The Pioneers Lodge

Performance Report

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**Commission ID:** 0080

**Provider name:** The Pioneers Lodge Limited

**Site Audit date:** 25 May 2021 to 27 May 2021

**Date of Performance Report:** 28 June 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-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) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | 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** | **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) | 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others
* the provider’s response to the Site Audit report received 18 June 2021.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Most consumers and representatives interviewed by the Assessment Team confirmed that consumers 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 said the service values consumer’s culture and diversity, and that care and services are culturally safe. A review of sampled consumer care plans by the Assessment Team clearly identified consumer’s cultural needs including diversity, religion and spirituality.

The Assessment Team found the service’s information systems are effective and provides each consumer or their representatives with information that is current, accurate and timely. The service demonstrated processes are in place to enable consumers to exercise choice and independence regarding their care and services. This includes through regular case conferences, review of care plans and discussions between management and consumers or their representatives. The service demonstrated consumers are supported to make connections with others and to maintain relationships of their choice.

However, two consumers interviewed raised concerns about staff not respecting consumer’s privacy by administering insulin injections in the dining room.

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) Compliant

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

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

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

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

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

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

Most consumers and representatives interviewed by the Assessment Team confirmed consumer’s privacy is respected and were confident their personal information is kept confidential. However, one consumer told the Assessment Team that staff did not respect their privacy by administering their insulin injections in the dining room. This involved the consumer’s garments being raised for other consumers to see their exposed abdomen. Another consumer interviewed by the Assessment Team confirmed that this was occurring and that they were not happy with the practice. They also said that another consumer who has since passed away had also been receiving insulin injections in the dining room.

In their response, the approved provider demonstrated that once the above issues were raised by the Assessment Team, appropriate action was taken in response, including the use of an open disclosure process with the consumer involved. The approved provider’s response identifies action taken to ensure consumer’s privacy is maintained when providing care. This includes updates to the consumer’s care documents to reflect that insulin is to be administered in a private area, and education to staff.

While I accept the service took appropriate action to rectify the concerns raised by consumers regarding consumer privacy not being respected, this was only actioned after identified by the Assessment Team. At the time of the Site Audit, not all consumers felt their privacy was maintained at the service.

I find this requirement is Non-compliant.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, consumers interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Most consumers indicated they are overall happy with their plan for care and with the care and services they receive. Most consumers expressed satisfaction with communication in relation to care and service assessment outcomes.

Staff interviewed by the Assessment Team could describe how the care they provide to consumers is in line with their current needs and preferences, and they were able to give examples of what is important to the consumer in terms of their care delivery.

A review of care documents by the Assessment Team found overall, risks to consumer’s health and well-being are identified and strategies are implemented to mitigate the risk of harm. There is evidence advance care planning and end of life planning is discussed with the consumer (or representatives on their behalf) and advance care plans are in place for consumers sampled.

However, the Assessment Team found there is ineffective clinical oversight of consumer incidents. The service did not demonstrate care and services for consumers are reviewed regularly for effectiveness following a consumer incident.

The Quality Standard is assessed as Non-compliant as one 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) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) 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 found that while care plans are reviewed regularly, a review of the consumer’s needs, goals or preferences is not consistently conducted when the consumer’s needs change or following an incident. For one consumer who experiences episodes of aggression and agitation, care documents reviewed by the Assessment Team did not demonstrate incident reports are consistently completed to identify triggers and strategies to manage the behaviours. For the same consumer, the service did not demonstrate a review of the effectiveness of behaviour management strategies occurred following these episodes of aggression and agitation. For another consumer who had repeated falls, care documents did not demonstrate clinical assessment occurred following the falls in line with the service’s procedures, or that the consumer’s falls prevention strategies were reviewed for effectiveness.

Regarding the consumer who experiences episodes of aggression and agitation, the approved provider’s response demonstrates the consumer was reviewed by their medical officer regarding pain and agitation several days after one of the more significant incidents identified by the Assessment Team. The approved provider demonstrated that following the Site Audit, the consumer was referred to dementia behaviour management advisory services for an assessment of interventions to help manage behaviours.

Regarding the consumer who had repeated falls, the approved provider demonstrated interventions to minimise the risk of falls were updated following the most recent fall at the time of the Site Audit. The approved provider also demonstrated that a clinical assessment by the registered nurse was completed following each fall.

In their response, the approved provider identified continuous improvement actions to ensure incident reports are completed to analyse the incident and identify effective interventions to reduce the risk of further incidents. The approved provider also identified that the case conference templates have been updated to improve review of consumer care and services.

While the approved provider’s response clarifies some of the Assessment Team’s findings, at the time of the Site Audit, the service did not demonstrate that care and services were consistently reviewed for effectiveness when incidents impacted on the needs, goals or preferences of the consumer.

I find this requirement is Non-compliant.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall, consumers and representatives interviewed by the Assessment Team confirmed consumers have access to appropriate clinical and personal care services as required.

Care documentation reviewed by the Assessment Team demonstrated the needs and preferences of consumers nearing the end of life are being identified and met by staff. Staff monitor deterioration in consumer’s cognitive and physical condition and respond in an appropriate and timely manner. Consumers are generally referred to appropriate services and specialists in a timely manner and in response to consumer needs.

However, documentation reviewed, and staff interviewed by the Assessment Team demonstrated the service does not have a comprehensive process for root cause analysis of consumer incidents. The Assessment Team found the service has ineffective clinical oversight and monitoring of consumers’ incidents. Behaviour management strategies did not consistently reflect best practice and safe care for all consumers. Physical causes of escalation in a consumer’s behaviour including pain are not consistently assessed to ensure care is individualised to the consumer.

Documentation reviewed by the Assessment Team demonstrated gaps in identifying and communicating individual consumer goals and triggers for consumer behaviours, and reporting and reviewing consumer incidents to inform safe and effective consumer care.

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.*

Consumers and representatives interviewed by the Assessment Team generally gave positive feedback about the clinical and personal care provided at the service. However, care documents reviewed by the Assessment Team did not demonstrate that the consumers sampled consistently receive care that is safe, effective, tailored to their specific needs and best practice. For one consumer who displays episodes of aggression and agitation, behaviour management strategies were not best practice and did not optimise the health and well-being of the consumer, or the other consumers residing in the same unit. The Assessment Team found that appropriate pain assessments were not consistently completed for two consumers when pain was indicated. For one consumer, administration of insulin was not completed on several occasions in line with the medical officer’s directives.

The approved provider’s response demonstrates that for the consumer who displays episodes of aggression and agitation, following the Site Audit, the consumer was referred to specialist mental health services and dementia behaviour management services to identify effective behaviour management strategies.

For one of the consumers identified in the Assessment Team’s report, the approved provider’s response demonstrates that an appropriate non-verbal pain assessment was completed on some occasions when pain was indicated, and the consumer was reviewed by their medical officer regarding their pain.

Regarding the consumer who requires insulin, the approved provider’s response demonstrates while some signing errors were identified on the consumer’s blood glucose charts, insulin was administered in line with the medical officer’s directives.

While the approved provider’s response clarifies some of the Assessment Team’s findings, at the time of the Site Audit, the serve did not demonstrate that consumers consistently receive care that is safe, effective, tailored to their specific needs and best practice. At the time of the Site Audit, the strategies in place to manage one consumer’s behaviours were not best practice and did not optimise the health and well-being of the consumer, or the other consumers residing in the same unit. The service did not demonstrate that pain assessments were consistently completed for consumers when pain was indicated.

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.*

The Assessment Team found the service has processes in place to identify the high impact and high prevalence risks for consumers in the service. Care documents reviewed by the Assessment Team demonstrated the risks associated with choking and weight loss have been effectively managed for consumers. However, the Assessment Team found the risks associated with one consumer’s aggressive behaviours have not been effectively managed for the consumer or the other consumers residing in the same unit. The service demonstrated consumers at a high risk of falls are identified, however data is not utilised to identify trends or root causes of falls.

In their response, the approved provider demonstrated that some strategies to mitigate associated risks were in place at the time of the Site Audit for the consumers impacted by the aggressive behaviour of the consumer identified in the Assessment Team’s report.

In their response, the approved provider demonstrated that prior to the Site Audit, the service had implemented strategies to reduce the number of consumer falls, and mitigate the associated risks. This included staff education and training, and weekly meetings to discuss consumers at a high risk.

While the service did not demonstrate that behaviour management strategies for one consumer were best practice to manage associated risks, I have considered this in my assessment of Standard 3, Requirement 3(3)(a). Overall, the service demonstrated the high impact or high prevalence risks associated with the care of each consumer is identified and managed.

I find this requirement is Compliant.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall, consumers and representatives interviewed by the Assessment Team confirmed that consumers get the services and supports for daily living that are important for their health and well- being that enable them to do the things they want to do. For example, consumers and representatives interviewed said consumers have choices when it comes to meals and activities. They said they are supported to attend outings with the service and with their families and friends.

Consumers and representatives said there are enough services, activities and choice to ensure consumers they are engaged to the level they wish. Consumers said they are supported to keep in touch with people who are important to them by receiving visitors at the service, going out on social leave and through telephone and videoconferencing.

Most consumers interviewed said they like the food at the service and they have input into the menu. They said that their feedback has led to an improvement in meals and variety.

Review of the service’s activities calendar and interviews with staff by the Assessment Team demonstrated a wide variety of activities are offered to meet the different needs and preferences of consumers. For consumers who require or would like additional emotional or spiritual support, referrals to appropriate services are made and visits organised.

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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

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

Overall, consumers and representatives interviewed by the Assessment Team spoke positively about the environment saying that they felt safe, can move freely within the service environment and it was clean and well maintained.

The Assessment Team observed the service has a welcoming environment with clear signage throughout, adequate lighting and heating and cooling. The service environment was observed to be clean, comfortable and well-maintained. Consumers were observed to be moving indoors and outdoors through the service using a range of mobility equipment including wheelchairs, electric wheelchairs and wheeled walkers.

The service demonstrated effective processes in place to ensure furniture, fittings and equipment are safe, clean and regularly serviced, which includes cleaning and maintenance schedules.

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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, consumers interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers interviewed generally felt that changes were made at the service in response to complaints and feedback, and the continuous improvement plan reviewed by the Assessment Team reflected this. Consumers were also able to describe different ways they could provide feedback and complaints.

The Assessment Team found the service has written materials about how to make complaints including details for advocates, language services and external complaint services. These documents are made available to consumers and brochures are available at reception.

The service provided comprehensive documentation to the Assessment Team such as complaint logs and reports and minutes of meetings that showed consumer feedback and complaints are captured, analysed, resolved and used to inform improvements to care and services. The service has a policy for open disclosure and management provided examples of when this has been practiced in response to complaints. Most staff interviewed stated they had received education on open disclosure and understood what it meant.

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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

All consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable and capable. Consumers and their representatives said they feel confident that staff are skilled to meet their care needs. Consumers interviewed said the majority of staff are kind, gentle and caring and are respectful of who they are as individuals. This was also observed by the Assessment Team throughout the Site Audit.

While some consumers, representatives and staff felt there are not always enough staff rostered, most consumers and representatives did not identify any negative impacts on the delivery and management of safe and quality care and services. Most consumers said they do not have to wait long for staff assistance after using their call bell and this was reflected in call bell response data reviewed by the Assessment Team. The service has recently reviewed staffing levels as a result of consumer feedback, and the service has hired several staff members in the months prior to the Site Audit.

The service generally demonstrated it has systems for recruitment of staff to ensure they employ staff who are skilled and meet the requirements of their job roles. The service has processes for regular training in job-specific skills. The service has a performance review system for staff, and demonstrated that for the majority of staff, regular assessment, monitoring and review has been undertaken.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

### Requirement 7(3)(d) 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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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

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).

Overall, consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers were able to describe how they are encouraged and supported to participate in the development, delivery and evaluation of care and services through consumer meetings, food forums, feedback and complaint mechanisms, surveys, service design input, individual planning and assessment and feedback opportunities.

The service demonstrated that the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Overall, the organisation demonstrated it has effective governance systems implemented at the service to support the safe delivery of quality care for consumers. The Assessment Team found the service generally has effective risk management systems and practices in place to minimise the risk to the health, safety and well-being of consumers. The service demonstrated an effective clinical governance framework including but not limited to antimicrobial stewardship, minimising the use of restraint and open disclosure.

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.*

### 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) Compliant

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

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 1(3)(f)

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

The approved provider must demonstrate:

* Each consumer’s privacy is respected, including care to be delivered in a private setting to ensure the privacy of the consumer and others.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 2(3)(e)

*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 approved provider must demonstrate:

* Care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer.
* Strategies to manage consumer behaviours of concern and consumer falls are reviewed for effectiveness following incidents.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(a)

*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 approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Behaviour management strategies utilised at the service are informed by best practice and optimises the health and well-being of the consumer and other consumers impacted.
* Consumer pain is appropriately assessed, managed and monitored to optimise consumer health and well-being.
* The service has implemented all continuous improvement actions identified in their response.