Ascott Gardens

Performance Report

83 Spring Street
ORANGE NSW 2800
Phone number: 02 6362 2201

**Commission ID:** 0125

**Provider name:** United Protestant Association of NSW Limited

**Site Audit date:** 5 April 2022 to 8 April 2022

**Date of Performance Report:** 10 May 2022

# Performance report prepared by

GCherry, 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** | **Non-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) | Non-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 5-8 April 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 received 6 May 2022.
* Performance report dated 11 November 2021.
* Information from the community and media article.

# 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

Sampled consumers consider they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and are supported to take risks to enable them to live the life they choose. Consumers said staff respect their privacy and they feel valued as an individual.

Consumers consider care and services are delivered demonstrating respect of their culture, diversity, background and life history and satisfaction staff discuss risks associated with their choices and gave examples of how staff support them to participate in a manner as safe as possible. They gave examples of planned cultural activities.

Consumers are supported to exercise choice and independence and gave examples of consultation and discussions to enable them to make decisions whenothers should be involved in their care. Consumers and their representatives consider they are informed of changes to care and services and receive information to enable informed decision making.

The Assessment Team observed staff affording consumers privacy in aspects of their life, and respectful interactions between staff and consumer including when cares are being delivered. Staff were observed to prioritise interactions with consumers, including ceasing completing of tasks to enable consumer interactions. Notices and posters in relation to the service and other aged care services were observed in communal areas.

Care staff described consumers personal life history, culture and how these aspects are considered when providing care and services. Staff demonstrated knowledge of consumers’ individual needs, preferences, cultural identity and spiritual needs that influence the day-to-day delivery of care. They gave examples of supporting consumers to maintain relationships of choice.

Staff gave examples of supporting consumers to make informed choices through engagement/consultation during assessment and care and services planning processes and when changes occur. Staff gave examples of maintaining consumers’ confidentiality and privacy when providing care and services and communicating with others.

Polices relating to this standard guide staff on organisational expectations regarding consumer care and services.

Care and services planning consider religious/spiritual preferences, cultural needs specific to each consumer and indicate discussion of strategies and outcomes relating to risk taking choices. Documentation is stored in a confidential manner and electronic records are password protected.

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 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

Sampled consumers consider they or their nominated representative are involved in initial and ongoing planning of their care and services, including end of life choices and when consumers’ condition changes. Consumers and representatives consider staff involve them in the assessment and planning of care through a variety of forums, upon entry, on a regular ongoing basis, when incidents occur and/or consumers’ needs change. They expressed satisfaction staff explain care needs/outcomes and risks relating to individual choices and discuss end of life wishes.

Most consumers and representatives said they are included and informed in the outcomes of assessment and care and services planning, they have access to care plan documentation and medical officers, specialists and other health professionals are included in this process.

Clinical and care staff described the assessment, care and services planning and review processes and how staff involve consumers and others where required. Clinical risk assessments are completed, and documentation updated when needs change. Analysis and trending of clinical incidents result in action where required.

The service demonstrates a partnership approach with consumers and/or representatives to involve them in assessment and care planning and documented processes guide staff practice. Staff demonstrate knowledge of their responsibilities and gave examples of strategies implemented to achieve effective outcomes.

The Assessment Team reviewed assessment, care and services planning documentation, including advanced care/end of life plans and noted regular review and case conference meetings occur with consumer/representative input.

Care and services plans contain information relative to each consumer’s health and wellbeing and detail agreed risk minimisation strategies. Documentation reflects involvement by consumers, their representatives, medical officers, specialists and other allied health professionals. There is a system to ensure representatives and appropriate medical and allied health professionals are involved when circumstances changes and/or when incidents occur.

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-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

Sampled consumers consider they get quality care and services when they need, from staff who are knowledgeable and capable. The service generally demonstrated safe consumer care, clinical staff manage specific clinical needs, appropriate action is taken to a deterioration in consumer’s health and regular medical reviews occur in response to changing needs. Representatives consider they are contacted when a change in consumer’s health occurs and clinical staff, specialists and medical officers implement appropriate clinical care.

Consumers’ needs, goals and preferences when nearing end of life are recognised and addressed to ensure their comfort and dignity is maintained. Care planning documentation reflects end of life wishes and staff demonstrated knowledge of managing care for consumers nearing end of life. Representatives provided positive feedback.

Senior clinical staff and the care manager oversee clinical documentation processes and registered staff have responsibility in meeting day to day clinical needs. Staff described clinical, emotional, spiritual, cultural care needs for individual consumers and gave examples of organisational supports to generally guide them in delivering individualised care tailored to consumer’s specific needs.

Documentation review generally demonstrated consumer care is effective, safe, meets their needs and optimises their well-being, including identification of high-impact/high-prevalence risk and individualised strategies for effective management of these risks. Clinical and care staff demonstrate knowledge of sampled consumer’s care needs and strategies for risks, such as falls, weight loss, pain and behavioural management are effectively managed. Clinical staff demonstrated an understanding of individual and organisational risks, strategies utilised to minimise risk and gave examples of improved consumer outcomes. Staff are trained in the process of reporting incidents including escalating concerns and legislative reporting requirements. Risks are reported, monitored and analysed to ensure effective management.

The service demonstrated effective systems in relation to the management of diabetes, pain, wound, nutrition/hydration, behavioural needs, antibiotic therapy and end of life care. The Assessment Team identified inconsistencies relating to continence management. Management advised immediate review to ensure systems and practices are in line with best practice guidelines/management. Clinical and care staff demonstrated awareness of triggers, strategies and desired outcomes for consumers experiencing complex behavioural needs.

The service demonstrated strategies to minimise the use of restraint (for example psychotropic medications), however there is not an effective process to demonstrate informed consent is obtained regarding environmental restraint for consumers living within the secure memory support unit.

Information about consumer’s condition, needs and preferences is documented and communicated within organisational staff and others where care responsibility is shared. Consumers are referred to specialists and allied health services in a timely manner. Reviewed care plans detailed individualised personal and clinical care management strategies based on assessed needs, consultation with consumers and/or representatives and referral to a range of specialists and health professionals.

There are trained Infection Prevention Control (IPC) leads to guide staff practices and staff demonstrated an understanding of infection control and antimicrobial stewardship principles. Policies and procedures are accessible to guide staff in the provision of care relating to this Standard.

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 service demonstrated effective systems in relation to the management of diabetes, pain, wound, nutrition/hydration, behavioural needs, antibiotic therapy.

Consumers and representatives expressed satisfaction consumers receive timely quality care and services from staff who are knowledgeable and capable.

The Assessment Team bought forward evidence of procedures relating to continence management not consistent with best practice methods. The service did not consistently demonstrate utilising non-invasive methods of continence management. Executive management acknowledged current strategies were not consistent with best practice methods and committed to immediate review of continence management strategies and practices.

While the service demonstrated strategies to minimise the use of some restrictive practices (for example psychotropic medications), there is not an effective process to demonstrate informed consent is obtained regarding environmental restraint for consumers living within the secure memory support unit. The Assessment Team bought forward evidence environmental restraint forms are not evident to demonstrate the process of obtaining informed consent and/or to ensure currency.

In their response, the approved provider evidenced organisational policy documentation, staff training, specialist referral and behavioural support plan to ensure appropriate clinical review. Updated documentation demonstrating the process of obtaining informed consent for one consumer was provided, however this occurred as a result of evidence bought forward by the Assessment Team and the service’s self-monitoring systems did not ensure compliance with this obligation.

I find this requirement is 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 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

Sampled consumers consider they receive services and supports to daily living that are important for their well-being and enable them to do things they want. The service has a range of methods for enabling consumers input into the services and supports they choose, and those important to their preferences.

Consumers and representatives expressed positive feedback regarding the support consumers receive from staff to maintain relationships of importance; attend activities of choice within and external to the service; participate in spiritual services and general satisfaction regarding the variety and sufficiency of foods. Consumers are satisfied with the cleanliness of well-maintained equipment.

Interviewed staff demonstrated knowledge of consumer’s individual preferences/needs and described how they support independence. Staff gave examples of consumers participating in leisure and lifestyle activities and services and supports to promote emotional, spiritual and psychological wellbeing. There are processes to seek consumer feedback and input into the lifestyle program and menu. The lifestyle program caters to include consumers in activities of choice including those who prefer not to participate in group settings.

Management and staff described emotional, spiritual and psychological supports for consumers, including outings from the service, attendance at spiritual services and spending individual time with those who require emotional support and/or prefer not to participate in communal activities.

Care planning documentation detailed information relevant to consumer’s needs including life history, spiritual, emotional, cultural and psychological needs, family, social connections and days of significance. Care planning documentation detailed dietary preferences and needs. Policies and procedures are accessible to guide staff in the provision of care relating to this Standard.

The Assessment Team observed consumers, with varying levels of mobility, moving throughout the service and staff providing support as needed. Consumers were observed to be engaged in activities and meals. The Assessment Team observed the service environment including furniture/fittings to be clean, well-maintained and suitable for consumer use.

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

Sampled consumers consider they belong, feel safe and comfortable in the service. Consumers gave a range of feedback including they feel at home, visitors are welcomed, staff provide excellent care and are friendly and there are areas where they can interact with others. They advised of satisfaction with cleaning of the environment and equipment; comfortable furniture and fittings, and they can easily navigate throughout the service.

Staff described the process for ensuring equipment is cleaned/maintained in good working order and the process for reporting a hazard. The environment maximises support for consumer’s independence via navigational and mobility aids, several seating areas and photos strategically placed for room identification and wayfinding.

The Assessment Team observed signage situated at appropriate height for clear vision, structural strategies to support consumers to independently mobilise, adequate lighting, heating and cooling, and suitable noise levels. Consumers have access to undercover outdoor areas and well-maintained garden areas and were observed to be utilising internal communal and outdoor seating areas. Consumers were observed leaving the service for group outings.

There is a preventative and responsive maintenance program, a cleaning program, a system to ensure appropriate stocks of goods/equipment and a monitoring system to ensure safety equipment is regularly tested. Policies and procedures are accessible to guide staff in the provision of care relating to this Standard.

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

Sampled consumers and their representatives consider they are encouraged and supported to give feedback and complaints, and appropriate, timely action is taken in response. There are numerous methods to capture feedback and complaints and inform improvement within the service.

Consumers provided assorted feedback including, confidence they could provide feedback/make complaints, felt safe and familiarity in doing so, and are confident feedback is used to improve services. They gave examples of timely response and actions which had resulted in changes/improvement. Consumers described management and staff as approachable, considered, compassionate and understanding when issues are raised. Consumers said they are supported to participate in delivery of care and services through a variety of forums.

Staff gave examples of managing consumer or representative feedback and demonstrated knowledge relating to open disclosure processes. The service demonstrated actions taken in response to complaints and provided examples of feedback resulting in improvements, open disclosure and processes implemented to evaluate and ensure positive outcomes.

Policies and procedures are accessible to guide staff in the provision of care relating to this Standard. Documentation review detailed a system of reporting, actioning and evaluating outcomes to demonstrate issues raised are appropriately addressed. Feedback/complaint data is analysed for trends and used to maintain quality of care and services. Information is displayed throughout the service regarding language services, advocacy organisations, and internal/external systems of complaints management.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 NON-COMPLIANTHuman resources

# Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Sampled consumers consider they receive quality care and services in a timely manner from management and staff who are knowledgeable, capable, kind and caring. Consumers said staff are kind and gentle when providing care, know them well and what they are doing, they feel safe when staff are assisting them, and there is enough staff to provide care and services in a timely manner. The Assessment Team observed staff engage with consumers in an attentive, positive manner in consideration of consumers’ individuality, identity and culture.

Staff said they are provided with equipment and supports to carry out the duties of their role and receive ongoing support, supervision and feedback to enable them to perform their responsibilities. Staff generally expressed satisfaction the service ensures enough staff to manage workflows and respond to consumers’ needs.

Management advised of ongoing recruitment processes for both clinical and care staff and competencies and capabilities are based on educational and professional qualification.

The Assessment Team bought forward deficiencies in the service’s ability to provide documented evidence of staff education/training in relation to the Quality Standards, however staff demonstrated an understanding of the Quality Standards and application in providing quality care and services. The Assessment Team bought forward deficiencies regarding a process to monitor and record completion of staff training deemed as a mandatory requirement. Senior clinical personal advised of mandatory training requirements across a variety of topics relating to the Quality Standards and staff acknowledged receipt of training. Management discussed examples of staff training including legislative requirements and relevant competencies for designated roles. They provided examples of how staff competency and professional registrations are monitored for currency and suitability to the role.

The service did not demonstrate an effective process of ensuring regular assessment, monitoring and review/evaluation of staff performance.

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

## Assessment of Standard 7 Requirements

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

Senior clinical personal advised of mandatory training requirements across a variety of topics relating to the Quality Standards and staff acknowledged receipt of training. The Assessment Team bought forward deficiencies regarding a process to monitor and record completion of staff training deemed as a mandatory requirement.

The Assessment Team bought forward deficiencies in the service’s ability to provide documented evidence of staff education/training in relation to the Quality Standards, however staff demonstrated an understanding of the Quality Standards and application in providing quality care and services.

In their response the approved provider demonstrated attendance at training in relation to some of the Quality Standards.

I find this requirement is compliant.

### Requirement 7(3)(e) Non-compliant

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

The service did not demonstrate an effective process of ensuring regular assessment, monitoring and review/evaluation of staff performance.

Management explained the process of review for new staff and policy documentation guides a requirement for annual review. While staff demonstrated knowledge of the review process most were unable to advise when this occurred, and documentation contained limited details of current staff performance reviews.

The approved provider did not submit a response to evidence bought forward by the Assessment Team.

I find this requirement is non-compliant.

# 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

Sampled consumers and their representatives consider the service is well run, they can partner and participate in improving delivery of care and services via a variety of methods.

Overall, the organisation demonstrated effective governance systems relating to information management, continuous improvement, finance, feedback and complaints, and an organisational reporting pathway. Board member involvement in the overarching running of the service was evident as the governing frameworks ensure they are informed, involved and accountable. The organisation’s regional executive board (REGB) are responsible for overseeing the service’s governance and attend consumer meetings when concerns and/or suggestions require the boards consideration.

Demonstration of an effective clinical governance framework that encapsulates, antimicrobial stewardship, minimising the use of restraint and open disclosure was evident. The service generally demonstrated compliance with organisational governance systems however the Assessment Team identified deficits in processes to ensure effective management of environmental restraint procedures (considered in Standard 3).

There are effective risk management systems and practices to ensure high-impact and high prevalence risks and the abuse and neglect of consumers are responded to and safely managed. The clinical governance framework ensures board involvement/management of critical incidents.

The Assessment Team observed documentation and management and staff demonstrated opportunities for improvement are identified, incidents and feedback are used to drive continuous improvement and there is a process for the state governing body to generally monitor compliance with the Quality Standards.

There are effective organisational information and communication systems to ensure all stakeholders have the relevant information they need. The service demonstrated examples of consumer and representative engagement in decisions relating to care and services and the implementation of continuous improvement resulting from consumer input; for example, development of a purpose-built multi-function meeting room.

Staff demonstrate knowledge of the systems in place, regulatory requirements, feedback and complaints processes, clinical and risk management systems and the process for escalating issues of concern. The Assessment Team observed documentation in relation to the organisation’s clinical governance and risk management frameworks, noting a variety of policies and procedures to generally support both.

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.*

Demonstration of an effective clinical governance framework that encapsulates, antimicrobial stewardship, minimising the use of restraint and open disclosure was evident. The service reviewed the restrictive practice policy and procedures to align with the introduction of the restraint requirements introduced on 1 July 2019 and new behaviour support plan requirements on 1 October 2021.

The service generally demonstrated compliance with organisational governance systems however the Assessment Team identified deficits in processes to ensure effective management of environmental restraint procedures (considered in Standard 3).

I find this requirement is compliant.

# 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 is required to:

* Implement an effective process to demonstrate informed consent is obtained regarding environmental restraint for consumers living within the secure memory support unit.
* Implement an effective process of ensuring regular assessment, monitoring and review/evaluation of staff performance.