Uniting Griffith

Performance Report

67 - 71 Erskine Road   
GRIFFITH NSW 2680  
Phone number: 02 6966 8600

**Commission ID:** 2599

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

**Site Audit date:** 30 November 2021 to 2 December 2021

**Date of Performance Report:** 18 January 2022

# Performance report prepared by

E Woodley, delegate of the Aged Care Quality and Safety Commissioner.

# 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) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | 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) | Non-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** | **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) | 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 Commissioner’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 14 January 2022.

# STANDARD 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 Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Several consumers interviewed by the Assessment Team said they were not attended to in a timely manner when using their call bell which resulted in them being incontinent which they felt was embarrassing. Some consumers also identified that staff can be rough when using mobility devices or assisting with repositioning.

However, consumer feedback, staff interviews, documentation reviewed, and observations show that cultural safety for individual consumers is being identified and that care and services are generally provided to support culturally safe care. Observations and documents reviewed by the Assessment Team confirmed consumers are supported to take risks to enable them to live the best life they can. Overall, consumers said they felt supported to exercise choice and independence.

Most feedback from consumers and representatives, staff interviews, and observations made by the Assessment Team indicated the service respects each consumer’s privacy and that their personal and clinical information is kept confidential. However, two representatives identified privacy breaches of their email address had occurred. The service told the Assessment Team that the representatives involved were offered an apology and staff training was planned regarding the incident.

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) Non-compliant

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

Some consumers interviewed by the Assessment Team said staff make them feel respected and treat them with dignity. However, some consumers advised they were not attended to in a timely manner when using their call bell which resulted in them being incontinent which they felt was embarrassing. Some consumers also identified that staff can be rough when using mobility devices or assisting with repositioning. The Assessment Team observed several instances in which consumers were not treated in a dignified manner. Although staff interviewed could describe what they would do if they observed consumers not being treated with dignity and respect, this was not always reflected in staff practice.

The Assessment Team raised this feedback with the service during the Site Audit. During the Site Audit a plan for continuous improvement (PCI) was updated to address the feedback and the service took steps to apologise to the consumers and respond to the issues raised.

The approved provider’s response to the Site Audit report demonstrates that the consumer’s identified in the report were offered an apology and case conferences completed to discuss and respond to the issues raised. The approved provider’s response identifies action taken to ensure all consumers are treated with dignity and respect, including review of consumer care plans, consultation with consumers regarding acceptable call bell response times, staff training and manual handling competencies.

While the service commenced responding to issues raised by consumers during the Site Audit, at the time of the Site Audit, the service did not demonstrate that each consumer was treated with dignity and respect.

I find this requirement is Non-compliant.

### 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 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.

Most consumers and representatives interviewed by the Assessment Team confirmed they were included in care and service assessment and planning. However, one consumer who was receiving palliative care said they were not included in discussions around their care.

Representatives interviewed confirmed they were always updated when there are changes in the care of their consumer and they were offered the opportunity to attend a case conference.

Care plans reviewed by the Assessment Team showed assessment and planning was completed, individualised, and included the current needs, goals, and preferences of consumers. They were regularly updated and were in a format easily understood by consumers.

Staff were able to describe how they maintain a partnership with consumers and the people important to them. They were able to describe the case conferencing and care planning review timeframes as well as what was important to sampled consumers when providing care.

While consumers interviewed by the Assessment Team confirmed they were involved in assessment and planning, they were not aware of what a care plan was and were not provided a copy of their care plan or knew this was available to them.

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) Non-compliant

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

While consumers interviewed by the Assessment Team confirmed they were involved in assessment and planning, they were not aware of what a care plan was and were not provided a copy of their care plan or knew this was available to them. Staff interviewed by the Assessment Team acknowledged that consumers were not aware of what a care plan is and were not being provided with a copy. During the Site Audit, the service was transitioning from a paper-based care planning system to an electronic system. Staff said since the start of the transition to the electronic system they had implemented a process where all consumers are offered an opportunity to have a case conference to discuss care and offered a copy of their care plan.

In their response, the approved provider demonstrated that the organisation has established processes to ensure that the outcomes of assessment and planning are effectively communicated to the consumer, and that a care plan is readily available to the consumer. Since the Site Audit, the service has had care planning discussions or case conferences with the consumers identified in the Site Audit report to inform them of the outcomes of assessment and planning. All consumers were offered and/or provided with a copy of their care plan.

While the organisation has established processes to ensure that the outcomes of assessment and planning are effectively communicated to the consumer, and that a care plan is readily available to the consumer, these processes were not fully implemented in the service at the time of the Site Audit.

I find this requirement is Non-compliant.

### 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 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 Assessment Team also examined relevant documents.

Most consumers and representatives interviewed by the Assessment Team considered that consumers receive personal care and clinical care that is safe and right for them. Consumers and representatives said they have access to doctors and other health professionals when required.

Care documentation reviewed by the Assessment Team demonstrated that assessments are undertaken and reviewed, care provided is generally best practice, and consumers are referred to appropriate health professionals in a timely manner. The service demonstrated best practice restrictive practice processes including minimising the use of restraint, effective management of skin integrity and wound care, and appropriate review and management of consumer behaviours. The Assessment Team found that high impact and high prevalence risks are assessed, and strategies are implemented to mitigate these risks. Staff demonstrated they recognise changes in a consumer’s condition and respond appropriately and in a timely manner.

Consumer care needs and preferences are documented and communicated within the organisation. Consumer information is readily available for staff providing care. The needs, goals and preferences of consumers receiving palliative care are being addressed and their comfort is being maximised.

The service has a system in place for the appropriate use of antibiotics. Staff are aware of these practices and documentation reviewed demonstrated that they are following them. However, the Assessment Team observed that staff were not consistently following appropriate precautions to prevent and control infection.

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) 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) Non-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.*

The service has systems in place to manage an outbreak and minimise infection related risks. Overall, staff interviewed by the Assessment Team demonstrated they have a good understanding of the principles of antimicrobial stewardship and have access to relevant information on the expectations set by the organisation. Most staff interviewed were knowledgeable about the standard and transmission based precautions to prevent and control infection. However, the Assessment Team observed that staff were not consistently following appropriate precautions to prevent and control infection. For example, some staff were observed touching their face and face masks, and not undertaking appropriate hand hygiene. Some gaps in infection control procedures in relation to laundry and waste were identified.

In their response, the approved provider acknowledged the gaps in the implementation of some standard and transmission based precautions to prevent and control infection. The approved provider’s response identifies continuous improvement actions implemented since the Site Audit to rectify the identified gaps. This includes staff training, completion of handwashing competencies, reminding staff of the laundry services guidelines and procedures, and contacting the waste provider to supply locked bins. Prior to the Site Audit, the service had identified issues with the layout of the laundry and significant works are planned to be undertaken to improve the laundry area.

At the time of the Site Audit, the service did not demonstrate the minimisation of infection related risks through the effective implementation of standard and transmission based precautions to prevent and control infection. However, the service did demonstrate the implementation of practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

I find this requirement is Non-compliant.

# STANDARD 4 COMPLIANT Services and supports 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 Assessment Team also examined relevant documents.

Overall, consumers and representatives interviewed by the Assessment Team considered that consumers get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers identified the people who are important to them and described the ways they are supported by the service to keep in touch with these people.

While there was mixed feedback from consumers and representatives regarding the meals provided at the service, the service was able to demonstrate processes for ensuring dietary requirements and meal preferences are provided to consumers. The service is establishing a consumer food focus meeting to gain consumer feedback into the meals provided.

Consumer preferences for services and supports for daily living were consistent with the information provided during interviews with consumers and staff, and the information documented in consumer’s care plans. Staff interviewed by the Assessment Team identified emotional, spiritual, and psychological supports for consumers, and were able to describe what they would do if a consumer was feeling low.

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

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 Assessment 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 and consumers were observed moving around the service using a range of mobility assistive equipment, including wheelchairs and wheeled walkers.

The service was observed to be clean and well maintained, and has 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.*

# 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

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 Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, consumers and representatives interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Most consumers and representatives said they have never had to make a complaint but felt any concerns they raised with staff or management would be resolved. Several consumers and representatives advised they had not noticed improvements at the service as the organisation had only been in charge for a few weeks.

The Assessment Team found that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Feedback and complaints are now being documented and recorded on an electronic system. This enables management to track any issues being raised and ensure that action is taken to resolve any concerns in a timely manner. Trends or critical incidents are reported to the Board through the organisation’s committee structure and reporting systems.

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 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 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.

Most consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable, capable, and caring. However, some consumers and representatives interviewed said they did not feel the service always had sufficient staff. Some consumers expressed concerns regarding the length of time they are waiting for staff after they had called for assistance. Some consumers said they were not attended to in a timely manner when using their call bell which resulted in them being incontinent. One representative provided examples where staff had not helped in a timely manner, and another representative provided an example where staff had not made sure her mother was wearing the correct footwear.

The organisation took ownership of the service effective 1 October 2021 and has been introducing new human resource management systems. These have included allocating staff the 12-week mandatory education program as part of the introduction for staff to the organisation. Management advised staff will also be undertaking competencies across a range of key tasks such as medication management, manual handling, and infection control. The service has systems to ensure staff are recruited, trained, equipped, and supported to deliver care and services in line with the Quality Standards. Staff interviewed confirmed they have access to equipment and support to provide the care and services consumers require and are currently undertaking training.

The service has a system in place to monitor and ensure staff receive a regular assessment and review of their performance. This was confirmed in interviews with staff and management.

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

## Assessment of Standard 7 Requirements

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

Some consumers and representatives interviewed by the Assessment Team said they did not feel the service always had sufficient staff. Some consumers and representatives expressed concerns regarding the length of time they are waiting for staff after they had called for assistance. Some consumers said they were not attended to in a timely manner when using their call bell which resulted in them being incontinent. One representative felt there were not enough staff to take the time to assist their consumer with the correct footwear they are required to wear. One consumer and one representative indicated that at times staff come in and turn the call bell off and return later to provide assistance. Both felt the wait times for assistance were excessive. The service advised the Assessment Team that they currently reviewing the roster to ensure staffing levels meet the needs of consumers, and recruitment is ongoing.

In their response, the approved provider acknowledges the consumer feedback and the findings in the Site Audit report. The approved provider’s response identifies continuous improvement actions implemented since the Site Audit to ensure the workforce is planned and enables the delivery and management of safe and quality care and services. This includes monitoring and review of the call bell response times, consultation with consumers regarding acceptable call bell response times, staff training, and recruitment initiatives.

At the time of the Site Audit, the service did not demonstrate that the workforce deployed consistently enabled the delivery and management of safe and quality care and services.

I find 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) Compliant

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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. However, consumers and representatives acknowledged that the approved provider had only recently taken over the service.

The service demonstrated the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The organisation demonstrated it has implemented their effective governance systems in the service. This includes in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service demonstrated the implementation of risk management frameworks and a clinical governance framework for the delivery of safe and quality care and services. The organisation demonstrated improvements to the clinical governance at the service including greater monitoring of skin integrity and consumer weight loss.

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)(a)

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

The approved provider must demonstrate:

* Each consumer is treated with dignity and respect, with their identify, culture and diversity valued.
* Staff practices and workforce planning is effective in ensuring respectful and dignified care and services for consumers.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 2(3)(d)

*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.*

The approved provider must demonstrate:

* The outcomes of assessment and planning are effectively communicated and documented in a care plan that is readily available to the consumer.
* Consumers and relevant representatives are aware they can access consumer care plans.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(g)

*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.*

The approved provider must demonstrate:

* Standard and transmission based precautions to prevent and control infection are effectively implemented at the service.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 7(3)(a)

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

The approved provider must demonstrate:

* The workforce deployed enables the delivery and management of safe and quality care and services.
* The service has implemented all continuous improvement actions identified in their response.