The Cairns Aged Care Plus Centre at Chapel Hill

Performance Report

730 Moggill Road CHAPEL HILL, Qld 4069   
Phone number: 02 9779 9416

**Commission ID: 5989**

**Provider name:** The Salvation Army (Queensland) Property Trust

**Review Audit date:** 26 – 29 November 2019

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | 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) | Non - 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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-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) | Compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

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

* the Assessment Team’s report for the 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 25 December 2019.

# 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

Overall consumers confirmed that 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.

For example:

* Consumers and representatives interviewed said staff are respectful, kind and aware of their personal preferences.
* Consumers provided examples of how the service and staff provide culturally safe care, including acknowledging religious and cultural differences, and supporting their independence. They confirmed staff know what is important to them and support them to maintain relationships with friends and family members, both inside and outside of the service.
* Consumers confirmed the service supports them to be independent and encourages them to exercise choice about their lifestyle. Consumers said the service and staff respected their wishes to undertake activities that are considered to contain risk and supports them to manage the risk.
* Consumers confirmed the service respects their personal privacy, including delivering care in the manner they prefer, recognising and respecting their space and environment, and maintaining confidentiality when discussing aspects of their care.

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.

* Staff interviews, and review of care documentation demonstrated the service has a comprehensive understanding of the needs, values and preferences of their consumers. Consumers confirm they receive individualised care, maintain their relationships and are supported to make choices. Staff described how they engage with individual consumers in the manner that is most comfortable and reflective of their preferences. Care planning documents demonstrated the service is responsive to changes in consumer preferences and supports consumer choice.

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

make connections with others and maintain relationships of choice, including intimate relationships.

### Requirement 1(3)(d) Compliant

Each consumer is supported to take risks to enable them to live the best life they can.

### Requirement 1(3)(e) Compliant

Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

### Requirement 1(3)(f) Compliant

Each consumer’s privacy is respected and personal information is kept confidential.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Some consumers said that they feel like partners in the ongoing assessment and planning of their care and services. However, others advised they are not consistently consulted in the reassessment of their care needs and were not aware of how to access their care plan.

For example:

* Consumers and their representatives were able to provide examples of how other providers of care are involved in meeting their healthcare needs.
* Consumers and representatives advised they are involved in care planning and assessment processes, however this did not include end of life needs and preferences.
* Some consumers confirmed they are informed about the outcomes of assessment and planning, however all consumers sampled advised they were not aware of how they can access their care and service plans.

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.

* Staff interviews and review of care documentation demonstrated staff are aware of care planning and assessment processes to inform the delivery of safe and effective care and services and how to access this information. The service’s assessment and planning processes identify risks and involves other organisations, individuals and providers of care and services when required. The outcomes of assessments are documented in care and service plans.
* While staff were able to describe assessment and care planning processes, all consumers and representatives sampled advised they were not aware of how to access this information. Two consumers explained advance care planning and end of life choices have not been reviewed to reflect their current preferences. A review of care documentation confirmed consumer’s end of life preference, are not consistently recorded and consumers are not provided with a copy of their care plan.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-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) 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 found while advance care planning and end of life planning is part of the initial assessment process, two consumers and a relevant staff member confirmed it is not consistently part of the reassessment process.

The approved provider’s response stated advance care planning and end of life planning is re-discussed with the consumer or their representative should the consumer’s health deteriorate, the service’s policy states advance care planning and end of life planning are subject to regular reassessment processes and a process has since been implemented to ensure compliance with the policy.

However, the approved provider was not able to demonstrate that reassessment of end of life and advance care planning wasconsistently occurring.

### 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) Non-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.

Both the assessment team and the approved provider confirmed the outcomes of assessment and planning are generally communicated to the consumer or their representative and documented in a care and services plan and this is readily available to staff participating in care. However, sampled consumers or their representatives were not aware they could access a copy of the documented care and services plan.

### 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.

I have considered the assessment team’s report and the approved provider’s response and I am satisfied the service has systems in place to regularly review the effectiveness of care and services. The team identified examples of where reassessment had not occurred for end of life planning and I have considered this in the context of Standard 2 requirement 3 (b). In addition, the team identified some concerns with the delivery of dental care and I have considered this not in terms of regular review but in relation to Standard 3 and the delivery of personal care and clinical care. I have come to a view that the inconsistencies in care documentation identified by the team do not indicate non-compliance in relation to this requirement.

# 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

Most consumers consider that they receive personal care and clinical care that is safe and right for them.

For example:

* Most consumers and their representatives confirmed they get the care they need. Representatives confirmed those consumers nearing the end of life are provided with comfort and dignity during this time.
* All consumers interviewed confirmed they have access to a medical officer or other health professional when they need it.

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 and consumers. The team also examined relevant documents.

* The service was able to demonstrate how it manages risks associated with the care of each consumer and how it recognises and responds to changes in consumers’ conditions. Care documentation identified referrals to other health care providers occur in a timely manner and that the service has processes in place to monitor risks associated with the care of each consumer including the identification of clinical trends which are discussed with management and staff regularly. The service demonstrated it has processes in place for the minimisation of infection related risks.
* However the assessment team identified where examples of where consumers were not experiencing care that was tailored to their needs and care documentation did not demonstrate information, regarding consumer’s needs and preferences, is communicated effectively. The service was unable to demonstrate care plan directives were consistently followed to ensure care delivered was safe, effective and tailored to consumers’ needs.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 majority of consumers at the service were satisfied with the personal and clinical care provided and documentation and staff interviews confirmed service delivery is generally appropriate and effective.

However, the team identified four consumers where this was not the case. The approved provider has commenced work to resolve the issues identified however, the the approved provider was not able to demonstrate these consumers were experiencing care that was tailored to their individual needs or optimising their health and well-being.

### 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) Non-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.

The assessment team identified examples of where consumers’ needs and preferences were not documented or understood by staff or where documentation did not support delivery of safe and effective clinical care. The approved provider has acknowledged there is room for improvement and, since the review audit, hasimplemented measures to improve documentation and handover processes at the service. However, as the implemented measures will take some time to be embedded in practice, I have come to a view that the inconsistencies in documenting and communicating consumers’ needs and preferences result in non-compliance in relation to this requirement.

### 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

Most consumers confirm that 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.

For example:

* Consumers and representatives interviewed explained they were supported to be independent and gave examples of the lifestyle supports they were provided at the service. Consumers interviewed agreed they had enough occupation and the service supports them to do the things they like to do, however two representatives expressed concern regarding insufficient tailored activities during the week or on weekends.
* Consumers and representatives report the service supports consumers to maintain relationships, keep in touch with people important to them and to meet loved ones outside the service.
* Consumers interviewed generally liked the food and gave examples of where the service had accommodated personal meal preferences.
* Whilst consumers and representatives generally confirm adequate support for daily living, some expressed concerns about the provision of sufficient emotional support.

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 team, 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.

The Assessment Team identified consumers regularly attend varied and tailored activities that meet the consumer’s needs, goals and preferences. Consumers and staff confirm referral to the chaplain and lifestyle staff for emotional, spiritual support visits and care support. Consumers reported they are satisfied with the meals. The Assessment Team observed consumers, staff and visitors to the service to be interacting with each other.

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 services 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

Most consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Overall consumers said they felt at home and comfortable in the home environment. They explained they enjoyed the living areas, balconies and personalisation of their rooms.
* Consumers confirmed they enjoyed different areas of the service and could freely access outdoor areas and gardens.
* Consumers and their visitors feel welcome, had access to private lounge and dining areas and could help themselves to a tea and coffee station on each floor as well as café on ground floor.
* Consumers confirmed the service was clean, comfortable, and they had access to well-maintained furniture and equipment they needed.

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

* The service was observed to be welcoming, clean and well maintained with appropriate furniture, fittings and equipment. Consumers display photographs, memorabilia, furniture from home and other personal items in their rooms. Common areas are provided with home-like furnishings and bookshelves, and all areas are a comfortable temperature.
* Displayed signage assists consumers to find their way around the service and there is ready access to outdoor living areas including balconies and areas with seating and tidy gardens. Paths and handrails enable free movement throughout the service.

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.

While the assessment team was concerned by two incidents of consumers leaving the service and a representative’s concerns about night time security, the approved provider took immediate action to resolve the individual concerns. I am satisfied the service is generally safe, clean, well maintained and comfortable as well as enabling 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 NON-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

Most consumers did consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers and representatives interviewed said they felt comfortable raising concerns and providing feedback, either using the service’s feedback forms or directly to management and staff. Consumers and their representatives provided some examples of changes made in response to feedback including changes to staff monitoring practices and variations made to consumer meal preferences. Consumers were aware of external feedback mechanisms including advocacy organisations and telling a family member, who raise concerns on their consumer’s behalf.

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.

* The service could demonstrate how they support consumers and representatives to provide feedback regarding care and services. Consumers and staff are informed of external feedback mechanisms which are discussed during meetings and resources are available throughout the facility. The service has a centralised feedback register which is reviewed to improve service delivery.

While the service could provide some examples of improvements made following feedback, some consumers and representatives sampled advised the service does not consistently undertake appropriate action in response to complaints to ensure issues do not reoccur. A review of consumer records and complaint documentation confirm verbal feedback is not consistently documented and escalated by staff, resulting in complaints not being responded to in a timely manner.

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

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

The assessment team found some representatives sampled expressed their dissatisfaction regarding the actions taken in response to complaints made to the service. They reported that while complaints made to management are addressed, complaints made to staff do not result in appropriate action being taken in response to the complaint or that the actions implemented are not sustained.

The assessment team also identified through a review of documentation that not all complaints are documented or escalated or that the appropriate staff are aware of what action is to be taken as a result of a complaint.

I accept the approved provider has a feedback and complaints procedure in place and has taken action to address the specific concerns raised by the assessment team. However, the approved provider was not able to demonstrate that staff were aware of , and following, the service’s feedback and complaints procedures.

### 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

Overall consumers confirmed that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers interviewed confirmed that staff are kind and caring and respectful of their identity culture and diversity.

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 and training records.

Staff are competent to perform their roles, are kind and caring during care delivery and generally, staffing levels are sufficient in relation to the provision of care.

However, the service has not undertaken performance evaluation of its staff for over 12 months and was unable to demonstrate how they evaluate staff performance.

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.

The approved provider’s response indicates that prior to the review audit it was aware of the need to make changes to senior staffing, to improve clinical leadership and had commenced a range of initiatives to support improved care outcomes for consumers.

The assessment team identified some consumers provided examples of the lack of timeliness with care and some staff in a specific wing of the service expressed dissatisfaction with staffing levels. However, I am satisfied the approved provider was in the process of addressing those concerns.

I am satisfied the service plans its workforce to enable the delivery and management of safe and quality care. This is evidenced by a general satisfaction with service delivery and changes to rosters etc as consumers’ acuity changes.

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

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

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

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

### Requirement 7(3)(d) Compliant

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

Based on the approved provider’s response and the assessment team’s findings, I am satisfied the workforce at the service is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. I note a minimum competency is required for care staff, registered staff are available 24 hours a day and senior staff are recruited based on essential and appropriate criteria. I am also satisfied training including mandatory training is ongoing and relevant.

While the assessment team identified some incidents of poor practice, I am satisfied that overall the service has an appropriately recruited and trained workforce.

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

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

The assessment team found that that the service has not undertaken performance evaluation of its staff for over 12 months and was unable to demonstrate how they evaluate staff performance. The approved provider ‘s response indicates since the review audit it is implementing a process to ensure performance appraisals for staff are completed in a timely manner. However, the service could not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

Consumers interviewed were of the opinion the service is well run and confirmed they are involved in the development, delivery and evaluation of services. For example, consumers confirmed they are encouraged to make suggestions to enable the service to support them to live the best life they can.

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).

The governing body meets regularly, sets clear expectations and regularly reviews risks from an organisational and consumer perspective. There are organisation wide governance systems to support effective compliance with regulatory requirements, systems to manage continuous improvement, information, finances and resources and feedback and complaints which are needed to manage service delivery.

There are also established organisational systems to manage the delivery of safe quality care.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

Effective organisation wide governance systems relating to the following:

1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.

I have considered the approved providers response and the assessment teams findings and I am satisfied the approved provider meets this requirement and has effective organisation wide governance systems in place. While the assessment team identified areas of non compliance and incidents of inconsistent or poor practice I am of the view this reflects a lack of adherence to systems and processes rather than a lack of effective governance structures.

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

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

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can.

### Requirement 8(3)(e) Compliant

Where clinical care is provided—a clinical governance framework, including but not limited to the following:

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.

Based on the approved providers response and the findings of the assessment team I am satisfied a clinical governance framework is in place at the service. While I note there have been deficits in staff practice, the approved providers response and the assessment team findings indicates the approved provider was aware of these and was working to improve clinical governance oversight at the service.

# 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 2(3)(b)
* Requirement 2(3)(d)
* Requirement 3(3)(a)
* Requirement 3(3)(e)
* Requirement 6(3)(c)
* Requirement 7(3)(e)