Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | The Bays Aged Care Facility |
| **RACS ID:** | 3175 |
| **Name of approved provider:** | The Bays Healthcare Group Inc. |
| **Address details:** | 15 Cool Store Road HASTINGS VIC 3915 |
| **Date of site audit:** | 22 August 2019 to 26 August 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 01 October 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 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 10 November 2019 to 10 November 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | 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) | | 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) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Not Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Not Met |
| **Timetable for making improvements:** | By 6 January 2020 | |
| **Revised plan for continuous improvement due:** | By 16 October 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 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 The Bays Aged Care Facility (the Service) conducted from 22 August 2019 to 26 August 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 details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not 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 | 11 |
| Representatives | 7 |
| Care manager | 1 |
| Care staff | 3 |
| Catering staff | 1 |
| Chef | 1 |
| Endorsed enrolled nurses | 3 |
| General manager aged care | 1 |
| Lifestyle/care staff | 1 |
| Lifestyle coordinator | 1 |
| Maintenance officer | 1 |
| Medical practitioners | 2 |
| Physiotherapist | 1 |

## 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 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:

2. The organisation:  
a) has a culture of inclusion and respect for consumers; and   
b) supports consumers to exercise choice and independence; and   
c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation has met all six requirements in relation to Standard 1 Consumer dignity and choice.

Consumer experience interviews showed 100% of consumers said they are treated with respect always or most of the time and that they always feel safe here. All consumers said staff explain things to them, they have a say in their daily activities and are encouraged to do as much as possible for themselves always or most of the time. Consumers described the ways their social connections are supported both inside and outside the service. Consumers are supported to make decisions about their life including when it involves an element of risk. One consumer said while staff ask questions, they said they are not able to make real decisions with staff speaking to their representative instead. Consumers said the organisation protects the privacy and confidentiality of their information and are satisfied care and services, including personal care, are undertaken in a way that respects their privacy.

The organisation demonstrated consumers are treated with dignity and respect and the service promotes a culture of inclusion. Staff were observed interacting with consumers respectfully and could readily describe consumers’ individual preferences and interests. The service promotes the value of culture and diversity in the wide range of activities it offers and in delivery of care that is tailored to the person. Staff could provide examples of how they help consumers make choices, including by giving consumers information and options to inform their choice. There are generally effective strategies in place to support consumers who wish to take risks such as smoking. The identification and support of consumers wishing to use bed rails is not effective. Staff gave examples of how they maintain the privacy of consumers. Consumer documentation is stored securely and staff discuss information confidentially.

The organisation monitors and reviews its performance in relation to these requirements with the monitoring of consumers who wish to smoke or use bed rails not fully effective. Regular consumer surveys and feedback and complaints mechanisms are used to ensure consumers are satisfied staff treat them with respect, support them to maintain their identity and live the life they choose.

#### 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) 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 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:

2. 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 all five requirements in relation to Standard 2 Ongoing assessment and planning with consumers were met.

Of consumers and representatives randomly sampled 100% said they have choice in their daily activities. Most consumers said while their goals are not routinely discussed their involvement in the initial and ongoing assessment and planning of their care helps them to get the care and services they need. A consumer said they are not really able to make decisions, were asked questions and said staff prefer to speak to their representative. Consumers and representatives identified who they wish involved in care planning and said staff listen to their needs and preferences. They said the organisation seeks input from other professionals to ensure they get the right care and services to meet their needs. Consumers and representatives described their involvement in advance care planning discussions. Although they are not aware of a formal review process, consumers said their care and services are regularly reviewed when something goes wrong, or their needs or preferences change.

Staff could describe how consumers and others contribute to the consumer’s care including medical practitioners, allied health professionals, family and key stakeholders. They described how they work together to deliver a tailored care and service plan. Assessment and care planning indicated a focus on diagnosis and generic interventions with risks not always effectively identified and reflected in care plans. Monitoring and review occur in line with consumer preferences and as needed. Incidents result in a review of care as required with a review of care plans not always completed on return from hospital. Documentation reviewed showed plans including advance care plans had been regularly reviewed with changes made. Staff demonstrated an understanding of adverse incidents or near-miss events. These are documented and reviewed by the service, to inform continuous improvement.

The organisation monitors and reviews its performance in relation to these requirements with feedback, audits and meetings informing processes. Management’s gap analysis had identified improvements required in relation to goal setting and increased consumer engagement in review processes. Improvements in documentation and monitoring processes were made following feedback during this performance assessment.

#### 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) 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 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:

2. 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 all seven of the requirements in relation to Standard 3 Personal care and clinical care were met.

Of consumers and representatives randomly sampled, 100% said they always feel safe and get the care they need always or most of the time. Consumers reported feeling safe and confident they are receiving quality care and that care is reviewed when changes occur. Consumers living with high impact or high prevalence risks described strategies implemented and staff support provided. Consumers spoke positively about end of life discussions expressing confidence in staff awareness and following of end of life wishes. Referrals to a range of allied health professionals were described including external support services. Consumers spoke about the identification and prescription of antibiotics as needed when they have infections.

Staff could describe how they ensure care is best practice, where they access information and how they ensure that information is shared both within the organisation and with others outside the organisation. The identification, management and monitoring in relation to bed rails and other restraint is not fully reflective of best practice. Care staff demonstrated understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could identify the highest prevalence risks for different cohorts of consumers. Care and service plans reviewed indicated the delivery of safe and effective care with advance care planning evident. Documentation for consumers living with identified high risks indicate the documentation of the risk and monitoring processes are not always effective. The management of these needs and risks is generally effective.

The organisation demonstrated they have access to a suite of policies and procedures underpinning the delivery of care. They review practice and policies to ensure they remain fit-for-purpose and informed by advice from consumers and other experts. The organisation’s monitoring and review processes are generally effective with improvements made in response to feedback.

#### Requirements:

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

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

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

The organisation demonstrates that 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:

2. 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 of the requirements in relation to Standard 4 Services and support for daily living were met.

Of consumers and representatives randomly sampled 100% said they have a say in their daily activities, staff explain things to them and they are encouraged to do as much as they can for themselves always or most of the time. While 93% of consumers feel at home, a consumer who said they never feel at home related this to not really being able to make decisions. Ninety three percent of consumers said they like the food most of the time or always. Where a consumer said they liked the food some of the time feedback related to their health needs and staff offer alternatives. Consumers provided feedback sometimes forget what they have ordered and said a range of choices are offered. Consumers are satisfied with the range of equipment available and staff responsiveness to requests.

The organisation demonstrated it supports consumers to maintain relations and connect with other people inside and outside the organisation. Staff seek advice from consumers about activities of interest to them and these are documented. Consumer meetings occur with information displays used to display information and activity calendars. Staff described in various ways how they assist consumers to maintain their emotional, spiritual and psychological wellbeing including arranging transport or outings. A support group is available with consumers and representatives attending. Staff demonstrated they make timely referrals to other organisations and volunteers support the program. The chef provides meals of a suitable quality, variety and quantity with consumer preferences documented. A range of safe, suitable, clean and well-maintained equipment is available.

The organisation monitors and reviews its performance in relation to these requirements. A range of consumer meetings, surveys, audits and feedback mechanisms inform the program. Improvements in relation to meal selection is planned to better support consumer enjoyment.

#### 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

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 that 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:

2. 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 requirements in relation to Standard 5 Organisation’s service environment were met and one requirement was not met.

Of consumers and representatives randomly sampled 100% said they always feel safe here. While 93% of consumers feel at home, a consumer who said they never feel at home related this to not really being able to make decisions. Consumers and representatives said the home is welcoming with staff knowing them and offering hospitality. A consumer using bed rails at their request said they feel safe and staff have explained their risks, a representative said they have requested and approved the use of bed rails. Consumers said they are able to provide feedback, the service is clean, maintenance is responsive and they enjoy the gardens. They are able to move freely across the service and know keypad codes if needed.

The service was observed to be welcoming. Individual rooms are decorated with memorabilia, photographs and other personal items. The layout of the service enabled consumers to move around freely, with suitable furniture, fittings and areas for use as preferred. Signage to help consumers navigate the service is clearly displayed. Consumers had ready access to tidy outdoor areas with gardens, benches and communal tables and paths that enabled free movement around the area. Door are unlocked and opened for consumers on request where weather may be a factor. Rooms are clean and well maintained. Essential service maintenance occurs as required. Emergency exit signage generally indicates egress paths with inconsistency noted in relation to egresses adjacent to the construction site. Staff use maintenance reporting processes to indicate maintenance requirements.

The organisation did not demonstrate the environment is safe in relation to the use of bed rails. Management did not know how many beds currently have bed rails attached. Management could not explain the use of bed rails in other instances noted except where they said a consumer has requested these with documentation inconsistent. Appropriate risk assessment and instructions for the safe application and monitoring of bed rails was not evident.

The organisation did not demonstrate effective monitoring and review of performance in relation to safety in respect of the use of bed rails. Management does not have effective processes to identify where beds with bed rails are available. Management does not have effective processes to monitor the use of bed rails where these are fitted to beds as management. The Assessment Team observed instances of bed rails in use by consumers where management were unaware that those individuals used bedrails. Management did not use an incident as a result of a bed rail attached to a bed to identify risk for other consumers and inform their use of bed rails.

The organisation generally demonstrated effectiveness in the monitoring and designation of emergency egress paths. The organisation monitors and reviews its performance in relation to the other requirements. Improvements underway include the construction of a new building to replace one section of the service.

#### 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 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:

2. 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 all four of the requirements in relation to Standard 6 Feedback and complaints were met.

Of consumers and representatives randomly sampled 100% said staff follow up when they raise things always or most of the time. Consumer are aware of feedback mechanisms and described how they can provide feedback at meetings or by speaking to management and staff. Consumers said they are satisfied with management’s responsiveness to feedback in relation to staff and other issues.

Consumer feedback is sought through feedback forms, meetings, care reviews, surveys and verbally. Staff described times they have addressed a concern for a consumer and outlined how they would listen and resolve complaints if they could. Senior staff were aware of the open disclosure framework. Feedback is recorded and management receive and collate feedback forms to review trends, discuss at meetings and identify improvements opportunities.

The organisation monitors and reviews its performance in relation to these requirements. Consumers are complimentary about the service and complaints are actioned and resolved in consultation with consumers and representatives.

#### 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) 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:

2. 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 four of the requirements in relation to Standard 7 Human resources were met and one requirement was not met.

Of consumers and representatives randomly sampled 100% said they are encouraged to do as much as possible for themselves, staff are kind and caring and staff know what they are doing always or most of the time. Consumers outlined in various ways staff do their best and described staff as friendly, patient, fantastic, very nice and caring. They said staff are efficient commenting on the availability of staff who know them and answer their questions.

The organisation demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Interactions between consumers, representatives and staff were observed to be kind, caring and respectful. The workforce is recruited to specific roles requiring qualification, credentialing or competency with orientation of new staff occurring. Staff are trained and supported to deliver outcomes for consumers.

Staff are not all equipped to undertake their roles as not all staff and volunteers had current police certification as required. Staff/volunteers whose police certification had expired continued to work or attend the service. Performance appraisals occur and as part of probation monitoring and recruitment is ongoing. Review and monitoring of staff/volunteer performance that may place consumers at risk is undertaken.

The organisation failed to ensure staff/volunteers with expired police certification did not work or attend the service. Processes to monitor the currency of staff and volunteer police certification are not effective and there was no policy in place to guide staff. Management developed a policy in relation to police certification. Education is monitored for completion and human resource processes monitor staff availability and suitability.

#### Requirements:

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

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

### 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:

2. 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 two of the requirements in relation to Standard 8 Organisational governance were met and three were not met.

Of consumers and representatives randomly interviewed 100% said the place is well run always or most of the time. While 93% of consumers said they feel at home always or most of the time, a consumer who said they never feel at home provided feedback about lack of opportunities for decision making. Consumers gave various examples of how staff ensured the care provided was right for them and how any risks or incidents were discussed with them or their representative. Consumers said staff try their very best and are of a high quality. Consumers and a representative said they have been provided with a copy of the Charter of aged care rights. Consumers are satisfied with management’s responsiveness to feedback and complaints.

The organisation’s governing body requires a range of reporting to support their oversight of governance. The organisation has a continuous improvement plan and has identified improvement opportunities in relation to the Quality Standards. Oversight of the complaint management process includes trending and identification of opportunities for improvement. Consumers have agreements in place and there is an established process for communication of the new Charter of aged care rights. A range of policies and procedures are available and review processes are generally effective. The organisation ensures the recruitment of appropriate levels and skill of staff to meet service and care needs. Management implement mandatory training as required. Meetings occur with various stakeholders and information is considered in relation to clinical governance, psychotropic medication and antimicrobial stewardship. Incident reporting includes the use of a risk improvement register and monitoring of high impact or high prevalence risks. Mandatory reporting systems are in place and are generally effective. Management and the organisation understand intent to restrain with authorisations in place where items that restrain are requested/approved.

The organisation did not ensure that all staff and volunteers working at the service have current police certification with staff and volunteers continuing to work. The reporting of an incident with mandatory reporting requirements were not met within 24 hours. Management did not respond as required to a consumer’s allegation of assault by listening and understanding them effectively in line with the Charter of aged care rights. Management do not effectively apply a risk-based approach to the management of restraint devices such as bed rails fitted to some beds.

The monitoring of police certification is not effective. Management identified there was no policy in relation to police certification and developed this. Management does not have effective processes to monitor the use of bed rails including the monitoring of staff practice. Data collection to support the monitoring of physical restraint is not effective. The organisation generally monitors and reviews its performance in relation to other aspects of these requirements such as staff vaccination levels, assessment and planning processes and the monitoring of psychotropic medication. Continuous improvement initiatives are implemented and overseen including the implementation of the aged care quality standards.

#### 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 that 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 that 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