William Beech Gardens - Waler

Performance Report

Madline Street   
Condobolin NSW 2877  
Phone number: 02 6895 6500

**Commission ID:** 0043

**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) | 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) | Non-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) | 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-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.

Consumers and representatives interviewed by the Assessment Team provided mixed feedback regarding their care planning experience. Some consumers and representatives said they were not sure when and how their care plans are reviewed and if they have participated in these reviews. However, some consumers and representatives could recall recent conversations with care management or the registered nurses to discuss any care changes or care reviews.

Most consumers and representatives said they did not know how to get a copy of their care plan or say they have been supported to understand their plan or how it meets their needs. For example, two consumers and their representatives said they did not know how to get a copy of their care plan. One consumer and one representative said they have reviewed their care plan, but it did not make sense to them or details in the plan were inaccurate.

The Assessment Team found care assessment and planning includes consideration of risks to the consumer’s health and wellbeing and is achieved by using a large suite of assessments. Assessment and planning generally aligned with the consumer’s needs, however, some information was found to be generic in nature and not individualised to the consumer. For the consumers sampled, all care planning documents included advance care planning and end of life planning.

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.*

The service demonstrated processes are in place to ensure the outcomes of assessment and planning are communicated to the consumers and/or their representatives. Each consumer and representative can request a copy of the care plan at any time, however, this is not clearly known or understood as an option to all consumers and their representatives. Most consumers interviewed did not know how to get a copy of their care plan or say they have been supported to understand their plan or how it meets their needs. One representative said their consumer’s care plan was not accurate and did not demonstrate accurate assessments of the consumer’s current care needs.

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. This includes promoting to consumers and representatives how they can access their care plans and review for changes if required. The approved provider’s response demonstrated that the service has followed up with the consumers and representatives identified in the Site Audit report to ensure they have a copy of their care plan, and this is reflective of their current care needs.

At the time of the Site Audit, the service did not demonstrate that care and service plans were readily available to consumers and 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) 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 indicated that consumers get the personal and clinical care they need. Some consumers and representatives described specific personal and clinical care issues that are improving. For example, two consumers spoke about staff regularly helping them with applying moisturiser and massaging their legs daily. However, all consumers and representatives interviewed did not feel they have access to doctors and other relevant health professionals when they need it.

Most representatives felt their consumers received the care they need, and some spoke positively about receiving regular updates about care needs and any changes. One representative said they were not satisfied with the service’s responsiveness to a previous decline in the consumer’s health, however, further feedback supported the service has made improvements to manage these areas of care.

The Assessment Team found care planning documents and progress notes generally demonstrated regular assessment, intervention, and evaluation of a consumer’s care and service needs. The service demonstrated strategies to minimise the high impact and high prevalence risks for consumers, and ongoing implementation, monitoring and review of strategies to minimise infection related risks as the service.

However, the Assessment Team found that consumers and representatives expressed dissatisfaction in relation to lack of access to general practitioners at the service and of continuity of care. The service has access to one medical practice that services the whole regional community and hospital which impacts access to doctors at the service for consumers. While access to general practitioners remains a challenge for the service, the service demonstrated strategies to assist reviews by general practitioners for consumers when needed. The service did not demonstrate evidence of written procedures for making referrals to health professionals outside the service to assist this process.

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) Non-compliant

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

Most consumers and representatives interviewed by the Assessment Team expressed dissatisfaction in relation to lack of access to general practitioners at the service and of continuity of care. While access to general practitioners was demonstrated as a challenge for the service, most care planning documents evidence input of others and referrals where need. This included general practitioners, allied health providers, podiatry, wound consultants. The service did not provide evidence of written procedures for making referrals to health professionals outside the service. While most nursing staff were able to describe how they make referrals, some nursing staff said they are unaware of procedures regarding this. Some agency nursing staff advised they do not have access to emails which impacts their ability to refer consumers to providers of care and services when needed.

In their response, the approved provider identified continuous improvement actions implemented since the Site Audit to increase the service’s access to general practitioners and other health services, and improve consumer satisfaction with availability of clinical services. The approved provider’s response identifies that partnerships with rural and remote medical services and nurse practitioners are planned to facilitate timely referrals, and the service has educated staff on the organisation’s referral policy and processes.

While the service demonstrated that appropriate referrals were generally made to individuals, organisations and providers of care and services, the service did not demonstrate that these were always timely, and some staff had issues impacting their ability to make timely referrals. Consumers interviewed did not feel they had adequate access to their general practitioners.

I find this requirement is Non-compliant.

### 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 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 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 is making improvements, like adding colour coded signs to the environment to support consumers with cognitive deficits and make the environment more aesthetically pleasing.

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 and representatives interviewed felt heard when they raised a concern and felt changes were made in response to them raising issues or providing feedback.

The service has several mechanisms for consumers to raise complaints including feedback boxes, forms, web forms and information on external services including advocacy services. Staff receive training in how to assist consumers to raise a complaint or give feedback. 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 a complaints policy and procedure which staff are familiar with. The service demonstrated that action is taken to resolve complaints satisfactorily and trending of complaints occurs. The service demonstrated that feedback and complaints result in improved care and services.

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.

Consumers, representatives, and staff interviewed by the Assessment Team consistently provided feedback that there are not always an adequate number of staff rostered at the service to provide safe and quality care and services. This is impacting negatively on consumer care when staff are unable to meet care needs and preferences due to being rushed and not having enough time.

However, most consumers interviewed said that staff are generally kind, gentle, and caring and are respectful of who they are as individuals. This was also observed by the Assessment Team. Consumers and their representatives said they feel confident that staff are skilled to meet their care needs.

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

The service did not demonstrate that there is regular assessment, monitoring and review of performance for each member of the workforce occurring. As a result, information such as consumer feedback and complaints, critical incidents and clinical indicators are not used to accurately evaluate individual and organisational capability strengths and gaps, and to identify the training and development required to ensure 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 considered there is not enough staff to meet consumer’s needs and to respond to calls for assistance. One consumer said they often have to wait long periods on the toilet before staff return to assist them back to their room, and another consumer said they have been incontinent when waiting for staff assistance to the toilet. 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-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. 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 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 apply the framework in their day-to-day practice.

However, the Assessment Team found the organisation’s governance systems were not consistently effective. The service did not demonstrate adherence to information management 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 Quality Standard is assessed as Non-compliant as one 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, but 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 organisational 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) 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 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 service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(f)

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

The approved provider must demonstrate:

* Timely and appropriate referrals to individuals, other organisations and providers of other care and services are made to support the care of consumers.
* Consumers have timely access to general practitioners, and other allied health and providers of care.
* The service has policies and procedures to guide staff practice in making timey and appropriate referrals, and staff are aware of these policies and procedures.
* 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.