Sylvan Woods Nursing Home

Performance Report

500 Old Cleveland Road East
BIRKDALE QLD 4159
Phone number: 07 3207 2830

**Commission ID:** 5937

**Provider name:** Allity Pty Ltd

**Review Audit date:** 19 May 2021 to 21 May 2021

**Date of Performance Report:** 19 July 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-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) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **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) | Non-compliant |
| Requirement 7(3)(d) | 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) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-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 Review Audit; the Review 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 Review Audit report received 1 July 2021.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Overall sampled consumers 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 and representatives interviewed confirmed consumers are encouraged to do things for themselves and make choices, staff know them as individuals and know what is important to them. Consumers and representatives interviewed confirmed consumers’ personal privacy is respected and the various ways they spend time with significant others.

However, the Assessment Team observed staff practices that did not demonstrate a shared understanding of what dignity and respect means in the delivery of care and services and a consumer reported some staff practices left them feeling disrespected.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The Assessment Team provided information that most consumers and representatives sampled reported staff treat them with dignity and respect and many staff were observed engaging in respectful interactions with consumers. However, one named consumer provided examples of staff not treating them in a respectful way and the Assessment Team observed the delivery of care and services did not consistently demonstrate respect for some consumers. This included observations of staff not supporting consumers during meal times, and observations appropriate provision of care not occurring in a timely manner.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as clinical records extracts, correspondence with consumer and staff, an annual education plan, spot check forms and staff induction material. The Approved Provider acknowledged there was room for improvement with this requirement. I have reviewed all the materials provided in the response.

I have considered the Assessment Team report as well as the information provided in the Approved Providers response and I acknowledge the feedback from consumers and representatives who were able to be interviewed about their satisfaction with being treated with treated with dignity and respect. However, I find that the observations of staff practices by the Assessment Team did not demonstrate a consistent approach to treating consumers with dignity and respect. And I note the feedback from a named consumer about not being treated respectfully.

I note the improvement actions taken, including a 100% review of all consumers care plans and education provided to staff on dignity and respect, as well as other improvements planned by the Approved Provider and the acknowledgment of room for improvement in this Requirement. I note the effectiveness and sustainability of improvements will require time to be deemed effective.

I find that at the time of the Review Audit the Approved Provider could not demonstrate that each consumer is treated with dignity and respect. Observations by the Assessment Team indicated that not all consumers were being treated with dignity and respect.

I find this requirement is non-compliant.

### 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-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Overall sampled consumers considered they feel like partners in the ongoing assessment and planning of their care and services.

Consumers and representatives reported staff consult them through initial assessment and planning to develop a plan of care that is delivered to meet the consumer’s needs. Consumer and representative feedback confirmed that they are informed about the outcomes of assessment and planning and have ready access to the consumer’s care and services plan if they wish.

However, Care plans did not consistently include all information reflective of consumers care needs to guide staff in the delivery of safe and effective care and care plans did not consistently address the consumer’s current needs.

Care planning documents reflect consumers and/or their representatives are involved in assessment and planning and includes other providers of care and services including, for example, medical officers and allied health specialists. However, care plans do not demonstrate consistent review and updating to reflect the consumer’s current care needs.

The service is not adequately able to demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, consistently informs the delivery of safe and effective care and services.

The service is not adequately able to demonstrate that consumer’s care and services are reviewed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

While the service has established clinical monitoring and review processes, these have not identified the deficiencies in clinical care provided as noted by the Assessment Team.

The Quality Standard is assessed as Non-compliant as three 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, informs the delivery of safe and effective care and services.*

The Assessment Team provided information that while assessments for risk including falls and skin integrity were generally undertaken, assessment and planning does not always inform the delivery of safe and effective care and services. For named consumers care plans did not consistently include all information reflective of consumers care needs to guide staff in the delivery of safe and effective care.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as clinical records extracts, an annual education plan and audit results. The Approved Provider acknowledged there was room for improvement with this requirement. I have reviewed all the materials provided in the response.

I note the improvement actions taken, including 100% review of all consumers and updating information in named consumers care plans and education provided to staff, as well as other improvements planned by the Approved Provider and the acknowledgment of room for improvement in this Requirement. I note the effectiveness and sustainability of improvements will require time to be deemed effective.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the Review Audit the Approved Provider did not demonstrate 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. For named consumers the care plans did not consistently include all information reflective of consumers care needs to guide staff in the delivery of safe and effective care, particularly in relation to falls prevention, skin integrity, and monitoring blood glucose levels.

I find the requirement is non-compliant.

### Requirement 2(3)(b) Non-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.*

The Assessment Team provided information that review of care planning documentation identifies care plans are not individualised and many reflect the same goals, preferences and/or management strategies. The electronic documentation system has a system of ‘automated entry’ in the assessment process; selected phrases to populate the consumer’s care plan. Care planning documentation does not consistently address the consumer’s current needs

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as clinical records extracts, and audit results. The Approved Provider acknowledged there was room for improvement with this requirement. I have reviewed all the materials provided in the response.

I note the improvement actions taken, including 100% review of all consumers and updating information in named consumers care plans, removal of automated care interventions with a free text field activated and education provided to staff. I note other improvements planned by the Approved Provider as well as the acknowledgment of room for improvement in this Requirement. I note the effectiveness and sustainability of improvements will require time to be deemed effective.

I have considered the Assessment Team report as well as the information provided in the Approved Providers response and I find that at the time of the Review Audit the Approved Provider was not able to demonstrate that Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences. For named consumers this related to mobility, medical directives and diets.

I find this requirement non-compliant.

### 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) Non-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.*

The Assessment Team provided information that while care and services are generally reviewed every six months, reviews following incidents or changes to circumstances are not consistently reflected in care plans. The service is unable to demonstrate reviews are ensuring care plans are up to date and reflect the current needs of consumers. For named consumers this related to meal preferences, medical directives, and continence management.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as clinical records extracts and audit results. The Approved Provider acknowledged they were unable to demonstrate reviews for all consumers were up to date and met current consumer needs, goals and preferences, ensuring care is safe and effective.

For named consumers care documentation has been updated to reflect current needs and I note the Approved Provider did have a process to monitor catheter changes. The Approved Provider has conducted a review of 100% of consumers care planning documentation to ensure all are current.

I have considered the Assessment Team report as well as the information provided in the Approved Providers response and I find that at the time of Review Audit the Approved Provider did not demonstrate 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.

I find this requirement is non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Overall sampled consumers and/or their representatives consider that they receive personal care and clinical care that is safe and right for them.

Consumers and representatives interviewed advised consumers receive the care they need and have access to a medical officer and other health professionals including a dietician and podiatrist when they need it.

Consumers and representatives interviewed explained that staff inform them about the care consumers are provided.

Care planning documents and/or progress notes reflect the identification of, and response to, deterioration or changes in the consumer’s condition and health status.

However, observations by the Assessment Team identified each consumer did not receive the specific personal and/or clinical care they required in relation to nutrition and hydration and pressure area care.

Clinical oversight and monitoring had not identified the deficiencies as noted above by the Assessment Team.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team provided information that clinical records and observations did not demonstrate the consumers sampled received individualised personal and/or clinical care that is safe, effective and tailored to the specific needs and preferences of the consumer. While the service has established clinical monitoring and review processes, these have not identified the deficiencies in clinical care provided as identified by the Assessment Team. While consumers and representatives are satisfied with the care provided, observations by the Assessment Team did not demonstrate each consumer receives individual personal and/or clinical care that optimises their health and well-being. For named consumers this related to nutrition and hydration and skin integrity.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as clinical records extracts. The Approved Provider has reinforced education and processes with staff and daily spot checks of care are being conducted by the Care Manager. I have considered all materials supplied by the Approved Provider.

I have considered the Assessment Team report as well as the information provided in the Approved Providers response and I find that at the time of the Review Audit observations by the Assessment Team identified that consumers did not recieve care that is tailored to their needs and did not optimise their health and well-being.

I find this requirement is non-compliant.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 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

Overall sampled consumers 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 and representatives interviewed confirmed consumers are supported to do the things they like to do to optimise their independence, health, wellbeing and quality of life. Consumers and representatives interviewed confirmed consumers are supported by the service to undertake lifestyle activities of interest to them within the service and supported to maintain personal and previous community connections.

Consumers and representatives interviewed confirmed consumers are supported by the service to keep in touch with people who are important to them and are supported in their emotional and spiritual care interests and social and personal relationships.

Consumers expressed satisfaction with the meals and explained they have input into the menu through meetings, surveys and feedback forms. The Assessment Team observed lifestyle supports to be sufficient and appropriate for consumers’ well-being, participation and inclusion.

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

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

Consumers sampled confirmed they feel safe living at the service and they can access indoor and outdoor areas, should they choose to do so. Consumers and representatives sampled reported the service is clean and well maintained.

Consumers and representatives confirmed their visitors are welcome in the service and they have various areas where they can sit comfortably.

The Assessment Team observed the environment to be secure and clean and tidy.

Staff have an awareness of how to report items requiring maintenance; documentation identified reactive maintenance is attended in a timely manner and preventative maintenance is undertaken as scheduled.

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

Overall consumers and representatives interviewed said they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

Consumers interviewed said they felt comfortable raising concerns and providing feedback, including at meetings and directly to management and staff. The family members of consumers also reported they feel they can raise concerns and confirmed management is approachable and responsive.

Consumers and their representatives provided examples of changes made in response to feedback including improvements to the activity schedule and activities equipment, food menus, increased channels of communication for consumers during COVID visitor restrictions and communication pendants for consumers accessing outdoor areas.

Consumers have been made aware of external complaints handling options.

The service demonstrates it encourages and supports consumers to provide feedback or complain about the care and services they receive. The service demonstrates it uses an open disclosure approach when something does go wrong.

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-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers said they do not feel staff are rushing them during care and service delivery and that they do not wait long before staff respond to their calls for assistance.

However, observations by The Assessment Team identified the service does not have systems to monitor whether staff are consistently providing safe care delivery for consumers based on consumers assessed needs, goals, preferences and any risks associated with their care and services.

Whilst the service was able to provide evidence to confirm staff were qualified and had completed mandatory education requirements, the Assessment Team identified nursing staff did not have sufficient knowledge regarding assessment and care planning and ongoing review of care documentation. The service was unable to demonstrate staff were competent in monitoring staff practices in relation to the delivery of safe and quality care for consumers.

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) Non-compliant

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

The Assessment Team provided information that The service was unable to demonstrate all staff have sufficient knowledge to effectively perform their roles. Whilst the service was able to provide evidence to confirm staff were qualified and had completed mandatory education requirements, the Assessment Team identified nursing staff did not have sufficient knowledge regarding assessment and care planning and ongoing review of care documentation. The service was unable to demonstrate staff were competent in monitoring staff practices in relation to the delivery of safe and quality care for consumers.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as clinical records extracts, communication material with staff, an education planner and audit results. The Approved Provider acknowledged there is room for improvement with this requirement.

I note the Approved Provider has conducted additional education with staff and has increased monitoring of staff practices and reinforced the model of care with staff.

I have considered the Assessment Team report as well as the information provided in the Approved Providers response and I find that at the time of the Review Audit observations by the Assessment Team identified the workforce was not competent and the members of the workforce did not the knowledge to effectively perform their roles.

I find this requirement is non-compliant.

### 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 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Whilst overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services, the organisation was not able to adequately demonstrate it understands and applies all 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) and identified the following:

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement and the organisation’s governing body generally promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The organisation was not able to demonstrate it has effective organisation wide governance systems in relation to information management and workforce governance.

The organisation was not able to demonstrate it has effective clinical governance systems to ensure consumers get safe and effective clinical care.

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

The Assessment Team provided information that the organisation was not able to demonstrate it has effective organisation wide governance systems as deficiencies were identified in relation to information management and workforce governance.

Deficits in the recording of care requirements for consumers, resulted in staff not consistently having access to current information to direct the deliver of care and services. Whilst the organisation has policies and procedures in place in relation to workforce governance, the service is unable to demonstrate the workforce is supported and monitored to consistently deliver safe and quality care and services to consumers.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as an education calendar and audit results. The Approved Provider acknowledge there was room for improvement with this requirement. I have considered all material supplied.

I note the Approved Provider took immediate corrective action in relation to ensuring staff had access to current information to provide care and a 100% review of consumer care documentation was actioned. Staff have been provided additional education on information systems and monitoring of staff with daily spot checks on staff commenced. The Approved Provider is also implementing a new electronic care system.

I have considered the Assessment Team report as well as the information provided in the Approved Providers response and I find at the time of the Review Audit the Approved Provider did not demonstrate effective organisation wide governance systems relating to information systems and workforce governance.

I find this requirement is non-compliant.

### Requirement 8(3)(d) Compliant

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

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

### Requirement 8(3)(e) Non-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.*

The Assessment Team provided information that whilst interviews with management and review of documents and records identified the service provides clinical care and has a documented clinical governance framework that covers antimicrobial stewardship, minimising the use of restraint and open disclosure, the organisation was not able to demonstrate where clinical care is provided clinical governance policies and procedures support the service to monitor the provision of clinical care.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as an annual meeting calendar. The Approved Provider acknowledge there was room for improvement in this requirement. I have considered the material supplied.

I note the Approved Provider has commenced improvement action in relation to this requirement including a review of staff meeting agenda items to ensure increased monitoring of clinical matters, as well as a review and distribution of the complaints policy with additional training to be provided to staff.

I have considered the Assessment Team report as well as the information provided in the Approved Provider’s response and I find at the time of the Review Audit the Approved Provider was not able to demonstrate effective monitoring of clinical care.

I find this requirement is non-compliant.

# 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.

* Ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* 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.
* Ensure 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.
* Ensure 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.
* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care.
* Ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Ensure effective organisation wide governance systems relating to information management and workforce governance.
* Ensure the organisation has an effective clinical governance framework.
* Ensure processes are effective to monitor the deliver of care and service.