence that the service had consulted with all consumers or representatives regarding environmental restraint at the service. For one consumer, the service was unable to demonstrate that restraint was used as a last resort after non-pharmacological interventions were trialled on two occasions when chemical restraint was administered. For another consumer prescribed a chemical restraint, the service did not demonstrate appropriate assessment of behaviours including triggers or non-pharmacological strategies to manage behaviours.

In their response, the approved provider provided some evidence that was not physically available during the site audit as the documents had been archived.

Regarding environmental restraint at the service, the approved provider’s response demonstrated that consumers and/or representatives had been consulted and consent obtained where required for the use of environmental restraint.

For the consumer administered chemical restraint, the approved provider’s response demonstrated on the two occasions identified by the Assessment Team, non-pharmacological interventions to manage behaviour were trialled. In the approved provider’s response, they stated that for the consumer identified by the Assessment Team as not having appropriate assessment of behaviours, the service has rectified this by updating the behaviour care plan to include behaviour triggers and strategies to manage behaviour.

While the service could improve on behaviour assessment and management for consumers, I have considered this in my assessment of Standard 3, Requirement 3(3)(b). Overall, the approved provider demonstrated that restraint is used as a last resort after non-pharmacological interventions have been trialled, and consumers and/or representatives are appropriately consulted regarding restrictive practices. The Assessment Team found that generally, personal and clinical care provided to consumers is tailored to consumers’ needs and optimises their health and wellbeing.

I find this requirement is Compliant.

### 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 found that for sampled consumers, care plans generally identified the high impact and high prevalence risks associated with the care of the consumer. The Assessment Team found that risks associated with consumer falls were managed effectively. However, for consumers sampled by the Assessment Team, behaviour management has not been effective to minimise associated risks. For a consumer who displays behaviours of verbal and physical aggression, appropriate reporting and monitoring of behaviours had not consistently occurred. This included no dates recorded of when incidents occurred, and triggers and interventions to manage the behaviours were not identified. For another consumer, the Assessment Team did not see evidence that recommendations from a behaviour management service, which were also suggested by the consumer’s representative, were consistently implemented. This consumer had recent incidents of assaulting other consumers.

In their response, the approved provider identified that most of the recommendations from the behaviour management service have been implemented since the site audit for the consumer identified in the Assessment Team’s report. The approved provider’s response identifies that staff training on behaviour management and documentation has been planned.

At the time of the site audit, the service did not demonstrate that behaviour management was effective to minimise associated risks for all sampled consumers.

I find this requirement is 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) 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 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 service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Most consumers interviewed by the Assessment Team considered they get the 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. Consumers said staff are kind and supportive, and provide individual emotional support as needed. Consumers said they are encouraged to maintain their independence and are supported to keep in touch with people who are important to them. Consumers were generally satisfied with the meals provided at the service. They confirmed they are given choice, there is variety on the menu, special dietary needs and preferences are catered for, and they are given enough to eat.

The Assessment Team found the service has an activities program with a variety of activities to support consumer’s leisure interests and social needs. Care documentation reviewed reflected the background, life story, interests and lifestyle needs and preferences of each consumer.

Staff interviewed by the Assessment Team demonstrated a good understanding of consumer’s background, interests, and lifestyle needs and preferences. They described ways they are able to support consumers wellbeing through services and supports for daily living.

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.

Overall, consumers interviewed by the Assessment Team considered they feel they belong in the service and feel safe and comfortable in the service environment. Consumers confirmed they were able to move freely indoors and access the outdoor courtyards if they wish either independently or with staff assistance.

The Assessment Team observed the service environment to be clean, well maintained and welcoming. The service was well lit and maintained at a comfortable temperature. Consumers had personalised their rooms and some had brought their own furniture from home. Spare wheelchairs, mobility aids and lifts were stored in dedicated storerooms. The Assessment Team observed a range of the furniture, fittings and equipment throughout the service which appeared to be well maintained and clean.

The service demonstrated timely and effective preventative and reactive maintenance systems.

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.

Most consumers interviewed by the Assessment Team considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers said they feel comfortable giving feedback or raising a concern with the general manager and staff. Consumers provided examples of how their complaints have been addressed satisfactorily in relation to the meals provided and staff behaviour. One consumer said they often raise issues with the registered nurses, or the care staff and they are satisfactorily addressed.

Two consumer representatives on behalf of one consumer expressed some dissatisfaction with the resolution of their complaints however this was inconsistent with other feedback provided to the Assessment Team from most consumers and representatives. Most consumers and their representatives interviewed who said they have raised concerns or made complaints to the service expressed satisfaction with the outcome to their complaint.

Management provided examples of the use of open disclosure when incidents have occurred and when complaints are raised by consumers and their representatives. Feedback and complaints from consumers and their representatives have resulted in the development of improvement initiatives such as raised garden beds for consumers to garden, a café and staff training has occurred to address knowledge gaps.

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

## Assessment of Standard 6 Requirements

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

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

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

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

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

# STANDARD 7 NON-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 individual 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.

Most consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable and capable. Most consumers said staff are kind, caring and staff listen to them. Three consumers said they enjoy their interactions with the staff, and they have a lot of fun.

The Assessment Team received mixed feedback about the adequacy of the number of staff. Overall consumers and representatives said that when the roster is filled there is an adequate number of staff however, some feel there could be more staff so that greater attention could be paid to each consumer. Consumers and their representatives commented that the continuity of care has been disrupted by a number of staff leaving recently and the rotation of staff to different areas within the home. Generally, consumer and representative feedback was positive about staff skills, although some said the new staff are not as skilled as they don't know the consumers well.

The service demonstrated it has systems for recruitment and staff orientation to identify suitable staff and to support them to meet the requirements of their job roles. The service demonstrated effective staff performance management systems.

However, the Assessment Team found that not all staff had completed mandatory training, and training provided by the service in response to identified need is not always monitored to ensure all staff participate. The Assessment Team identified gaps in staff understanding of behaviour management strategies and consumer representatives raised concerns about staff skills in caring for consumers living with dementia.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Non-compliant

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

Consumer representatives interviewed by the Assessment Team provided feedback that due to a recent loss of experienced staff, new staff do not consistently have the training required to deliver the care consumers need. For example, staff may place items not in reach of consumers, not understand consumer’s need for thickened fluids, and staff require more training in managing behaviours associated with dementia. The Assessment Team found that not all staff had completed training on the serious incident response scheme (SIRS), and some staff did not demonstrate a good understanding of this when interviewed by the Assessment Team. The Assessment Team found that not all staff had completed mandatory training, and training provided by the service in response to identified need is not always monitored to ensure all staff participate.

In their response, the approved provider demonstrated that on commencement of employment, staff are enrolled in a number of training courses to ensure they have the required competency and knowledge to perform their role. The approved provider demonstrated some systems are in place to monitor completion of these courses.

While the service has systems in place to train staff and monitor completion of training, at the time of the site audit these systems were not demonstrated to be effective in ensuring all staff have completed required training. The service did not demonstrate staff are trained to deliver the outcomes required by the Quality Standards. This includes in relation to the SIRS and behaviour management.

I find this requirement is Non-compliant.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-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 how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Most consumers and representatives interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives said they are able to contribute to the development of the service through resident meetings and surveys. They also provide direct feedback to the general manager and receive regular communications from the chief operations officer. A number of improvements are in process which showed direct response to consumer request such as the installation of a café and raised garden beds.

The Assessment Team found that changes have occurred in the management structure to promote a culture of safe, inclusive and quality care and services and is accountable for their delivery. New roles have been developed to address specific areas of operation and increase lines of accountability. The organisation can demonstrate a range of governance systems which monitor and support the effective operation of the organisation. The service has a range of documents to support a clinical governance framework including quality management system framework and clinical risk policy framework which includes dignity of risk.

The Assessment team found that the service had risk management systems in place including to manage high impact and high prevalence risks, respond to the abuse and neglect of consumers, and manage and prevent incidents. However, these were not consistently demonstrated to be effective in managing consumer behaviours to minimise associated risks, and appropriately investigate incidents.

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

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment team found that the service had risk management systems in place including to manage high impact and high prevalence risks, respond to the abuse and neglect of consumers, and manage and prevent incidents. The Assessment Team reviewed the service’s mandatory reporting register which demonstrated the service is meeting their requirements under the SIRS. However, the Assessment Team found that the service did not consistently investigate incidents to establish the cause and interventions to minimise the risk of the incident reoccurring. The Assessment Team found the service did not demonstrate that behaviour management was effective to minimise associated risks for all sampled consumers.

In their response, the approved provider demonstrated that for the consumer identified in the Assessment Team’s report, while an incident form was completed, this had no investigation of the cause or contributing factors of the incident. The approved provider did not demonstrate analysis of the incident to identify interventions to minimise the risk of the incident reoccurring.

At the time of the site audit, the service did not demonstrate behaviour management was effective to minimise associated risks for all sampled consumers. The Assessment Team found that the service did not consistently investigate incidents to establish the cause and identify interventions to minimise the risk of the incident reoccurring.

I find this requirement is Non-compliant.

### 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.

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively managed.
* Consumer behaviour assessment and management is effective to minimise associated risks.

### Requirement 7(3)(d)

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

The approved provider must demonstrate:

* Staff are trained and supported to deliver the outcomes required by the Quality Standards.
* Staff have completed mandatory training in line with the service’s requirements, and the service has an effective system to monitor completion of required training.

### Requirement 8(3)(d)

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The approved provider must demonstrate:

* Risk management systems implemented at the service are effective in managing the high impact or high prevalence risks associated with the care of consumers.
* Incidents are consistently investigated to establish the cause and identify interventions to minimise the risk of the incident reoccurring.