Torbay Hostel

Performance Report

43 Exeter Street
TORQUAY QLD 4655
Phone number: 07 4125 0800

**Commission ID:** 5086

**Provider name:** Torbay Lifestyles and Care Limited

**Site Audit date:** 15 June 2021 to 18 June 2021

**Date of Performance Report:** 19 July 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 8 July 2021

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers were treated with dignity and respect and their cultural background was valued and accepted. Consumers and representatives said staff provided care and services that were culturally, socially and emotionally safe for them and their family members. They said the service supported consumers to maintain their independent lifestyle choices and preferences and maintain relationships of importance.

Consumers confirmed the service supported them to take risks including, but not limited to, smoking, motorised vehicles and leaving the service. They confirmed information provided by the service was easy to understand and enabled them to make choices in relation to meals, activities and other interests.

Consumers said their personal privacy was respected and their private information was confidentially maintained.

Care planning documents reflected what was important to each consumer and information about their backgrounds. Care information reflected consumers’ choices in relation to their next of kin, Enduring Power of Attorney and their Medical officer and goals and strategies to support their independence. Risk assessments and discussions with consumers and representatives were recorded in care information when consumers preferred to undertake specific risk related activities.

Staff had a shared understanding of consumers’ backgrounds, life histories, cultural needs and preferences and their social connections. Staff were aware of the service’s expectations and policies and procedures in relation to dignity and respect which were explained through the service’s training and induction program. Staff were aware of consumers’ Next of Kin and regular visitors on a first name basis. Management advised consumers were fully supported to make informed choices about their care and services and who they preferred to be involved in their care decisions.

Staff had a shared understanding of the individual risks associated with consumers’ choices and preferences and strategies employed to support them. Staff were updated regarding changes in the needs and preferences of consumers through formal handover processes.

The service’s lifestyle activity calendar included significant cultural events and consumers’ rooms were observed to have personal items which demonstrated the service supported their cultural identities. Consumer surveys, meetings and focus groups were conducted and involved consumers in decision making processes to exercise their choice and independence.

The service had policies and procedures regarding dignity and respect, consumer choice and risks the collection, use and disclosure of personal information. Information was communicated to consumers and representatives via newsletters which were also available in large print, noticeboards, activity calendars, daily menus, verbally and written communication.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and representatives confirmed they were involved in assessment and care planning processes including the consideration of risks to the consumer’s health and well-being. They said staff understood what was important to consumers regarding how their care and services were provided and that the service had discussed their end of life preferences with them. Consumers and representatives said they could access copies of their care plan information from staff and mobility care plans were accessible in consumers’ rooms.

Registered nurses were responsible for assessment and planning processes including which included regular reviews or when changes occurred in consumers’ needs. Registered staff had a shared understanding of the service’s assessment and planning processes including how to approach end of life conversations appropriately. Allied health staff were involved in assessment and planning processes when a consumer entered the service, during reviews every three months, when required and following incidents.

Care staff could access care plan information and care plan copies were offered to consumers and representatives during care plan review processes. Staff were informed of any changes in consumers’ needs during handover discussions, face to face communication, electronic mail correspondence and alerts on the service’s electronic care system.

Care documentation reflected information relative to the risks to each consumers’ health and well-being including, but not limited to, pressure injuries and falls. Advance care planning and end of life planning information was recorded in consumers’ care plans and end of life clinical pathways were implemented for those consumers nearing the end of their life.

Care planning documentation reflected the involvement of the consumer, their representative and others involved in their care including, but not limited to, the Medical officer, physiotherapist and podiatrist. Care information evidenced the review of consumers’ care needs on both a regular basis and when circumstances changed, or incidents occurred.

The service had policies and procedures in relation to assessment and planning, advance planning and end of life care, Staff had access to a suite of evidenced-based tools on the service’s electronic care management system.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 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

Consumers and representatives confirmed they received safe and effective care which met their needs and they could access Medical officers or other health professionals when required. Consumers with high impact or high prevalence risks, including those at risk of falling, were effectively managed.

The service included consumers and representatives in decisions about their care which was tailored to their needs, goals and preferences. Consumers nearing the end of their life said their care was safe and maintained their comfort and dignity. Consumers and representatives said their needs were communicated effectively between staff and staff respond promptly when changes in their clinical conditions were identified.

Care documentation reflected when deterioration or changes in the consumer’s health care needs occurred staff responded in a timely manner. End of life pathways were completed for consumers receiving end of life care. Information regarding consumers’ needs and preferences were communicated and documented within the service and with others as required. Care documentation reflected referrals to specialist services including allied health services occurred in a timely manner.

Care information reflected appropriate assessment, authorisation, consultation, monitoring and evaluation processes had occurred for those consumers who were assessed as requiring restraint. Wound management documentation evidenced consumer’s wounds were monitored, managed, reviewed and photographed as scheduled by Registered nurses. Medical officers and Occupational therapists were consulted in relation to consumers’ pain management needs. Care documentation generally provided adequate information about the consumer’s condition, needs and preferences. Processes were in place for consumers transferred to hospital which included the completion of a checklist to ensure all care information had been provided.

Staff had a shared understanding of the individual needs of consumers to ensure care delivered was tailored to their needs. A nurse practitioner was employed by the service to provide support with chronic disease management, palliative and end of life care and wound management. Staff were aware of the high impact or high prevalence risks for consumers within the service which included falls, wound management, pain management and challenging behaviours. Registered staff had a shared understanding of the management of consumers who had experienced falls and could access the Medical officer or Nurse practitioner for additional support when required. Staff were aware of most care needs of consumers and when changes with their care needs were identified.

The service had policies and procedures in relation to restraint, pain management, clinical deterioration, referral processes, infection control and antibiotic management. While the service did not have a documented policy regarding skin integrity and wound management, care documentation and feedback from consumers and representatives and staff demonstrated consumers were receiving appropriate skin care and staff had a shared understanding of the procedures for prevent compromised skin integrity care and wound management.

The service monitored care delivery to ensure it was safe and effective through clinical audits and the investigation and review of incident data. Clinical incident data was discussed at clinical risk and compliance committee meetings each week and reported to the Board each month.

The service has processes in place to minimise infection-related risks including those related to a potential COVID-19 outbreak. Medication Advisory Committee meetings were held every alternate month to discuss antimicrobial stewardship, psychotropic medication incidents and vaccinations. The service had a designated infection preventions and control lead and all staff had completed mandatory infection control training. The service maintained a register to record when consumers and staff had received their influenza and COVID-19 vaccination.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

Care documentation reflected high impact or high prevalence risks were identified and managed appropriately. Care documentation described the risks to consumers which included, but was not limited to, falls, behaviour and wound management, weight loss and medication administration.

The representative for a named consumer advised the service had been managing their unplanned weight loss effectively which had included increased weight monitoring and altering their dietary and nutritional needs and preferences in line with Medical officer directives.

Staff had a shared understanding of the high impact and high prevalence risks associated with the care of consumers including falls, wound management, pain management, weight loss and challenging behaviours.

The service reviewed clinical incident data internally and submitted clinical indicator data to the Board on a monthly basis. Clinical incident data was reviewed and analysed to identify occurrences of high impact and high prevalence risks for consumers at the service.

The service had policies to support staff in the delivery of care for high impact and high prevalence risks excluding skin integrity and wound management, which has also been considered in Standard 8 Requirement (3)(d).

The service had implemented improvement activities in response to deficiencies identified in the previous Assessment Contact completed 2 December 2020, which included the effective analysis and investigation of incidents when consumers experienced falls in the memory support unit, the appointment of a Risk and Compliance officer and weekly meetings to discuss clinical incidents, additional falls prevention strategies for consumers who required them and the addition of consumer mobility plans in each consumer’s room to guide staff.

New falls incident management forms have been developed to ensure more detailed information is obtained and additional allied health personnel have been engaged by the service to ensure the physiotherapist has increased capacity to focus on consumers’ mobility and falls prevention needs. Cameras in the communal living areas of the service have been adjusted to improve staff oversight and grassed areas in the memory support unit have been levelled to minimise consumers’ risk of falling. Additional education and training were provided to cleaning and maintenance staff regarding environmental risks for consumers with a cognitive impairment.

I have considered the information provided by the Assessment Team and the approved provider’s response including improvement actions undertaken by the service to resolve the deficiencies identified in the previous Assessment Contact. The service was able to demonstrate they actively pursue continuous improvement in response to the deficiencies previously identified. I am satisfied consumers with high-prevalence or high-impact risks associated with their care are effectively managed.

Therefore, it is my decision 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.*

# 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

Consumers and representatives confirmed consumers were supported to do the things they enjoyed which optimised their independence, health, wellbeing and quality of life. They said they were supported to maintain personal and community connections. Consumers enjoyed the volunteer program at the service which enabled them to develop new friendships, rekindle past interests, maintain links in the community and enriched their lives. They said they enjoyed spending time at the service’s coffee and second-hand shop.

Consumers and representatives confirmed consumers were supported by the service to keep in touch with people who are important to them and their emotional, spiritual and social and personal relationships were supported. Consumers enjoyed their meals and said they could provide input into the menus which resulted in improvements to the quality and variety of meals.

Care plans included information regarding activities, people who were important to consumers, their spiritual beliefs, support systems and community activities and interests. The individual dietary requirements and preferences of consumers were reflected in consumers’ care plan documentation. Care documentation reflected the involvement of others in the provision of lifestyle supports including, but not limited to, the catholic church and adult guardian.

The service partnered with consumer and representatives to determine their individual preferences and complete a lifestyle profile which encompassed their religious beliefs, community ties and cultural traditions. Care staff had a shared understanding regarding how they would respond if they were concerned about a consumer’s wellbeing. During the recent COVID-19 restrictions, the service ensured consumers were supported to remain in contact with family and friends through various electronic communication platforms and phone calls. Staff had a shared understanding of consumers’ likes, dislikes and what support individual consumers required to participate in activities. Lifestyle staff liaised with external organisations for additional support with the lifestyle activities offered within the service.

The activity calendar was reviewed each month and feedback from consumer surveys, meetings, and the focus group contributed to changes. The service utilised a suite of focused assessments which identified and assessed changes in consumers’ needs. The service’s newsletter included information regarding the services offered by the hostess and their contact details. The service had documented policies for staff handover processes and a referral processes for individuals and providers outside the service. Menus were observed to be on display in all dining areas and included hot and cold meal options for breakfast, lunch and dinner.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers said they felt at home, safe and comfortable living at the service and they were happy with their rooms and with the various activity areas. Consumers rooms were decorated with personalised items and photographs. Consumers could access all outdoor areas of the service. They considered the living environment to be clean and well maintained. Consumers and representatives said they felt safe when staff utilised equipment to assist with their mobility needs and maintenance requests were responded to in a timely manner.

Outdoor areas and gardens were well maintained, easily accessible with outdoor seating and tables available. The service’s living environment supported those consumers who were cognitively impaired and included clearly visible aspects of the service including clocks, door handles, outdoor areas and memorabilia on consumers’ doors.

The service consulted with an external consultant to ensure the service environment is furnished and renovated according to best practice for dementia design. The service had an onsite hairdresser and several shaded outdoor areas for consumers and representatives to access.

The service had appropriate storage areas for equipment including mobility aids and mobility hoists. The service’s preventative maintenance schedule included the monitoring of equipment to ensure they were safe and suitable for consumers. Staff confirmed they had enough equipment to complete their duties which was checked regularly by maintenance staff. Processes were in place to report maintenance issues and hazards through the service’s electronic reporting system.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives were aware of the service’s formal process for raising a complaint which included feedback forms and consumer meetings. They said they felt safe raising any issues directly with staff and management. Consumers and representatives said that appropriate action was taken in response to feedback and complaints and they expressed confidence in the services’ ability to resolve their concerns.

Consumers and representatives were aware of how to make complaints to external organisations however, preferred to raise their concerns directly with staff and/or management via consumer meetings. They said when they had raised complaints in the service had been responsive and had resolved them appropriately. Consumers confirmed improvements had been initiated in response to consumer and representative feedback.

Staff had a shared understanding of the service’s feedback mechanisms including how they could support consumers to raise concerns. Staff acted as advocates for consumers and had sound knowledge regarding the principles of open disclosure. Management advised the main mechanisms used by the service to inform improvements included consumer and representative meetings, focus group meetings, verbal feedback, feedback forms and surveys. Improvements initiated by the service in response to feedback and suggestions have included modified ice-creams for consumers with swallowing difficulties and a projector to facilitate soothing videos of calming scenery for the services’ palliative care room.

All complaints received were recorded and maintained in the service’s electronic reporting system. The service had a complaints resolution procedure which provided staff with guidance regarding open disclosure. The Quality manager was responsible for recording all feedback and complaints in the service’s electronic reporting system. The service’s complaints register and plan for continuous improvement captured information regarding complaints received and actions planned and implemented to improve outcomes for consumers and prevent recurrence.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 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

Consumers and representatives said there were enough staff to meet their needs and deliver safe and quality care and services. They provided positive feedback in relation to workforce interactions and agreed that staff were kind and caring towards them. Consumers and representatives considered staff to be suitably skilled and had the knowledge to provide care and services to meet their individual needs. They agreed staff were well trained and equipped to perform their roles. Consumers advised staff were skilled and qualified to deliver care and services in line with their personal preferences.

Most staff interviewed said that there was adequate staff to provide care and services in accordance with consumers’ needs and preferences and that generally staff have sufficient time to undertake their allocated tasks and responsibilities. Staff competencies were determined through skills assessments and staff were supported to improve their knowledge and skills through ongoing education and training. While most mandatory training modules for staff were completed, online training in relation to the Serious Incident Response Scheme had not been completed by all staff. This has been further considered in Standard 8 Requirements (3)(c) and (3)(d). Staff were not aware of the Serious Incident Response Scheme and their reporting responsibilities.

Call bell response times were monitored and investigated when they exceeded the service’s expectations. The service monitored staff practice through surveys, observations, feedback mechanisms and all staff were required to sign a copy of the service’s code of conduct and undertake training on the service’s expectations. The service had detailed position descriptions for individual roles that established responsibilities, knowledge, skills and qualifications required. The training needs of staff were determined through consumer and representative feedback, audit results, performance reviews, clinical indicators and changes in aged care legislation. The service’s online training system was responsible for the monitoring of the completion of staffs’ training requirements. The service had performance review systems in place which occurred during probationary periods and each year. Policies and procedures regarding performance management and work flow instructions were available to support staff and managers.

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.*

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives considered that the organisation was well run and that they could partner in the improvement of care and services. However, consumers were not provided information regarding the commencement of the Serious Incident Response Scheme.

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

The organisation had a clinical governance framework which included antimicrobial stewardship, the minimisation of restraint and open disclosure.

However, the organisation did not have effective organisation-wide governance and risk management systems in place to ensure the delivery of safe and quality care and services for regulatory compliance and the introduction of the Serious Incident Response Scheme.

Policies and procedures did not provide clear and consistent information and were not provided to staff in preparation for the commencement of the Serious Incident Response Scheme on 1 April 2021.

Staff and management did not have a shared understanding regarding the Serious Incident Response Scheme and have not received training. Incidents were not accurately assessed and reported in accordance with the Serious Incident Response Scheme requirements.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Non-compliant

*Effective organisation wide governance systems relating to the following:*

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

While the service demonstrated it had effective governance wide systems in relation to information management, continuous improvement, financial governance and workforce governance, the service was unable to demonstrate effective governance-wide systems were in place regarding regulatory compliance.

The organisation had governance systems to audit and monitor compliance with legislative and regulatory standards however, these were not effective in relation to regulatory compliance and the Serious Incident Response Scheme.

Consumers and representatives were not informed through the service’s communication processes regarding the introduction of the Serious Incident Response Scheme and the legislative requirements associated with its introduction.

Management advised the organisation had communicated updates and provided information resources to staff regarding the introduction of the Serious Incident Response Scheme via clinical governance meetings however, evidence to demonstrate this information had been disseminated to all staff was not provided. Information and resources regarding the Serious Incident Response Scheme were not available or accessible for staff or consumers throughout the service during the site audit.

Mandatory training regarding the Serious Incident Response Scheme had not been completed by all staff. Staff did not have a shared understanding regarding the Serious Incident Response Scheme and their responsibilities in accordance with the legislative requirements or the service’s policies and procedures regarding serious incidents.

While management confirmed one incident which met the reporting requirement for the Serious Incident Response Scheme had been reported to the Aged Care Quality and Safety Commission on 7 April 2021 however, care information, incident documentation and the service’s incident reporting register confirmed the service had not reported the incident of physical aggression on 28 May 2021 to the Aged Care Quality and Safety Commission in line with the Serious Incident Response Scheme’s requirements and the service’s guidelines. Management did not have a shared understanding regarding the criteria for reporting this incident.

The approved provider in its response has initiated actions to address the deficiencies in relation to the Serious Incident Response Scheme including the development and distribution of resources for staff to access both electronically and in hardcopy, procedural updates regarding the Serious Incident Response Scheme have been circulated to staff and are accessible in resource folders, weekly discussions regarding the newly developed regulatory compliance information folders at clinical risk and compliance meetings. All staff will receive mandatory training regarding the Serious Incident Response Scheme and annually thereafter. The service will implement further education and monitor the effectiveness of their education systems through questionnaires with key questions for staff regarding the scheme. The service has notified all consumers and representatives of the Serious Incident Response Scheme and has provided fact sheets for their reference. In addition, the approved provider states in its response that the service has discussed the scheme with consumers and representatives at the consumer/representative meeting held on 8 July 2021 which will remain a standing agenda item.

While I acknowledge the improvements, the approved provider has implemented, at the time of the site audit the service did not have effective organisation wide regulatory compliance governance systems.

Therefore, it is my decision this Requirement is Non-Compliant

### Requirement 8(3)(d) Non-compliant

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

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

The service was unable to demonstrate effective risk management systems and practices in relation to managing and preventing incidents.

While the organisation had policies describing how to identify and respond to the abuse and neglect of consumers and to support consumers to live the best life they can, the organisation did not have a documented risk management framework which encompassed the management of high impact and high prevalence risks for consumers and the prevention and management of incidents.

The organisation did not have policies related to high impact or high prevalence risks associated with the care of consumers’ skin integrity and wound management however, consumers skin integrity and wound management needs were effectively managed and staff had a shared understanding of strategies to effectively minimise and manage risks associated with their skin integrity and wound care needs. Information in the organisation’s Serious Incident Response Scheme guide did not include a complete list of reportable incidents or provide staff with sufficient guidance regarding reporting processes. Management confirmed the Serious Incident Response Scheme procedure documentation had been updated during the site audit and had not been circulated to staff.

While staff were aware of risk minimisation strategies effective for the prevention of falls; skin integrity, wound management and restraint, they did not have a shared understanding of reporting requirements for the Serious Incident Response Scheme in line with the organisation’s policies and procedures and current legislation. Management were unable to differentiate between the reporting requirements for the Serious Incident Response Scheme and mandatory reporting.

While the service had an incident management system in place, incidents relating to the Serious Incident Response Scheme were not effectively identified, assessed, managed and reported in line with legislative requirements.

The approved provider in its response has implemented improvements in response to the deficiencies identified during the site audit which include the development of skin integrity and wound management guidelines, the formation of a senior management team to identify risks and prevent and manage incidents including reportable incidents for the Serious Incident Response Scheme to contribute to the service’s continuous improvement.

While I acknowledge the improvements, the approved provider has implemented, at the time of the site audit the service did not have effective risk management systems and practices in relation to the management and prevention of incidents.

Therefore, it is my decision this Requirement is Non-compliant.

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

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

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

# Areas for improvement

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

Effective organisation wide governance systems relating to regulatory compliance.

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

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