William Beech Gardens - Bushmaster

Performance Report

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**Commission ID:** 2648

**Provider name:** RSL LifeCare Limited

**Site Audit date:** 14 December 2021 to 16 December 2021

**Date of Performance Report:** 7 February 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** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-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** | **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** | **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 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 27 January 2022.

# 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 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.

Consumers interviewed by the Assessment Team considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. Consumers interviewed with diverse backgrounds said staff know about their culture and background, and provide culturally safe care.

Consumers interviewed said staff are very kind, patient and understanding. Consumers confirmed that they are encouraged to do things for themselves and that staff know what is important to them. Consumers confirmed that their personal privacy is respected by staff at the service.

Staff interviewed by the Assessment Team were consistently able to demonstrate their knowledge and understanding of consumer’s backgrounds and how they provide culturally appropriate care to consumers. Staff described how they support consumers to exercise choice and independence to live their best life, maintain relationships of choice, and how they ensure consumer privacy is respected. Care documentation reviewed by the Assessment Team also confirmed this.

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 NON-COMPLIANTOngoing 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 interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed confirmed they have been involved in care planning through case conferences. Representatives interviewed provided feedback that staff have discussed advance care and end of life planning if the consumer wishes.

The Assessment Team found the service demonstrated that assessment and planning is based on ongoing partnership with the consumers and other individuals or providers that the consumer wishes to involve. The review of assessments and care plans identified that sampled consumers have individualised care plans that identify risks to their health and well-being and address their care needs.

Review of documents confirmed that assessment and planning is documented in a care and services plan, however feedback from consumers and representatives indicated that the service did not always effectively communicate the outcomes of assessment and planning.

The Assessment Team found that care plans are reviewed on a regular basis, however, do not identify whether interventions have been effective in meeting the needs of a sampled consumer. Ineffective interventions did not prompt reassessment or a review of the care plan.

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

## Assessment of Standard 2 Requirements

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

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

### Requirement 2(3)(b) 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.*

Review of documents by the Assessment Team confirmed that assessment and planning is documented in a care and services plan, and care plans are readily available to consumers and their representatives should they be requested. However, not all consumers and representatives interviewed by the Assessment Team were aware that they can access the consumer’s care plan. Consumer and representative feedback indicated that the outcomes of assessment and planning were not always communicated effectively to the consumer or representative. For example, one representative said their consumer has had multiple unwitnessed falls and the service has not explained why this is occurring or interventions implemented to manage these falls. Another representative said they were not sure why scans were not completed following their consumer’s fall, and a representative said they would like more information about antipsychotic medication their consumer is prescribed.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to ensure care plans are readily available to consumers and representatives, and the outcomes of assessment and planning are effectively communicated. This includes promoting to consumers and representatives how they can access their care plans and about the outcomes of assessment and planning, including how to request alternative methods of communication or request additional care discussions if desired.

The approved provider’s response demonstrated that the service has followed up with the consumers and representatives identified in the Site Audit report to offer a case conference to discuss their care planning and clarify any queries.

At the time of the Site Audit, the service did not demonstrate the outcomes of assessment and planning were effectively communicated to consumers and their representatives, or that all consumers and representatives knew how to access a copy of their care plan.

I find this requirement is Non-compliant.

### Requirement 2(3)(e) Non-compliant

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

Care documents reviewed by the Assessment Team demonstrated review on a regular basis, however reviews of care and services were not always conducted when consumer’s circumstances or needs change. One consumer’s care plan was not updated to identify the removal of mechanical restraint and the consumer’s pressure injury risk was not reassessed following the development of a pressure injury. For one consumer, their care plan did not show evidence of review for effectiveness when the consumer had a change in behaviours.

In their response, the approved provider identified continuous improvement actions implemented since the Site Audit to ensure consumer care and services are reviewed as required. This includes staff education, and a quality review of the assessment and care planning process scheduled for March 2022. For the consumer’s identified in the Site Audit report, the approved provider’s response demonstrates that since the Site Audit, their care and services have been reviewed for effectiveness including review by relevant health professionals and case conferencing.

The service did not demonstrate that for all consumers sampled, care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer.

I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal 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 indicated that the consumer receives the care they need. Consumers and representatives interviewed provided positive feedback about staff and the care they provide. Overall, consumers and representatives indicated they have access to health professionals as required.

The service demonstrated that care is generally safe and effective, tailored to the specific needs of the consumers, and optimises their health and well-being. The service demonstrated that deterioration or changes in the sampled consumer’s condition were identified and responded to in a timely manner. Care and services were adapted to meet the needs of consumers entering the end of life stage and to maximise their comfort.

The service has processes for documenting and communicating information about the care of consumers. Care and service records indicate appropriate referral to providers of services. While there are challenges with access to general practitioners, the service has strategies to assist timely and appropriate review by general practitioners when required.

However, the Assessment Team found interventions were not adequate to minimise or to effectively manage the high impact or high prevalence risks for each consumer. Behaviour management has not been effective and unsuccessful behavioural strategies did not trigger a reassessment or care plan review resulting in sampled consumers not receiving effective care that optimises their wellbeing.

The service has processes and written procedures in relation to minimising infection related risks and practices to reduce the risk of resistance to antibiotics. However, these were not always applied by staff or consistently reflected in staff practice. Not all policies were up-to-date or reviewed within the specified date.

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) Non-compliant

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

Care planning documents reviewed by the Assessment Team included information about high impact and high prevalence risks for sampled consumers. In relation to falls management, the service demonstrated appropriate actions have been taken to manage and mitigate the risks for a sampled consumer who is experiencing multiple falls. Behaviour support plans were completed for sampled consumers and overall included appropriate information to manage associated risks. However, for one consumer while behaviours were monitored and unsuccessful interventions were reported, this did not trigger a reassessment of behaviour or effectiveness of interventions. For this consumer, as required anxiolytic medication was not given as directed and there were no documented non-pharmacological interventions trialled before this medication was administered. The Assessment Team identified inconsistencies in the diabetes management for one consumer including monitoring, administration of insulin, and escalation to the consumer’s general practitioner, in accordance with the directives in their diabetes management plan.

In their response, the approved provider identified continuous improvement actions implemented since the Site Audit to enable the effective management of high impact or high prevalence risks associated with the care consumers. This includes the engagement of a nurse practitioner and geriatrician to assist with the review of consumers with behaviours of concern, and identify effective interventions to manage associated risks.

At the time of the Site Audit, the service did not demonstrate that the high impact or high prevalence risks associated with the care of each consumer were consistently and effectively managed.

I find this requirement is Non-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.*

The Assessment team found the service has processes and written procedures in relation to minimising infection related risks and practices to reduce the risk of resistance to antibiotics. Most staff interviewed by the Assessment Team were aware of appropriate standard and transmission based precautions to prevent and control infection, and registered nurses were aware of practices to promote appropriate antibiotic prescribing and use. The Assessment Team observed that in general, staff were implementing appropriate standard and transmission based precautions to prevent and control infection. However, some gaps were observed in staff practice including appropriate hand hygiene and cytotoxic precautions. The Assessment Team found not all policies relating to infection prevention and control were up-to-date or reviewed within the specified date.

In their response, the approved provider identified continuous improvement actions implemented since the Site Audit to improve staff practice regarding infection prevention and control, and practices to promote appropriate antibiotic prescribing and use. This includes staff education and training, and planned internal quality audits to ensure staff compliance. The approved provider demonstrated that the policies identified in the Site Audit report have been reviewed and updated.

While there were some gaps observed by the Assessment Team in staff practice, overall, the service demonstrated the effective minimisation of infection related risk, and the implementation of practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. While some policies were not reviewed and updated appropriately, I have considered this in my assessment of Standard 8, Requirement 8(3)(c).

I find this requirement is 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.

Most consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers interviewed said the changing restrictions due to COVID-19 have made things challenging but that the lifestyle staff are doing everything they can to support them, including arranging culturally specific activities for individual consumers. Consumers interviewed confirmed that they are supported to keep in touch with people who are important to them.

Most consumers interviewed said that they like the food provided at the service. The chef described alternatives that are provided when consumers do not like the meal offered.

Interviews with staff and care documents reviewed by the Assessment Team demonstrated consumer’s needs and preferences regarding services and supports for daily living are identified and addressed. The includes services and supports to promote consumer’s emotional, spiritual, and psychological well-being.

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.

Consumers interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed confirmed that their visitors feel welcome and they were supported to keep in touch with visitors during the COVID-19 restrictions. Consumers stated that the service is always kept clean and well maintained, and that staff are always available to help them make their rooms homely. Consumers interviewed said that the cleaning and maintenance staff are very good, and any requests are attended to in a timely manner.

The service environment was observed by the Assessment Team to be clean and appeared to be well maintained. Consumers are able to move freely indoors and outdoors and consumers are provided with the codes for the doors where necessary. The service environment has recently been renovated, with wider corridors which made movement in wheelchairs and walkers safer.

Review of the service’s electronic maintenance schedule demonstrated an effective preventative maintenance system, to ensure that equipment is safe and clean at all times in accordance with the schedule.

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.

Consumers interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers interviewed were able to identify changes made at the service in response to feedback and complaints.

The service was able to demonstrate that consumers who have difficulty communicating or cognitive impairments are supported to provide feedback or make complaints. The service has information available on advocacy services and can access translation services as needed.

The service seeks and encourages feedback and complaints using a range of mechanisms and was able to demonstrate a consistent and integrated approach to reviewing and acting on complaints and checking consumer satisfaction with complaint outcomes. The service was able to demonstrate how outcomes from complaints result in improved care and services for consumers. Open disclosure is used at the service and most staff were able to describe how they used this in day-to-day service delivery.

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-COMPLIANTHuman 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 said staff are kind, gentle and caring and are respectful of who they are as individuals. The Assessment Team observed all interactions between staff and consumers to be respectful and kind. Most consumers and representatives interviewed said staff have the skills to meet their care needs. Although some staff expressed the need for increased training in managing responsive behaviours.

However, there was consistent feedback from consumers and staff regarding the service not having sufficient staff rostered to provide safe and quality care and services. The result of this is that staff are unable to always meet consumer care needs due to being rushed and not having enough time.

The service has systems in place for regular staff training in core skills which are job specific. The service generally demonstrates it has systems for recruitment of staff to ensure they employ staff who are skilled and meet the requirements of their job roles.

The Assessment Team found the service is currently not undertaking regular assessment, monitoring and review of performance for each member of the workforce. As a result, consumer feedback, complaints, critical incidents and clinical indicators are not used to accurately evaluate individual capability strengths and gaps, and to identify any training and development required to ensure the provision of safe, quality consumer care and services.

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.*

Most consumers and representatives interviewed by the Assessment Team did not consider that there are sufficient staff levels at the service to meet consumer’s needs and respond to their needs and calls for assistance. Two consumers identified they do not always get their personal hygiene preferences met due to staff shortages. Staff interviewed by the Assessment Team indicated there is not adequate staff numbers and spoke of impacts of this including consumers including missing care and not having their preferences for care met. Management has ongoing recruitment and staffing strategies in place, but there remain staff shortages with a significant number of unfilled shifts.

The approved provider’s response outlines the action taken prior to, and since the Site Audit, to improve access to sufficient and skilled staff. The approved provider’s response identifies that these recruitment and staffing strategies have been effective leading to recruiting new management, registered nurses, and care staff.

I accept the service had identified issues with the number and mix of members of the workforce deployed prior to the Site Audit and had commenced actions to address this. However, at the time of the Site Audit, consumer, representative, and staff feedback, and review of staff rosters still indicated some issues with staffing at the service enabling 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) Non-compliant

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

The Assessment Team found the service was unable to demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The service previously had a formal performance appraisal system however this review process ceased in September 2020. Management advised they are transitioning to a new electronic management system, but this has not yet commenced. Staff interviewed were unclear about how the performance appraisal process occurs at the service.

The approved provider’s response identifies that since the Site Audit, the transition to the new performance appraisal system has been finalised. This system has electronic reminders of the due date for performance reviews, and the 2022 review schedule has been commenced and is being completed according to staff employment commencement dates.

At the time of the Site Audit, the service did not demonstrate an effective process to ensure the regular assessment, monitoring and review of the performance of each member of the workforce.

I find this requirement is Non-compliant.

# 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

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. The service uses a broad range of strategies to involve consumers in the development, delivery and evaluation of care and services.

The organisation demonstrated that it promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The service demonstrated that it has a clinical governance framework that outlines the responsibilities, structures, and expectations regarding the provision of quality clinical care to ensure the safety, health, and wellbeing of consumers.

The organisation has documented governance systems, however the service did not demonstrate these are consistently implemented effectively. The service did not sufficiently demonstrate adherence to information systems, workforce governance and regulatory compliance. The organisation’s information systems have discrepancies including policies that are outdated, undated, multiple versions, past their review date and not all documents are updated with current legislation. While there are some systems in place to support workforce governance, the continued staffing shortages are having a negative impact on consumer care. The lack of a current staff performance appraisal system means the service has no oversight on the individual training needs and ability of staff to deliver care and services. Not all members of the workforce have accountability with two sampled contracted allied health staff with non-executed expired contracts and there was no oversight of their compliance checks including registration.

The service has risk management systems in the areas of high impact and high prevalence risk, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can. However, the management of responsive behaviours has not always been effective. Interventions are often not adequate to minimise or to effectively manage the high impact or high prevalence risks for consumers with a result that some consumers may not be receiving optimal care to live the best life they can.

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.*

The Assessment Team found the organisation has implemented governance systems, however not all were demonstrated to be effective. The service did not sufficiently demonstrate that it’s information management, workforce governance and regulatory compliance systems are working effectively. The service’s information management systems had discrepancies including missing, duplicated, and undated and outdated policies and organisational documents. Not all staff knew how to access policies or why they needed to. Two organisational documents provided to the Assessment Team had not been updated to include the new Serious Incident Response Scheme and Incident Management System changes that commenced on 1 April 2021.In relation to contract management, it was noted that two allied health contracts sampled for podiatry and physiotherapy services, were not signed by both parties and key information was absent. The Assessment Team also identified gaps in the service’s workforce governance including systems to ensure sufficient staffing, and regular performance review of the workforce.

The approved provider’s response identifies that several policies and organisation documents are due for review in February 2022, and the organisation has recently employed a full-time policy and procedure manager to assist. Since the Site Audit, the organisation had implemented improved processes for contract management including transition to an electronic system, a reminder system to facilitate reminders of dates for renewal of contracts and compliance documentation, and regular quality reviews. A further internal audit is scheduled for March 2022 to review the requirements of allied health contracts and compliance documentation. See Standard 7 for improvements commenced and planned to improve workforce governance systems.

At the time of the Site Audit, the service did not demonstrate that organisation wide governance systems relating to information management, workforce governance and regulatory compliance were effectively implemented at the service.

I find 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 has risk management systems in the areas of high impact and high prevalence risk, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can, and staff demonstrated they sometimes are able to apply the framework in their day-to-day practice. However, the Assessment Team found the management of responsive behaviours has not always been effective, and interventions are often not adequate to minimise or to effectively manage the high impact or high prevalence risks for consumers with a result that some consumers may not be receiving optimal care to live the best life they can. While a review of the service’s mandatory reporting register demonstrated that appropriate reporting and legislative processes had been followed, organisational documents provided to the Assessment Team had not been updated to include the new Serious Incident Response Scheme and Incident Management System changes that commenced on 1 April 2021.

The approved provider’s response identifies that several policies and organisational documents are due for review in February 2022, and the organisation has recently employed a full-time policy and procedure manager to assist. See Standard 3 for improvements planned and commenced to improve the management of high impact or high prevalence risks associated with the care of consumers.

At the time of the Site Audit, risk management systems and practices relating to the management of high impact or high prevalence risks associated with the care of consumers, were not always effective in minimising risks associated with responsive behaviours of consumers. Risk management systems and practices relating to identifying and responding to abuse and neglect of consumers and managing and preventing incidents, including the use of an incident management system, were not updated to include relevant legislation.

I find 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.

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

### Requirement 2(3)(e)

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

The approved provider must demonstrate:

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

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* The high impact and high prevalence risks associated with the care of consumers are effectively identified and managed. This includes in relation to medication management and diabetes management.
* Interventions to minimise high impact and high prevalence risks, including behaviours of concern, are reviewed for effectiveness.
* 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 effective processes in place to manage unfilled shifts without compromising quality consumer care and services.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 7(3)(e)

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

The approved provider must demonstrate:

* A system implemented at the service to ensure the regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(c)

*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.*

The approved provider must demonstrate:

* The organisation wide governance systems implemented at the service are effective. This includes in relation to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.
* Information management systems implemented at the service are effective in ensuring quality control of organisation policies and procedures, and staff are aware of how to access relevant policies and procedures.
* Regulatory compliance systems implemented at the service are effective in ensuring the service is compliant with relevant aged care legislation, and this is reflected in policies and procedures.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(d)

*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 approved provider must demonstrate:

* Risk management systems are consistently effective in identifying and managing high impact or high prevalence risks associated with the care of consumers.
* Risk management systems and practices relating to identifying and responding to abuse and neglect of consumers and managing and preventing incidents, including the use of an incident management system, are updated to include relevant legislation.
* The service has implemented all continuous improvement actions identified in their response.