Uniting Caroona Jarman Goonellabah

Performance Report

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**Commission ID:** 0073

**Provider name:** The Uniting Church in Australia Property Trust (NSW)

**Site Audit date:** 8 March 2021 to 11 March 2021

**Date of Performance Report:** 14 April 2021

# Publication of report

This Performance Report **may 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** | **Non-Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-Compliant |
| Requirement 5(3)(c) | Non-Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-Compliant |
| Requirement 6(3)(d) | Non-Compliant |
| **Standard 7 Human resources** | **Non-Compliant** |
| Requirement 7(3)(a) | Non-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 Assessment Contact - Site; the Assessment Contact - Site 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 Assessment Contact - Site report received 8 April 2021, including the plan for continuous improvement
* the infection control monitoring checklist completed as part of the site audit
* other intelligence and information received by the Commission regarding the service.

# 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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation (for alignment with the feedback from consumers) and tested staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers were encouraged to do things for themselves to maintain their independence. Staff were aware of consumers’ background and what mattered to them. Consumers confirmed that their privacy was respected.

Consumers were provided with information and support to exercise choice, make decisions and maintain relationships of importance to them.

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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Consumers and representatives felt like partners in the ongoing assessment and planning of the consumer’s care and services and were involved in initial assessments upon entry to the service and the ongoing planning of the consumer’s care. Consumers and representatives were informed about the outcomes of assessment and planning and could have access to the consumer’s care and services plan if they desired.

Assessment and care planning documentation identified that reviews were generally being completed regularly and in conjunction with the consumer/representative. Assessment and care planning documentation reflected individual consumer’s current needs, goals and preferences.

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

To understand the consumer’s experience and if the organisation understood and applied 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 ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Consumers received personal and clinical care that was safe and right for them and the received the care they needed. Consumers/representatives confirmed staff ensured the care provided to consumers was right for them, including regularly asking them about their care and the way it was delivered and involving them in discussions regarding alternative care options available. Consumers were referred to their Medical officer or other health professional to meet their changing personal or clinical care needs. Referrals occurred promptly, and consumers were satisfied with the care delivered by those to whom the consumer had been referred.

Staff could describe how they ensured care delivery was best practice, their opportunities for continuing education and how they ensured information is shared both within the organisation and with others outside the organisation. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice. Care plans demonstrated the delivery of safe and effective care and the involvement of other health professionals.

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.*

### 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

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

Consumers received the services and supports for daily living that were important for their health and well-being and enabled them to do the things they wanted to do. Consumers confirmed they were supported to do the things they liked to do, including activities, community visits and visits with family and friends. Consumers confirmed they were able to stay in touch with people important to them. The majority of consumers expressed satisfaction with the quality and quantity of meals provided by the service.

Activities were observed to occur during the site audit including bus trips, bingo and various religious services. Activity calendars were displayed to inform consumers of activities available to them.

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 NON-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 if the organisation understood and applied 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 Assessment Team also examined relevant documents.

Consumers were not satisfied with the cleanliness of the service including their individual rooms. The service was observed to be unclean and not well maintained. Monitoring processes were ineffective in identifying deficiencies in the cleanliness of the service environment including furniture and equipment. Furniture, fixtures and equipment was not safe, clean or well maintained for the suitable use for consumers.

While consumers were not satisfied with the cleanliness of the cleanliness of the service environment, furniture, fittings and equipment, consumers stated they felt safe at the service and their visitors were welcomed by service staff.

The Quality Standard is assessed as Non-compliant as two of the three specific requirements have been assessed as Non-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) Non-Compliant

*The service environment:*

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

The service was observed to be unclean and not well maintained. Observations were made including stains on flooring and furnishings, dust on surfaces and deceased insects in the interior areas of the service. Consumer bathrooms were observed to be unclean and cockroaches were observed in a consumer’s bathroom.

The Approved provider in its written response to the Assessment Team’s findings has acknowledged the deficits in relation to the cleanliness of the service, particularly of consumer rooms. The Approved provider has responded immediately to the concerns raised during the site audit and has implemented additional cleaning while a fuller review of cleaning rosters was commenced.

Consumers/representatives are not satisfied with the cleanliness of the service. Seven consumers/representatives provided negative feedback regarding the cleanliness of the service and the lack of cleaning undertaken at the service.

The Approved provider has acknowledged the comments made by consumers and their representatives and has engaged an external cleaning contractor to provide cleaning to consumer rooms while a review is undertaken by the service of their cleaning service. The review is anticipated to be completed by the end of August 2021 and will involve the implementation of long-term sustainable recommendations to the cleaning of consumers’ rooms.

Monitoring processes were not effective in identifying deficiencies in the cleanliness of the service environment. Consumer meeting minutes identified in November 2020 concerns were raised regarding the cleaning of consumer rooms, however no resolution or escalation of this matter occurred. Staff were aware of cockroaches at the service and had recorded sightings in maintenance documentation, however this did not prompt additional actions to address the presence of cockroaches at the service. Pest control records completed in 2 March 2021 indicate consumer rooms were not part of this service, the Approved provider has stated common areas and consumer rooms were treated 11 March 2021.

The Approved provider has responded to the feedback received during the site audit and immediately engaged the services of an external cleaning company to enhance room cleans. An external cleaning company has completed an audit of the service environment and common areas have been cleaned. The governance system utilised for cleaning is under review by way of surveys, audits and feedback. Consumers and representatives are responding to a survey regarding cleaning, and consumers who provided negative feedback during the site audit have been contacted to provide further feedback.

While I acknowledge the immediate and long-term actions the Approved provider has either completed or is in the process of completing to improve the cleanliness of the service, at the time of the site audit the service was not clean or well maintained and consumers were not satisfied with the cleanliness of their home. Therefore, it is my decision this Requirement is Non-compliant.

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

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

Furniture, fittings and equipment were not safe, clean and or maintained to be suitable for consumer use. Outdoor furniture was observed to be covered in mould, dirt, grime and animal droppings. Shared equipment including mobility hoists were visibly soiled, equipment used by staff in office areas were dusty.

The Approved provider has committed to an additional five hours of cleaning per day at the service while a review is undertaken of the clinical governance system for cleaning. A review of all furnishings is being undertaken and an external contractor is to complete a spring clean of all furniture and flooring at a date to be confirmed. Any furniture requiring replacement will be considered in the service’s budget.

Consumers and representatives are not satisfied with the suitability, safety or cleanliness of furniture and equipment. On representative noted consumers were unable to use the outdoor furniture in the state noted at the site audit.

The Approved provider has acknowledged their duty of care and the identified shortfalls in cleaning. Cleaning hours have been increased and management have spoken to consumers and representatives who provided negative feedback to advise them of plans to review cleaning procedures.

Staff practices did not support clean and safe furniture and equipment.

The Approved provider has acknowledged deficits identified in cleaning and has reconvened a Home improvement team meeting to review workflows and processes at the service. Cleaning wipes have been provided and are available in staff areas for the cleaning of shared equipment. Staff have been reminded to regularly clean communal equipment.

Monitoring processes were not effective in identifying deficits in the cleanliness of furniture and equipment.

The Approved provider has committed to reviewing schedules and implementing cleaning checklists for the cleaning of furniture. A monthly audit of cleaning will be undertaken. Management and staff will complete weekly walkthroughs to review the cleaning of households and equipment.

While I acknowledge the immediate and long-term actions the Approved provider has either completed or is in the process of completing to improve the suitability and cleanliness of furniture and fixtures, at the time of the site audit furniture, fixtures and equipment was not clean or well maintained and consumers were not satisfied with the cleanliness of furniture and fixtures in their home. Therefore, it is my decision this Requirement is Non-compliant.

# 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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asked them about how they raised complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

While consumers felt encouraged and supported to provide feedback or make complaints, they were not satisfied with the response they had received following raising complaints, including complaints raised at consumer meetings. Complaints mechanisms used by consumers did not generate a response from management to consumers. The service was unable to demonstrate that all feedback and complaints was reviewed and used to improve the quality of care and services, as not all concerns were documented in the services electronic system.

Consumers and representatives were aware of advocacy services.

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

Compliant have not consistently been recorded and therefore have not been resolved to the satisfaction of consumers. A consumer who had used feedback mechanisms available at the service had not received any response from management regarding their concerns.

The Approved provider has apologised to the consumer for the lack of response to the concerns raised and has organised a meeting with the consumer to discuss their specific concerns regarding meals.

Opportunities to identify risks, impact and system improvements from recording complaints, was not effective as complaints had not been recorded. Feedback forms were located at reception which had not been reviewed or actioned by staff at the service.

The Approved provider identified a secondary system for collecting feedback was still in use and feedback forms located in this system had not been collected or analysed. This system was ceased once identified at the site audit and communication has been provided regarding the correct location for feedback forms. Apologies have been provided to the consumer who completed the feedback forms and their issues have been addressed.

Staff did not have a shared understanding of the reporting or open disclosure process needed for management to action complaints.

The Approved provider has acknowledged gaps in practices relating to complaints management and has stated the service doe s practice open disclosure. To reinforce this process additional training and an audit is to be conducted relating to open disclosure. Documentation is to be reviewed to include the recording of an apology following a complaint. Staff have been reminded to advise of all complaints in a timely manner to enable to capture complaints in the service’s complaints management system.

While I acknowledge the actions taken by the Approved provider to strengthen and improve the complaints management process and the commitment to provide an apology when things go wrong, these processes were not effective at the site audit and will require time to be implemented and tested for their effectiveness. Therefore, it is my decision this Requirement is Non-compliant.

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

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

Feedback and complaints had not been reviewed to improve the quality of services, in particular the service environment. Consumers are not confident the service uses their feedback and complaints or has learnt from complaints to make improvements to the service.

Consumers and representatives had provided feedback relating to concerns regarding the cleanliness and the presence of pests in the environment. Despite providing this feedback and raising concerns, the service environment was not clean, and pests were present during the site audit, demonstrating improvements had not been actioned following feedback.

The Approved provider has committed to proactively sampling a number of consumers and representatives to discuss concerns, feedback from these meetings will be entered into the complaints management system.

While I acknowledge the Approved provider’s commitment to strengthen the feedback and complaints processes at the service, at the time of the site audit these processes were ineffective, complaints and feedback was not reviewed to improve the quality of care and services. It is my decision this Requirement is Non-compliant.

# 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

To understand the consumer’s experience and if the organisation understood and applied 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.

Consumers were not satisfied with the sufficiency of staff in relation to cleaning, this impacted on the cleanliness of their bedrooms and common areas of the service.

Regular assessment of the performance of the workforce has not occurred, staff and management have not undertaken any performance development or assessments in the past twelve months.

While consumers were not satisfied with the sufficiency of staff to provide cleaning services, they provided positive feedback in relation to the provision of other care and services. Consumers received care assistance from staff that they require, and that staff provided care in a kind and caring way. Consumers were confident in staff’s training, competency and skills.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 cleaning workforce was not able to deliver safe and quality care and services. Services relating to cleaning were not adequate and did not meet the expectations of consumers or their representatives.

The Approved provider has acknowledged the deficits relating to cleaning and has taken action to address this deficiency by reconvening a Home improvement team meeting to review the allocation of cleaning resources. While a review of cleaning resources is being undertaken the service has increased cleaning hours by five hours per day.

Staff were unable to fulfil their cleaning responsibilities alongside their care duties. Staff provided feedback that care duties took priority over cleaning tasks and consequently cleaning was not completed to an acceptable level.

The Approved provider has acknowledged that deficits in relation to cleaning and have committed to a review of the household model of staff whereby staff are required to multitask. The Approved provider has also acknowledged the issues relating to cleaning have not been adequately addressed which has resulted in deficiencies in cleaning as staff have prioritised care over cleaning.

While I acknowledge the immediate and ongoing actions taken by the Approved provider to address the concerns relating to cleaning at the service, the cleaning workforce at the time of the site audit was not adequate to provide quality and safe services. The Approved provider has also acknowledged it will take time to implement a longer-term sustainable resolution to the concerns regarding cleaning at the service. Based on this information, it is my decision this Requirement is Non-compliant.

### 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) Non-Compliant

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

The service did not demonstrate that staff had regular assessment, monitoring and reviews of their performance, to identify their workforce capabilities or to respond to lack of knowledge, skills and ability. Staff confirmed that had not undertaken any performance discussions with their supervisor for over twelve months.

The Approved provider acknowledged that formal staff performance processes had not consistently occurred over the last twelve months. The Approved provider commenced actions to address the lack of performance assessments and plans to have completed performance review and appraisals for all staff by 30 June 2021.

Consumers and representative were not satisfied with the performance of staff delivering cleaning services, and this did not lead to a review of the performance of staff delivering cleaning services.

The Approved provider has acknowledged the deficits relating to cleaning services and the lack of formal performance reviews for staff. Based on this information, it is my decision this Requirement is Non-compliant.

# 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

To understand if the organisation understood and applied 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).

Despite consumers dissatisfaction with cleaning services, consumers considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives had input into how care and services were delivered such as clinical care, meal services and the lifestyle program through talking to management and staff, meetings, care conferences, feedback forms and surveys. Consumers participated in decisions about their care and were supported to make informed decisions about undertaking activities which were meaningful to them.

The organisation had policies and procedures which document consumers’ right to take risks which includes risk identification and management processes and strategies and a ‘governance framework’ that identifies accountability and roles and responsibilities. The governing body promoted and was accountable for a safe and inclusive culture. The organisation had implemented a clinical governance framework that was understood by the service’s staff.

The organisation has established organisational wide governance systems for each of the sub-requirements. However, there were deficiencies relating to action taken in response to feedback and complaints and review information used to improve the quality of care and services. This was noted to be at a service level and not indicative of the lack of organisational processes.

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.*

### 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.

* The service environment is required to be clean, safe and well maintained and comfortable for consumers.
* Furniture, fixtures and equipment must be safe clean and well maintained for consumer use.
* Appropriate actions are required in response to complaints.
* Feedback and complaints are required to be reviewed to improve care and services.
* The workforce is required to be sufficient to deliver safe and quality care and services.
* The performance of staff requires regular assessment, monitoring or review.