Anglicare SQ Symes Grove Home for the Aged

Performance Report

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**Commission ID:** 5051

**Provider name:** The Corporation of the Synod of the Diocese of Brisbane

**Site Audit date:** 9 May 2022 to 11 May 2022

**Date of Performance Report:** 22 June 2022

# Performance report prepared by

Kathryn Spurrell, 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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **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** | **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; 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 1 June 2022.
* other information and intelligence held by the Commission in relation to the 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

Consumers and representatives indicated they were treated with dignity and respect, with their identity, culture and diversity valued. Staff demonstrated knowledge and familiarity with consumers background and described how they enabled and supported consumers’ lifestyle choices. Care planning documentation included information regarding the background, identity and cultural practices of consumers.

Consumers and representatives indicated the care and services provided to consumers were culturally safe. Staff were aware of the preferences, culture, values and beliefs of consumers and explained how these factors influenced the delivery of care. The service’s spiritual and pastoral care policy outlined its commitment to shared values and cultural traditions.

Consumers were satisfied that they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff described how consumers are supported to maintain relationships with those people that are important to them and to make decisions about their own care. Care planning documentation included details and contact information for nominated representatives and other primary contacts.

Staff and management were aware of their responsibility to assist consumers in making an informed decision around activities of risk, in consultation with any relevant healthcare professionals. Consumers and representatives expressed they were supported by the service to take risks to enable them to live the best life they can. The Assessment Team observed a risk assessment to be completed for a consumer that smoked, the assessment included strategies in place to mitigate against potential risks.

Consumers and representatives indicated they received information that was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled them to exercise choice and control. Care planning documentation identified strategies in place to support the communication of information to consumers, including those with cognitive impairments or difficulty communicating. Staff described how they provide consumers with information, in line with their needs and preferences.

The Assessment Team observed staff to knock on the doors of consumers’ and waiting for their permission prior to entering the room. In addition, staff computers were observed to be password protected. Consumers and representatives expressed satisfaction with how their privacy was respected by staff.

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 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

The service demonstrated assessment and care planning processes that were implemented to inform the delivery of safe and effective care and services. Care planning documentation evidenced a range of assessments were conducted with consumers according to their individual needs. Staff were able to describe risks to consumer health and wellbeing and how these risks were captured in the assessment and planning process to inform the delivery of safe and effective care and services.

Care planning documentation evidenced that consumers and representatives were consulted throughout assessment and care planning, including advanced care and end of life planning. Staff were able to describe what is important to consumers in the delivery of their personal and clinical care and end of life care, including their needs, goals, and preferences. Consumers and representatives were satisfied with the assessment and planning process and confirmed that end of life planning conversations had taken place.

Consumers and representatives confirmed the outcomes of assessment and planning had been communicated to them and they were able to access consumer care plans upon request. Staff described ongoing communication with representatives and families in conducting assessments and reviewing care plans.

Care planning documentation evidenced that care assessments were reviewed for effectiveness, tailored to meet each consumer's individual care needs and that assessments were conducted following changes or when an incident occurs. Representatives expressed that the service was responsive to changes in care needs and informed the representatives of these changes.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 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

The service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Care planning documentation included key risks to consumers and outlined strategies in place to mitigate risk, which was further supported by staff.

Staff described how they provided care to consumers that were palliating, and care planning documentation identified the needs, goals and preferences of consumers requiring end of life care. Consumers and representatives expressed confidence with the service’s ability to provide end of life care.

Deterioration or changes in a consumer’s health was recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff were able to describe their roles and responsibilities in identifying and reporting changes or deteriorations in consumer’s health.

The service demonstrated how information about the consumer’s condition, needs and preferences was documented and communicated within the organisation, and with others where responsibility for care is shared. The Assessment Team observed a clinical and care staff handover where each consumer's condition, preferences and changes to consumer care needs was discussed.

Consumers and representatives confirmed they were satisfied that referrals to health professionals occurred in a timely manner and consumers have access to relevant external health professionals when required. Staff described how other organisations or providers of care are involved in the delivery of care to consumers, for example, following a consumer fall, the consumer is referred to a physiotherapist and medical officer to be assessed for general health and mobility changes.

The service demonstrated how they minimised infection-related risks through implementing standard and transmission-based precautions to prevent and control infection.

The Assessment Team found the service did not meet Requirement 3(3)(a) in relation to the delivery of personal care. I have considered the evidence brought forward in the Site Audit Report and the Approved Provider’s response and found the service Non-complaint under Requirement 3(3)(a). I have provided reasons for the finding in the relevant requirement below.

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) Non-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 identified that the service was unable to demonstrate that each consumer received safe and effective clinical care that is best practice, tailored to their needs and optimised their health and well-being. Relevant (summarised) evidence included:

* Several named consumers and representatives who expressed dissatisfaction with the timeliness off staff to attend to care needs and reporting impacts to consumer hygiene and toileting needs.
* Inconsistent application and management of restrictive practices. The Site Audit report brought forward examples of named consumers for who the Assessment team could not locate behaviour support plans or consent authorisations relating to mechanical and chemical restraint.
* Staff who indicated the service’s policy states that all forms of restrictive practice were to be reviewed every three months. In some instances, the service did not conduct reviewed within a three-month period and consent was not always obtained.

The Approved Provider’s written response, received 1 June 2022, included additional information regarding the issues identified by the Assessment Team. The Approved Provider outlined that in relation to:

The named consumers and representatives who raised concerns over delays to personal and care resulting in impacts to toileting and hygiene the Approved Provider provided additional evidence and explanation of how it had responded to individual circumstances that included.

* Medical officer reviews were appropriate, including medication reviews.
* Continence monitoring to review consumer’s continence needs and adjust continence and toileting care plans as required to ensure toileting is completed per their identified needs.
* Case conferences, with representatives to further discuss consumer continence needs, care plan and call bell response concerns.
* A review of the personal hygiene routines in consultation with consumers and representatives to meet individualised expectations.
* In relation to the issues raised in relation to restraint management, the Approved Provider noted the named consumers had been assessed by physiotherapist and medical officers and physical assessment and care plans updated as needed, including updated behaviour support plans in place where necessary, with detailed alternate nonpharmacological strategies included.

I have considered the information presented by the Assessment Team and the Approved Provider. Whilst I acknowledge the actions taken by the Approved Provider to address the issues surrounding the personal care needs of consumers’, at the time of the Site Audit, the service did not demonstrate that each consumer received safe and effective clinical and personal care that is best practice, tailored to their needs and optimised their health and well-being. I therefore find this requirement Non-compliant.

### 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 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

Consumers felt supported to pursue activities of interest to them and were provided the appropriate supports to do so. Care planning documentation captured consumers’ activity preferences and outlined the individuals important to them. Staff demonstrated a shared understanding of the activities of importance to consumers and provided examples of how they support consumers, including those with physical impairments, to partake in these activities.

Consumers and representatives expressed that the service provided support for daily living that promoted the emotional, spiritual and psychological well-being for each consumer. Care planning documentation included information and strategies to support the emotional, spiritual and psychological well-being of consumers. The Assessment Team observed staff talking to consumers, participating in activities and engaging with consumers throughout the visit.

Consumers described the activities they enjoyed and how the service assists to facilitate and organise these activities. Staff demonstrated an understanding of consumers’ individual preferences, community connections and relationships and activities of importance.

Consumers and representatives expressed that information about consumers’ condition, needs and preferences was communicated within the organisation, and with other services where relevant. The Assessment Team observed a shift handover being completed and noted staff were communicating information about the services and supports of consumers.

Care planning documents included information about individuals and external services who supported consumers to maintain their interests and participate in the community outside the service. Staff outlined the process of engaging with external organisations and individuals when consumers required additional support and to supplement the service’s lifestyle program. The Assessment Team observed a variety of brochures and resources available to support referrals to external organisations as required.

Consumers and representatives generally expressed positive feedback regarding the quality and quantity of the meals provided by the service. Care planning documentation evidenced the identification of dietary requirements and preferences to inform the delivery of safe eating practices. Kitchen staff described how they sought feedback which included verbal feedback and observations.

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 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

The Assessment Team observed the service to be welcoming and easy to navigate with multiple, functional areas for consumers to use independently or with others. Consumers and representatives expressed consumers felt safe at the service and noted the service was clean and well-maintained. Staff were able to describe how the service environment ensured consumers and visitors felt at home, and how it supported consumers with cognitive impairments.

The Assessment Team found the service to be safe, clean, well maintained and comfortable, consumers were able to move freely throughout the facility, both indoors and outdoors. Consumers and representatives were satisfied with the cleanliness of the service and their rooms. The service’s preventative maintenance schedule evidenced the occurrence of regular maintenance of equipment throughout the facility.

Consumers expressed that furniture, fittings and equipment were safe, clean and well-maintained, this feedback was consistent with observations made by the Assessment Team. Staff described how shared equipment was cleaned and properly disinfected after each use, and promptly stored in a locked room to ensure the safety of consumers.

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 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

The service demonstrated consumers and their representatives were encouraged and supported to provide feedback and make complaints. Staff explained that if a consumer raised a concern, they would attempt to address it if within the scope of their role and if unable, the matter was escalated to management. Management advised of the different ways that consumers were encouraged and supported to make complaints and provide feedback, and how consumers were involved in the implementation and evaluation process once an improvement is made.

Consumers and representatives were familiar with the feedback and complaints processes and were aware the service had information brochures available which outlined the contact details of external support and advocacy services. Staff demonstrated an understanding of the internal and external complaints and feedback avenues available for consumers and representatives. The Assessment Team observed written materials to communicate advocacy, language and external complaints mechanisms available to consumers and representatives.

Management and staff were able to describe the complaint handling system in place and provided examples of actions taken to respond to complaints and described the open disclosure policy. Most consumers and representatives indicated the service took appropriate action in response to complaints and the practice of open disclosure was utilised. A review of the feedback and complaints register from the past six months demonstrated that all complaints filed were actioned with an appropriate response.

Consumers and representatives were confident the service used feedback and complaints to improve the quality of care and services and provided examples of feedback that had previously been raised and the outcomes the service had provided. The service reviews complaints trends regularly in meetings which informs areas for continuous improvement. Management gave the example of call bell response times being raised as complaints from consumers and as a result the service was trialling a new call-bell system that aimed to reduce response times. The Assessment Team noted that the service had a feedback, complaints and open disclosure policy.

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 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

The Assessment Team observed staff interacting with consumers in a kind and caring manner and consumers and representatives confirmed staff were respectful when providing care services. Staff were observed knocking on consumers’ doors, asking permission to enter, and addressing consumers by their preferred name.

Staff were confident that the training provided had equipped them with the knowledge to carry out care and services for consumers. Most consumers expressed that staff were capable and had the knowledge to effectively perform their roles. The Assessment Team reviewed the site orientation checklist for new and agency staff.

Staff advised that training, policies, and modules to support their role could be found online and could demonstrate how to access it. Staff indicated they felt comfortable to approach clinical staff or management if they did not understand their training or any practical aspects of their role. Staff training records showed all staff, excluding those on extended leave, had completed mandatory training.

Management advised that staff performance was monitored through formal performance appraisals and informal monitoring and review. The performance appraisal process occurred on a yearly basis; however, staff could request additional training or support from management on an ad hoc basis. The Assessment Team reviewed a performance appraisal and noted the review consisted of a self-assessment and manager's assessment on personal performance and development areas as guided by the service values.

The Assessment Team found the service did not meet Requirement 7(3)(a). I have considered the evidence brought forward by the Site Audit Report and the Approved Provider’s response and found the service Compliant with this requirement. I have provided reasons for my findings in the relevant requirement below.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been 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.*

The Assessment Team found the service was unable to demonstrate the workforce was planned to enable the delivery and management of safe and quality care and services. Summarised relevant evidence included:

* Consumers and representatives who considered that staff took a long time to respond to call bell requests and reported impacts to consumer health and hygiene as a result, some suggested that staff sufficiency was an issue
* Staff advised they felt the service is short staffed, particularly with regards to the staffing ratio in different wings of the facility.

The Approved Provider’s written response, received 1 June 2022, included additional information regarding the issues identified by the Assessment Team. The Approved Provider had outlined that in relation to:

* The consumer’s and representative that reported delays in staff responses to call bell requests; the service provided explanation of some consumer’s unique care needs, that at times impact on care delivery, the service undertook to continue to monitor call bell data to ensure no consumers were impacted by delays to call bell responses.
* The service analysed data in relation to call bell response times over the preceding four weeks for a sample of consumers. Data showed that of those calls only one exceeded the expected wait time in that period.
* Staff who expressed the service is short staffed; the service reviewed the current staffing hours and mix against the Stewart Brown Aged Care Benchmark and noted they exceed the industry standard for comparable services. In addition, the service raised the impacts arising from a national workforce shortage across the aged care sector.

Whilst I acknowledge the evidence brought forward by the Assessment Team in relation to workforce sufficiency and the delivery and management of safe and quality care and services. On the balance of all evidence brought forward in the Site Audit report and the Approved Provider’s response I am of the view these examples were insufficient to indicate overall Non-compliance with this Requirement. Therefore, I find the service Compliant with this requirement.

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

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

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

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

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

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

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

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

# STANDARD 8 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

Consumers and representatives confirmed they are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Management advised there are a variety of ways consumers are involved in the development, delivery and evaluation of services, such as consumer meets, care plan reviews, ad-hoc surveys and internal audits.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services and took accountability for their delivery through a range of policies, procedures, internal audits and reporting requirements. Management provided the Assessment Team, evidence of regular communication with the Board around changes to legislation and ensuring regulatory compliance. Management advised there is a robust organisational structure that governs the delivery of quality care and services at the service. The facility manager reports to the Board on clinical and leadership and governance matters.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Staff confirmed they had been educated on these policies and could provide practical examples of their relevance to their work and responsibilities. Management said there is a system in place for staff identifying, escalating, reporting and managing reportable assaults and there is a notification group for incidents that goes to clinical staff who then escalate to senior managers when there has been an incident and the report is logged in the system.

The service was able to demonstrate a clinical governance framework and supporting polices that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and their application in a practical setting. Management provided examples of the way that care, and services were planned, delivered or evaluated as a result of implementation of the open disclosure policy, including that staff are responsible and accountable, with management being open and honest in their communications to the consumer and their representatives and family members.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) – The service ensures that each consumer gets safe and effective care that is best practice, is tailored to their needs, and optimises their health and well-being.