Adria Village Ltd

Performance Report

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**Commission ID:** 2908

**Provider name:** Adria Village Limited

**Site Audit date:** 8 March 2022 to 10 March 2022

**Date of Performance Report:** 25 May 2022

# Performance report prepared by

James Howard, 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** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* The Assessment Team’s report for the Site Audit conducted from 8 March 2022 to 10 March 2022; 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 on 13 April 2022.
* Other information and intelligence held by the Commission in relation to this service.

# STANDARD 1 COMPLIANTConsumer 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 team also examined other relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers considered they were treated with dignity and respect, could maintain their identity, were able to make informed choices about their care and services and live the life they chose. For example:

* Consumers confirmed that they were treated with respect.
* Consumers confirmed that they were encouraged to do things for themselves and that staff knew what was important to them.
* Consumers felt supported to take risks.
* All consumers interviewed expressed satisfaction with the timeliness of information provided to them, in a way they could understand.
* Consumers confirmed that their personal privacy was respected.

Care planning documents reflected the diversity of consumers at the service, including their life experiences. Staff demonstrated an understanding of consumers' individual identities, how consumers were supported to exercise choice and how the privacy of consumers was respected.

The Quality Standard is assessed as Compliant as six of the six specific requirements were 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 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.

Overall, consumers and representatives considered that they felt like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives reported that consumers received the care and services they required for their health and well-being, and that they were involved in their assessment and care planning on an ongoing basis.
* Consumers and representatives said that staff explained information about their care and services and that they could access a copy of the consumer's care and service plan when they wanted to.

Risks to the consumer’s health and well-being were determined by the service and the consumer and/or their representative and informed the delivery of safe and effective care and services.

Care planning documentation was reviewed on a monthly basis or as required in response to changing circumstances or following incidents. These reviews involved consumers and/or their representatives.

Care planning documentation consistently contained end of life planning and advance care directives which involved collaboration and input from other organisations.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 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.

Consumers considered that they received personal care and clinical care that was safe and right for them. For example:

* Consumers confirmed they received the care they required and advised they had access to a medical officer (MO) or other health professional when needed.
* Consumers and representatives expressed confidence that when the consumer needed end of life care, the service would support them to be as free as possible from pain and to have those important to them, with them.
* Consumers indicated they were satisfied that the consumer’s condition, needs and preferences were documented and communicated with relevant persons.
* Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and infection control practices.
* Consumers said the service was kept clean and they saw staff using personal protective equipment and practicing safe hand hygiene techniques.

Review of consumers’ clinical records demonstrated consumers received appropriate personal and clinical care in relation to their end of life care needs.

Care documentation generally provided adequate information for effective sharing of consumers’ care needs and reflected timely and appropriate referrals and input from MOs, allied health professionals and other health specialists.

Review of consumers’ care planning documentation identified that high impact and high prevalence risks were effectively managed by the service. Strategies were implemented to minimise risks, and these were documented in consumers’ care plans.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team recommended this requirement was not met, due to deficiencies in the documented management of a consumer’s pressure injury and inconsistencies in documentation related to restrictive practices.

The site audit report stated one consumer’s wound care documentation and photographs lacked appropriate assessment data and miscategorised the injury. Subsequent photographs demonstrated deterioration in the consumer’s skin adjacent to the original injury.

Although the site audit report indicated inconsistencies in the assessment and documentation of the pressure injury, it did not establish a deficiency in the management of the injury. Further, the Assessment Team recommended the service met its responsibilities in relation to safe and effective care planning [Requirement 2(3)(a)] and clinical risk management [Requirement 3(3)(b)], including the risk of skin integrity issues.

In its response, the approved provider supplied evidence of appropriate reassessment and management of the pressure injury and cited provision of additional training for applicable staff.

The Assessment Team noted the lack of behaviour support plans for all consumers who may be subject to environmental restraint. This related to consumers in the secure, special care unit and consumers outside the unit who may be unable to independently operate the service’s key-coded front door.

The approved provider’s response maintained the Assessment Team was not shown the appropriate documentation (‘personal behaviour and risk assessments’) as staff were unfamiliar with a new care documentation system being implemented by the service. The approved provider’s response stated these documents contained the information required for a behaviour support plan and were completed for all consumers who were not undergoing or awaiting assessment in this area.

In addition, under Requirement 3(3)(b), the Assessment Team reported that consumers who did not to have formal behaviour support plans, had care planning documentation which outlined possible behaviours, triggers and strategies to be employed by staff to minimise the identified behaviours.

Having considered all the information available to me, I concluded consumers received safe, appropriate and effective personal and/or clinical care.

Therefore, I decided the service was compliant with this requirement.

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

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 NON-COMPLIANTServices 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 team also examined relevant documents.

Most consumers considered they received the services and supports for daily living that were important for their health and well-being, and that enabled them to do the things they wanted to do. For example:

* Most consumers said they were supported by the service to do the things they like to do. These consumers said the service supported their emotional, spiritual and psychological well-being and optimised their independence, health and quality of life.
* Most consumers and representatives were satisfied with the meals provided and found them to be of suitable quality and quantity. Where consumers were not satisfied with the food provided, alternative meals could be made which aligned with their preferences for that particular day.
* Lifestyle equipment was safe, suitable and well-maintained.
* During the COVID-19 lockdown, consumers and representatives reported feeling supported by the service to maintain communication with people who are important to them.

The service supported consumers to participate in their community within and outside of the service environment, and to maintain social and personal relationships.

However, some consumers in the service’s ‘special care unit’ for consumers living with dementia said that the service and lifestyle staff did not provide services and supports that catered to their interests and values.

The lifestyle care planning documentation was lacking in detail for different consumers, was often generic in nature and did not fully capture each consumer’s individual likes and preferences.

The level of engagement in lifestyle activities of consumers in the special care unit was very low in comparison to the rest of the facility.

The Quality Standard is assessed as non-compliant, as one of the seven specific requirements was assessed as non-compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.*

The Assessment Team recommended this requirement was not met, based on the lack of specific, individualised supports for daily living available to consumers in the service’s special care unit.

Consumers in the special care unit expressed their dissatisfaction with the activities available to them.

Over the course of the site audit, the Assessment Team observed these consumers had limited engagement in activities to enhance their well-being and quality of life.

Leisure and lifestyle plans for consumers in the special care unit were noted to be generic and not tailored to their individual needs. In the case of one consumer who had resided at the service for 6 weeks, no lifestyle assessment had been completed.

Activities records for consumers in the special care unit indicated minimal participation in activities of interest to them.

In its response, the approved provider acknowledged the issues raised by the Assessment Team and stated the lifestyle programme had been limited for several months due to pandemic lockdown restrictions. Additionally, the lifestyle coordinator had been in the position for four weeks and had not been able to fully develop more appropriate and personalised activity plans.

The approved provider further acknowledged the special and individualised needs of the consumers in the special care unit. It stated the service had contacted an external dementia specialist organisation for guidance and advice in formulating appropriate activity plans for these consumers.

Having considered the evidence before me, I concluded each consumer was not receiving safe and effective services and supports for daily living that met the consumer’s needs, goals and preferences and optimised their independence, health, well-being and quality of life.

Therefore, I decided the service was not compliant with this requirement.

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’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 team also examined relevant documents.

Overall, consumers considered they felt they belonged in the service and felt safe and comfortable in the service environment. However, consumers in the special care unit for consumers living with dementia had difficulty navigating the service environment. For example:

* Most consumers and representatives said the environment was welcoming and felt like a home.
* Most consumers said the service environment was safe, clean and well maintained and allowed them to move around freely.
* Most consumers said they felt comfortable in using the equipment at the facility.
* Some consumers in the special care unit said that a lack of signage across the facility could cause them to become disoriented and confused.

The service presented as clean and well maintained, with various indoor and outdoor living areas and all areas were easily accessible for consumers.

Maintenance occurred as scheduled and as required and a cleaning schedule was in place.

The Assessment Team observed several consumers with cognitive impairment throughout the assessment who were unable to find their way in the special care unit.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements was assessed as Non-compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Non-compliant

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

The Assessment Team recommended this requirement was not met in relation to the living environment in the service’s special care unit for consumers living with dementia.

Consumers reported being disoriented and ‘getting lost’ in the special care unit.

While the overall service environment was welcoming and provided most consumers with opportunities for independence and interaction, the Assessment Team observed the special care unit did not provide consumers living with dementia adequate way-finding cues or signage. The Assessment Team noted the special care unit environment was not consistent with current, dementia-enabling design principles.

Consumers in the special care unit were observed to be distressed and confused by the environment and to lose their way when attempting to access areas such as the dining room. Consumers reported being disoriented and ‘getting lost’ in the special care unit.

The approved provider’s response to the site audit report acknowledged the deficiencies reported by the team. The approved provider stated the interior design of the special care unit was based on outdated principles and it has prioritised refurbishment of the environment. The approved provider stated it has engaged an external consultancy to assist with updating the special care unit environment to align with contemporary, dementia-enabling design principles.

On consideration of the evidence before me, I am satisfied the special care unit environment did not optimise each consumer’s sense of belonging, independence, interaction and functioning.

Therefore, I decided the service was not compliant with this requirement.

### 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 COMPLIANTFeedback 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 team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers considered that they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken. For example:

* Consumers said they felt safe and had ample opportunities to make complaints.
* Consumers felt they were satisfied with the process when complaints or feedback were presented to the service, with an open and transparent process being used.
* Most consumers and representatives said they were aware of external complaint mechanisms, including through the Commission, or through an advocate, such as their family, friends or an advocacy service.
* Consumers and representatives said that management addressed and resolved their concerns following a complaint, or when an incident occurred.

The service had mechanisms to review complaints and feedback and used this information to improve the quality of care and service delivery.

The Quality Standard is assessed as Compliant as four of the four specific requirements were 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.*

The Assessment Team recommended this requirement was not met, due to the service failing to record complaints for the period from September 2021 to the end of January 2022 in the service’s complaints register. The Assessment Team further observed 3 complaints since this period were recorded on the register, which was combined with the service’s continuous improvement plan.

While the failure to record complaints in a register is a gap in the service’s processes, feedback from consumers indicated their complaints were addressed promptly and to their satisfaction. I do not consider the service’s practice of combining the service’s continuous improvement plan with the complaints register poses an issue, as the outcomes of the service’s system meet the Quality Standards.

The approved provider’s response detailed discussion of complaints in meetings during this period, with escalation to the CEO as required. The response further cited documented evidence of complaints management for this period, including Board reports reviewed by the Assessment Team, which detailed issues raised through the complaints process.

Having considered the evidence before me, I concluded management had identified the issues cited in the site audit report and took taken action to address any deficiencies prior to the site audit. I am satisfied feedback and complaints during the period described above were reviewed and used to improve the quality of care and services for the individuals concerned.

Therefore, I decided the service was compliant with this requirement.

# STANDARD 7 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.

Overall, consumers considered that they received quality care and services when they required them, from people who were knowledgeable, capable and caring. For example:

* Consumers and representatives confirmed that staff were kind, caring and respectful of their identity, culture and diversity. They gave examples of what this meant to them, including through their interactions with staff and never feeling rushed.
* Consumers and representatives felt there were sufficient staff to support consumer care and services and stated they had confidence staff knew what they were doing.

The service demonstrated that workforce planning ensured the allocation of staffing was adequate to enable the delivery and management of safe and quality care and services to meet the needs of consumers.

The service demonstrated that staff were qualified and competent and received training to deliver the care and services required by the Quality Standards.

The service demonstrated that it had systems in place for reviewing and managing staff performance, including monitoring staff performance annually or as required.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment Team recommended this requirement was not met, based on the observation of a staff member who did not sanitise their hands before administering eyedrops and left a medication trolley open and unattended. The Assessment Team also found inconsistencies in documentation related to wound management, as discussed in Requirement 3(3)(a).

However, the Assessment Team also found the service demonstrated that staff were qualified and competent, received training to deliver care and services as required by the Quality Standards, and underwent competency assessments.

Management acknowledged the individual lapse in appropriate hand hygiene and medication management and committed to additional training and competency assessment for the staff member involved.

The approved provider’s response to the site audit report noted the one-off nature of the Assessment Team’s observation and outlined the service’s overall positive performance in relation to infection prevention and control.

Consumer feedback, management interview data and documented evidence of orientation, induction and staff education and training demonstrated the service had appropriate systems in operation to train staff and to support their work.

I do not consider observation of an isolated incident of inappropriate practice or a gap in individual documentation constitutes a failure by the service to train, equip and support staff to deliver the outcomes required by the Quality Standards.

Having considered the evidence before me, I decided the service was compliant with this requirement.

### Requirement 7(3)(e) Compliant

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

The Assessment Team stated the service demonstrated it had a system in place for reviewing and managing staff performance, including monitoring staff practice annually or as required. However, the Assessment Team recommended this requirement was not met as there were several performance appraisals overdue.

The Assessment Team noted the service had an action plan and a new schedule in place, with management anticipating all staff performance appraisals would be completed by the end of March 2022. The action plan demonstrated management had recognised the lapse in performance appraisals, had reviewed the scheduling system and was in the process of rectifying this issue prior to the site audit.

The approved provider’s response cited a recent change in management and difficulties imposed by the service’s response to the COVID-19 pandemic as factors contributing to the lapse in the performance appraisal process. The overdue appraisals were scheduled by the previous management team and did not prioritise individual staff members’ appraisal requirements.

The site audit report and the approved provider’s response confirmed staff practice was monitored, both through ad hoc and regular assessments and competencies.

Based on the evidence before me, I am satisfied staff performance is reviewed and monitored and the service has commenced a system for regular appraisals.

Therefore, I decided the service was compliant with this requirement.

# STANDARD 8 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 considered the organisation was well run and that they were partners in improving the delivery of care and services. For example:

* Consumers and representatives said they could choose to be involved in the development and evaluation of changes to the service and the care and services that they received, such as through participation in monthly consumer meetings, consumer satisfaction surveys, family case conferences and by utilising complaints and feedback mechanisms.
* Consumers said that they were encouraged to make suggestions to enable the service to support them to live the best life that they could and felt the service respected their identity, culture and diversity.

Management advised the service had policies and procedures that promoted a culture of safe, inclusive and quality care and services and management was accountable for their delivery.

There were service wide governance systems which supported effective information management, continuous improvement, financial governance, workforce governance and regulatory compliance, which included responsibility and accountability in delivering quality care and services to the consumers. The service had documented policies and procedures that guided clinical practices and risk management systems. Staff demonstrated their understanding of these policies and frameworks and provided practical examples of how they were implemented.

The service demonstrated a risk management system for managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they could and managing and preventing incidents, including the use of an incident management system.

The service demonstrated a clinical governance framework which included antimicrobial stewardship, minimising the use of restraint and open disclosure.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Compliant

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

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

The Assessment Team recommended this requirement was not met, related to Sub-requirement 8(3)(c)(vi) ‘feedback and complaints’, due to the service’s complaints register being incomplete for the period from September 2021 to the end of January 2022.

While I consider omissions in the complaints register to be a gap in the service’s systems, this was recognised by management. Action was taken prior to the site audit to ensure the issue did not recur.

As outlined in the evidence and my reasoning for finding the service Compliant in Requirement 6(3)(d), during the stated period mechanisms other than the complaints register were employed by the service to ensure complaints data were appropriately escalated to management and the Board.

Further, Board reports showed the organisation identified the possibility of under-reporting of complaints as a risk the organisation wished to review and address as a priority.

Having considered the evidence, I am satisfied the organisation had functioning governance systems in relation to feedback and complaints, and that these systems were subject to continuous improvement.

Therefore, I decided the service was compliant with this requirement.

### 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.

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