Benetas St Laurence Court - Eaglehawk

Performance Report

112 Upper California Gully Road
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**Commission ID:** 3071

**Provider name:** Anglican Aged Care Services Group

**Site Audit date:** 21 March 2022 to 23 March 2022

**Date of Performance Report:** 20 April 2022

# Performance report prepared by

Melissa Frost, 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) | Non-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 14 April 2022
* other information and intelligence held by the Commission in relation to the service.

# 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

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

Consumers confirmed they are treated with dignity and respect, and said they are happy living at the service. Staff said they learn consumers’ needs and preferences. Staff were observed interacting in a respectful and friendly manner with consumers, consistent with the service’s dignity policy. Care planning documents reflect individual consumers’ diversity and cultural needs.

Consumers described how the service supports their diversity, such as through attending religious services. Staff undertake training for cultural diversity, and described how they valued and respected consumers from diverse backgrounds. The service displays a spiritual calendar in the hallways.

Consumers said they are supported to exercise choice and independence in the way their care and services are delivered, including for meal preferences. Consumers said they are supported to maintain relationships with family and friends. Staff described how they support consumers to make informed choices relating to their care and services, including allowing consumers to choose when they wanted assistance with certain tasks such as showering.

Consumers said they felt supported by the service to take risks, and provided examples of how the service achieved this. Consumers that did not wish to utilise particular recommended medical interventions due to the impact on comfort and wellbeing were supported in their decision.

Consumers confirmed they were satisfied with communication within the service, including through staff offering them choices. An activities calendar and food menu are provided to consumers and representatives.

Consumers said their privacy is respected at the service, and that staff knocked on doors prior to entering rooms. Staff described the ways they respected consumer privacy and maintain confidentiality, consistent with the service’s privacy policy.

## 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

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

Consumers and their representatives considered they were involved in the service’s assessment and care planning process, and that the care delivered was targeted to meet consumers’ needs. Most care plans were comprehensive and evidenced assessment and planning for consumers, including assessment of individual risks. Staff described an admission assessment checklist completed upon entry to the service, and care planning reviews were scheduled every three months.

Care planning documentation included information regarding consumer needs, goals and preferences, as well as end of life planning. Consumers said that advance care planning was addressed regularly by staff. Staff were familiar with consumers’ preferences and goals, consistent with care planning information.

Care planning documentation reflected relevant services and providers, such as medical officers and allied health professionals, are involved in consumer care when required. Consumers said people who were important to them were involved in their care, and representatives confirmed they were contacted regarding updates and care planning. This is consistent with the service’s policies and procedures regarding care planning development and review.

Consumers and their representatives confirmed that they had access to consumer care plans, and said that they were updated on the outcomes of assessment and planning. Staff said they engage with consumers and representatives at care meetings to endorse the care plan. The service uses an electronic care documentation system, accessible by all staff, to record all care-planning and clinical notes. A printed copy of care plans is provided to consumers and representatives upon request.

Care plans evidenced regular review occurs for care and services, and reviews are completed when circumstances change. Representatives confirmed they were updated every three months on care plans, and earlier if there was an incident. Staff described the scheduled review process and how they involve all relevant staff in the process.

## 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

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

The non-compliance is in relation to Requirement 3(3)(a), regarding personal care being tailored to consumer needs, and optimising their health and well-being. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Care plan documentation demonstrated effective management of high-impact or high-prevalence risks associated with the care of each consumer. Staff described the relevant risks for individual consumers, and described relevant processes following falls including neurological observations, pain assessments and skin assessments.

Representatives said that consumers’ palliative care needs were met as they transitioned to end of life care, and consumers’ preferences were respected. Staff described how they provide palliative care, and how consumer comfort and dignity are maintained in the process. Staff described spending one-on-one time with consumers as part of end of life care and supporting visitation of family members.

Care planning documentation and progress notes showed staff identify and respond to deterioration and changes in consumers’ function and condition. Staff described conducting frequent reviews and escalating concerns to clinical staff or management when relevant, consistent with the service’s documented policy.

Consumer care plans captured adequate information about consumers’ conditions, needs and preferences, and reflect that this information is communicated within the organisation and to others where necessary. Changes to consumers’ condition are apparent in the service’s electronic care planning system, and staff said they complete handover verbally and access a printed summary.

Consumers said they have access to other health professionals when needed. Care planning documentation reflected timely and appropriate referrals occur to other organisations and providers where required, such as medical officer and physiotherapist referrals following falls. Staff described the process for making referrals, and clinical staff said they could contact relevant specialists directly. Staff use a referral book to document referrals and appointments.

Consumers said staff implement precautions to prevent and control infection. Staff described how they minimise use of antibiotics, including through monitoring of appropriate antibiotic usage. Staff described the steps they took to prevent and manage an outbreak, and referred to the service’s outbreak management policy.

### Assessment of Standard 3

### 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 Site Audit Report reflected that consumers were receiving clinical care that was delivered in a safe and effective manner. Consumers said they receive quality clinical care. Staff described delivering clinical care in a best practice way, consistent with consumers’ documented needs. The service’s practices for consumers requiring pain management and skin integrity care, and consumers subject to restrictive practices, were assessed as appropriate and suitable.

The Assessment Team found progress notes did not reflect consumers were receiving tailored and effective personal care. Although preferences for personal care were recorded in care plans, consumers stated that at times they did not receive personal care that was in line with their preferences and which optimised their well-being. Care staff said while they are able to provide safe and effective clinical care, they could not provide effective personal care to consumers due to the lack of staffing. I have considered the staff comments further in Requirement 7(3)(a).

The Assessment Team found consumers who preferred daily showers, including with additional assistance, did not have their preferences consistently met. Representatives described how some consumers were not receiving preferred hygiene and personal care. Some consumers reported pain due to unassisted showering or applying their own medical garments, as they said staff could not consistently assist them. Staff gave inconsistent responses regarding personal care records, and progress notes were not consistently documented in relation to personal care preferences.

Staff were aware of how to provide care in a safe and effective way, however said that they were unable to provide effective personal care or one-on-one support due to lack of staff and feeling rushed. During the Site Audit, management responded saying a plan for continuous improvement was in place in relation to staff recruitment, and they receive few complaints regarding personal care. Records of complaints regarding personal care were observed by the Assessment Team.

The Approved Provider responded on 14 April 2022, with clarifying information and additional materials including an action plan, progress notes, and staff training documentation. The Approved Provider acknowledged inconsistencies, however stated all consumers had a personal care assessment and care plan which clearly set out their personal hygiene preferences, and the service’s care management system alerts staff of this information.

The Approved Provider referred to their consumer-driven care model, which supports consumer choice in personal and hygiene care. They described changes made during and after the Site Audit, such as removing a staff diary that was not consistent with the model, providing additional education to staff and completing a review of consumers’ personal care preferences. They stated consumers are offered daily hygiene care options, and refusal would be documented on an exception basis (when inconsistent with the consumers’ usual preference). Clinical staff will now monitor this during each shift and communicate with the next shift.

The service has demonstrated a commitment to continuous improvement and has taken action to address the deficiencies brought forward in the Site Audit Report. However, the consensus of consumer and representative feedback reflected in the report supported personal care was not being delivered in line with consumers’ preferences at the time of the Site Audit, and staff reported being rushed in relation to personal care delivery.

Due to the volume of negative consumer, representative and staff feedback, I find the service did not demonstrate tailored and effective personal care was being delivered to all consumers consistent with their needs and preferences at the time of the Site Audit.

Therefore, I 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 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

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

Consumers considered they receive effective services and supports for daily living, and most consumers said they are supported to do the things they want to do. Consumers described various social activities they enjoy within the service, such as cooking activities and bingo, and said that they could choose to participate. Care planning documentation detailed consumers’ interests and preferred activities. An activities schedule was observed and was updated regularly based on consumer feedback.

Care plans included information regarding consumers’ emotional, spiritual and psychological well-being. Consumers said that they felt supported emotionally and spiritually, and that staff spoke to them one-on-one if they were feeling low. Staff said they often check in on consumers’ well-being.

Consumers said they are encouraged to participate in the community, and to maintain social and personal relationships. Consumers described meeting family members outside of the service, and speaking to family regularly via telephone. Staff described how they support consumers to maintain relationships and do things of interest to them in the community.

Consumers said that information regarding their condition, needs and preferences is effectively communicated. Staff said information regarding consumer needs is communicated via staff handovers, as well as through consumer and representative meetings.

The service demonstrated timely and appropriate referrals to other organisations and service providers. Consumers described utilising the on-site hairdresser facility, and staff described how they involved external organisations to help supplement lifestyle activities. The service has a policy for making referrals to external providers.

Consumers said meals were varied and they are satisfied with quality and portion size. They said their dietary requirements are accommodated. Care planning documentation reflected consumer dietary needs and preferences. Kitchen staff said they obtain feedback from consumers regarding meals via feedback slips, monthly meetings, food focus groups, surveys and general conversation. The kitchen environment was observed to be clean and tidy, with staff following safety protocols.

Staff said equipment is of good condition, well-maintained and cleaned regularly. Maintenance and cleaning schedules evidenced regular maintenance and cleaning occurs.

## 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

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

Consumers said that they felt at home in the service environment. The service was observed to be welcoming. The reception, living and dining areas are open plan and recently renovated. Consumers’ rooms are decorated with personal items and furnishings. There was appropriate signage within the service, including labels on doors to assist consumers. The courtyard and garden areas were observed to be well-maintained and contained furniture to enable consumers and visitors to utilise the areas.

Consumers stated that the service environment was clean and safe, and that they could move around freely. Consumers were observed going to the outdoor courtyards and gardens and watering flowers. Staff described how maintenance is managed, and cleaning staff described their schedule and their duties, including increased cleaning during outbreaks. Cleaning schedules were reviewed, which detailed various daily tasks to be undertaken by cleaning staff.

Furniture, fittings and equipment were observed to be safe, clean and well-maintained. Consumers stated that cleaning and maintenance are well-managed. Staff described how they clean furniture and equipment. The services’ maintenance books and routine inspection books were reviewed.

## 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

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

Consumers said they felt encouraged and supported by the service to provide feedback and make complaints. They said they would usually tell a staff member of any concerns, or raise the issue at a consumer meeting. Staff described the process for reporting and escalating complaints. Feedback forms and comments boxes (for completed forms) were observed, and the complaints management and resolution policy was reviewed.

Staff described the advocacy and language services that consumers and representatives had access to via the service, including interpreter services. Consumers and their representatives said they knew how to make complaints externally if required. An advocacy procedure was reviewed, and posters were displayed in the living area for interpreter and advocacy services.

Consumers described how the service responded to and addressed concerns. Representatives said that the service took feedback on board and made appropriate changes in response to complaints. Staff described how they address complaints, which includes communicating with staff in other areas and providing an apology to the impacted consumers and representatives. The service’s feedback register was reviewed, which detailed complaints, outcome details and improvements that were accordingly made.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The non-compliance is in relation to Requirement 7(3)(a), regarding workforce planning to enable delivery of safe and quality care. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Consumers said that staff are kind and caring, and respectful of their identity, culture and diversity. Consumers described staff as ‘marvellous’ and ‘wonderful,’ and staff were observed interacting with consumers in a friendly, patient and respectful way.

Consumers said staff are skilled and competent, and felt that they had the knowledge and skills required to effectively perform their roles. Staff described their roles and responsibilities. Management said they ensure staff competency through online and in person training, and the service’s records reflected staff receive training in a variety of relevant topics. Management said new training needs are identified via audits, consumer/representative feedback, and review of clinical indicators. They described additional dementia support training planned, to promote better practice care.

The service demonstrated regular assessment, monitoring and review of staff performance. Management outlined the process for monitoring staff performance via annual performance appraisals, reviews and day-to-day monitoring.

## Assessment of Standard 7 Requirements

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

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

The Site Audit Report reflected staffing numbers within the service were insufficient to meet consumers’ personal care needs, based on feedback from consumers and staff. Consumers described the impact reduced staffing levels has on them, such as missing their preferred hygiene care or being in pain due to a lack of assistance with personal care. Care staff considered they were short staffed, and though they had notified management they had not seen improvement. Care staff said they felt rushed, could not spend as much time with consumers as they wanted to and could not meet all of consumers’ personal care preferences. Care planning documentation supported some consumers were not receiving personal care in line with their preferences.

The service’s continuous improvement log reflected that staff recruitment was planned from March 2021, with ongoing action in progress to recruit care staff. Call bell records and consumer feedback supported that staff respond in a timely manner despite the staffing levels. The service’s roster for the fortnight prior to the Site Audit reflected two unfilled shifts.

The Approved Provider responded on 14 April 2022. They included additional materials of an action plan, progress notes, and an extract from the service’s plan for continuous improvement. The Approved Provider stated COVID-19 resulted in a significant impact on rostering and staffing, however they had actively recruited new staff, through filling senior roles and building a casual staff pool. They said changes were made to allow for additional hours of direct personal care in rostering in July 2021, with further planned changes brought forward in response to the Site Audit Report feedback.

The Approved Provider provided a plan for continuous improvement with respect to staffing. They stated priorities are adding or extending personal care shifts, recruiting more permanent staff, improving communication with staff and consumers regarding staffing, supporting staff to plan their workloads, and regular feedback opportunities between staff and management. They described additional planning and oversight regarding rostering and filling vacant shifts.

I acknowledge the Approved Provider’s commitment to addressing deficiencies in relation to staffing, and acknowledge that staffing was impacted by the COVID-19 pandemic and the service’s location. However, as at the time of the Site Audit, both consumers and staff reported there was insufficient staff to support consumers receiving their personal care needs and preferences.

I find that at the time of the Site Audit the service did not demonstrate its workforce was planned and deployed to enable safe and quality care delivery, namely in respect to personal care.

Therefore, I find this Requirement Non-compliant.

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

The service engages consumers and representatives in the development, delivery and evaluation of care and services through means including committee meetings, food focus meetings and activity reviews. Consumers confirmed they contribute meaningfully to improvements via consumer meetings.

The governing body promotes a culture of safe, inclusive and quality care through service-wide initiatives developed, and regular audits. Monthly management meetings are held with the governing body. Legislative changes and any trend-related information are conveyed to management via monthly meetings and newsletters.

Effective governance systems are in place to manage information, feedback, complaints and regulatory compliance. Continuous improvement opportunities are identified via audits, staff and consumer feedback and management focus groups. The service’s plan for continuous improvement was reviewed. Management explained how the service’s finances were governed, as well as the service’s workforce. An organisational chart reflecting management and staff responsibilities was reviewed. Regulatory compliance is effectively governed, through updates from the organisation’s risk and compliance team.

A documented risk management framework was in place, including policies regarding high-impact risks, abuse of consumers and consumer support. Staff understood the policies and provided examples of how they applied to their work in a practical sense.

The services’ clinical governance framework contained policies related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they had been educated on these policies, and that they had received training on restrictive practices in particular. Management said that a clinical pharmacist attended the service to provide education on antimicrobial stewardship.

## 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 Approved Provider ensures each consumer gets safe and effective personal and clinical care, that is tailored and optimises their health and well-being. This includes through meeting consumers’ hygiene care preferences, having a consistent documentation system, and rostering staff to allow sufficient time to attend to consumers’ personal care needs.
* Requirement 7(3)(a) – the Approved Provider ensures the workforce is suitably planned to enable the delivery and management of safe and quality care and services, including through deploying sufficient staff to support consumers receiving timely and suitable personal care.