BlueCross Glengowrie

Performance Report

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**Commission ID:** 3612

**Provider name:** Blue Cross Community Care Services Group Pty Ltd

**Site Audit date:** 11 April 2022 to 14 April 2022

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

# Performance report prepared by

S Byers, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **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 service was issued a Non-Compliance Notice in October 2021 following a finding of non-compliance with the Quality Standards in 7(3)(a) and 8(3)(d). The service was found to have rectified the non-compliance in May 2022.
* the service was issued a Non-Compliance Notice in January 2022 following a finding of non-compliance with the Quality Standards in 3(3)(a), 3(3)(b), 5(3)(c) and 8(3)(d). The service was found to have rectified the non-compliance in May 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Overall consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Most consumers and representatives were satisfied staff make them feel respected and valued as an individual. Consumers described how staff know and respect their choices about personal care, daily routine and maintaining relationships of choice.
* Consumers were satisfied they receive culturally safe care and that staff understand their cultural needs.
* Consumers and representatives were satisfied staff know what is important to consumers and encourage them to do things for themselves. Consumers were satisfied they receive current, accurate and timely communication that enables them to exercise choice.
* Consumers were satisfied their privacy is respected. For example, staff knock on the door prior to entering the consumers rooms.

Staff demonstrated they are familiar with the individual needs and preferences of the consumers. Staff described how they deliver culturally safe care and support consumers to exercise choice and independence. Staff provided examples where consumers are supported to take risks, and the interventions in place to manage the risks.

Consumer care plans reviewed included detailed information about the consumer’s background, cultural needs and preferences which aligned with consumer and representative feedback. Consumer care files demonstrated dignity of risk assessments are completed in consultation with the consumer and representative.

Staff interaction with consumers was observed to be respectful and kind.

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

Most consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives were satisfied assessment and care planning identifies current risks, needs, goals and preferences.
* Consumers and representatives described how they are involved in the assessment and care planning process. Consumers said they feel they have been listened to and their care and services are planned around what is important to them.
* While some representatives could not recall involvement in the three-monthly care consultation process, or being offered a copy of care plans, consumers and representatives confirmed they are generally informed about the outcomes of assessments and planning, and most were aware they can access the consumer’s care plan if they wish.

Staff demonstrated knowledge of consumers’ risks and described strategies to ensure safe and effective care. Staff could identify the people, who the consumer wished to involve in the assessment and planning of their care. Staff described the monitoring and review process following incidents or changes in consumers’ health circumstances.

Care documentation reflected consumers’ current goals, needs and preferences including advance care planning and end of life wishes. Care planning documents demonstrated consumer and their representative input and participation in the assessment and planning of the consumers’ care. Care planning documentation reflected that care and services were reviewed regularly and following changes in circumstances or incidents.

The service demonstrated where risks to a consumer’s health and well-being are identified, appropriate care plans were developed, and strategies were implemented to manage and/or minimise the risks in consultation with consumers and others involved in their care.

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 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

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Consumers and their representatives expressed satisfaction with the safe and effective personal and clinical care the consumers receive, specifically the management of wounds, pain and restrictive practices.
* Consumers and representatives were satisfied in the palliative care approach provided by the service.

Staff demonstrated knowledge and understanding of individual consumer clinical and personal care needs. Clinical staff described how deterioration or changes are identified, actioned and communicated. Management and staff described the high impact and service specific high prevalence risks to consumers and how risk to the consumer is minimised.

Care planning documents demonstrated consumers’ wounds, pain and restrictive practices are managed to meet individual’s needs and aligned with best practice principles. Care planning documents demonstrated high impact or high prevalence risks associated with the care of each consumer are identified and managed. Care documentation demonstrated the identification of, and timely response to, deterioration or changes in consumer health status.

The service demonstrated it monitors the use of psychotropic medications, trials non-pharmacological interventions prior to administration of medication, and consults with specialist services, medical practitioners and representatives. Documentation demonstrated informed consent, regular medical reviews and behaviour support plans were in place for each consumer and the plans detailed individualised strategies to manage consumers’ behaviours.

The service demonstrated end of life needs are met in line with consumer wishes and comfort is maintained.

Referral processes are in place and appropriate and timely referrals to a practitioner, allied health professionals and other external specialist services are documented. Information is effectively documented and communicated within the organisation and with external services involved in care as required.

The service has an infection control policy and an outbreak management plan in place to support the service in practicing transmission-based precautions and preparing for a possible infection outbreak. The service also has an antimicrobial stewardship policy that guides staff in the appropriate use of antibiotics. Staff are required to complete annual mandatory training in hand hygiene, Personal Protective Equipment (PPE) and infection control.

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

### Assessment of Standard 3 Requirements

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

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

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

The service was found non-compliant with this Requirement in November 2021 following a serious clinical incident involving a hydronic heater. The Assessment Team found the service had implemented improvements to address the deficits identified at the last visit.

The Assessment Team’s evidence included:

* Positive consumer and representative feedback relating to effective clinical care, in particular pain management, wounds and restrictive practices.
* Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer in collaboration with specialist services as appropriate, for example; pain, wounds and restrictive practices.
* Clinical staff demonstrated knowledge and skills in managing complex wounds.
* Staff education and training records demonstrated a comprehensive range of clinical education has been provided to improve staff practice, including burn, blister, wound, pain identification, assessment and management and effective documentation.

The service demonstrated a significant improvement in the oversight of consumers’ wound management and communication with the external multidisciplinary health team involved in consumers’ wound assessment and management. The appointment of a registered nurse wound portfolio supports consistency in the management, monitoring and evaluation of consumers’ wounds.

Based on the available evidence, summarised above, I consider the approved provider complies with this Requirement. I therefore find this Requirement is Compliant.

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

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

The service was found non-compliant with this Requirement in November 2021 following a serious clinical incident involving a hydronic heater. The Assessment Team found the service had implemented improvements to address the deficits identified at the last visit.

The Assessment Team found the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team’s evidence included falls management, wound management, management of weight loss and nutrition, catheter and stoma management, diabetes management and behaviour management.

The service demonstrated it had undertaken actions to improve the identification, assessment and management of high impact and high prevalence risks, including delivering additional staff education and training, and the involvement of external health providers in the review and management of risks.

Staff described specific high impact or high prevalence risks for consumers within the service which aligned with their care plans. Care staff explained how they check consumers’ hydronic heaters to ensure a safe distance from consumers’ beds is maintained and requirements are documented in consumers’ progress notes. Clinical staff said consumers assessed as a high falls risk have floor sensor mats on both sides of their beds or a bed exit alarm where appropriate.

A Falls Risk Assessment Tool (FRAT) has been completed for all consumers in relation to hydronic heaters and bed placement in their rooms.

The Assessment Team observed the monitoring and recording of consumers’ hydronic heater temperature and the distance from consumers’ beds, reflected in consumers’ progress notes and in the distance a consumer’s bed is from a hydronic heater.

Based on the available evidence, summarised above, I consider the approved provider complies with this Requirement. I therefore find this Requirement is Compliant.

### 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

Overall consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers were satisfied with the services and supports provided by the service, including the level of emotional and spiritual care provided by staff.
* Consumers and their representatives were satisfied consumers are supported to maintain relationships, participate in the community and do things that interest them, for example; regular outings with family.
* Consumers and representatives were satisfied the meals are of suitable quality, quantity and variety.

Staff demonstrated they know consumers well, describing how they provide care to support consumer independence, quality of life and well-being. Time is allocated for lifestyle staff to engage one on one with consumers who require additional support. All activities are reviewed by lifestyle staff monthly and informed by consumer feedback and participation. Staff explained dietary needs and preferences of consumers.

Lifestyle care plans reflected the interests and preferences of the consumers and their important social and personal relationships. Consumer documents demonstrated there is adequate information to support effective and safe sharing of the consumer’s care and timely and appropriate referrals are actioned where required. Consumer planning documents contained specific dietary needs and preferences.

The service utilises a range of equipment and resources to support consumers in lifestyle activities. The equipment provided is safe, suitable and well maintained.

Consumers were observed to be engaged in meaningful and interesting activities throughout the service. Group activities had large attendances and consumers appeared to be enjoying and interacting with the staff delivering the activity. The dining experience was well supported by staff who were assisting and encouraging the consumers.

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

Overall sampled consumers considered they belong in the service, and feel safe and comfortable in the service environment. For example:

* Consumers and representatives provided positive feedback regarding the service environment. Consumers described how they feel safe at the service, with some consumers referring to the service as their home.
* Consumers described how they have access to all areas, both within and outside, areas at the service.
* Most consumers were satisfied with the cleanliness of the service environment.
* Most consumers and representatives were satisfied that furniture and equipment are clean and advised maintenance occurs promptly.

The service is welcoming and offers a range of communal spaces that optimise consumer engagement and interaction. Consumer rooms are personalised with items of importance on display in their room.

Staff confirmed they have access to sufficient, well-maintained equipment to support consumers. Staff demonstrated an understanding of maintenance request processes and procedures.

The service environment was observed to be clean and well maintained, and gardens were generally neat and tidy. Consumers were observed accessing outdoor areas for walking and relaxing in the shaded areas. Furniture, fittings and equipment were observed to be generally clean and well-maintained.

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.*

The service was found non-compliant with this Requirement in November 2021 following a serious clinical incident involving a hydronic heater. The Assessment Team found the service had implemented improvements to address the deficits identified at the last visit.

Most consumers and representatives were satisfied furniture and equipment is clean, well maintained and consumers feel safe.

The Assessment Team observed that hydronic heaters in consumers’ bedrooms had cool touch panels fitted and insulating material applied to the inflow pipe. Other risk mitigating actions taken by the service included ensuring the consumer’s bed is a safe distance from the heating unit, staff checking each shift for the correct distance between the heating unit and bed and ensuring appropriate sensor equipment is in place where consumers have a high risk of falls.

Maintenance staff explained that audits have been performed to ensure the heaters do not overheat and all hydronic heaters have been decommissioned in corridors and communal areas. Review of audit documentation, risk reports and staff training records confirmed that staff are reviewing and recording the consumer’s environment and bed position each night.

Based on the available evidence, summarised above, I consider the approved provider complies with this Requirement. I therefore find this Requirement is Compliant.

# 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

Most sampled consumers considered that they are encouraged and supported to give feedback and make complaints and that appropriate action is taken. For example:

* Most consumers were satisfied they are supported to make complaints or give feedback where they have issues or concerns.
* Consumers and their representatives were aware of advocacy and language support services. Most consumers said their representatives would raise a complaint on their behalf.
* While mixed feedback was received in relation to complaint resolution, most representatives were satisfied with the resolution of feedback and complaints and the actions taken.

Staff described examples of assisting consumers with providing feedback and open disclosure. Management described the actions taken in response to complaints and provided examples of improvements to care and services informed by complaints and feedback.

Complaint documentation recorded actions taken in response to consumer/ representative feedback and complaints. Complaints and feedback are evaluated for service-wide improvements.

The service demonstrated the feedback and complaints system is accessible for all consumers, representatives and staff. The organisation demonstrated it has oversight and support processes for high risk complaints.

Written material about how to make complaints and provide feedback was displayed on noticeboards throughout the service. Advocacy and language service information was available for consumers and representatives to access.

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 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

Overall consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers were satisfied that staffing levels have improved and were pleased with the improvements in continuity of staff.
* Consumers provided positive feedback about staff being kind, caring and respectful when providing care.
* Consumers described how staff know what they are doing in relation to their care needs.

Staff were satisfied with the quality of training provided and the support from clinical staff and management.

Management described how they determine staff competency and capability through observations, audits and consumer feedback. All new staff complete an orientation program.

Training records demonstrated most staff have completed mandatory education. Training documentation reflected sessions and modules completed by staff following consumer feedback and incidents. Staff have completed training in relation to Serious Incident Response Scheme (SIRS), incident reporting and wound management.

The service demonstrated a system for annual and as required staff appraisal and performance management processes.

Staff were observed interacting with consumers in a kind, caring and respectful manner.

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 service was found non-compliant with this Requirement in October 2021 following a COVID-19 outbreak. The Assessment Team found the service had implemented improvements to address the deficits identified at the last visit.

The Assessment Team’s evidence included feedback from consumers, representatives and staff about improved levels of staff at the service. Consumers also expressed satisfaction with the improved continuity of staff.

Staff provided positive feedback on changes to rostering and shift hours and the recruitment of permanent staff.

Roster documentation demonstrated most shifts are filled. Call bell and sensor mat reports demonstrated improvement in response times. Call bells and sensor mats are responded to in a timely manner.

The service’s review of its rostering system has led to streamlined rostering processes, accurate shift hours and a reduction in the use of agency staff. The service has recruited several care and clinical staff to fill vacant shifts across the roster.

The Assessment Team observed sufficient staff throughout the service during the site audit.

Based on the available evidence, summarised above, I consider the approved provider complies with this Requirement. I therefore find this Requirement is 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

Most consumers considered the organisation is well run and that they partner in improving the delivery of care and services. For example:

* Consumers described how they feel the service is well run, the staff are approachable and responsive to their feedback and suggestions.
* Consumers described how they are able to participate in ‘Resident meetings’ and provide input into the care and services.

The organisation has a suite of systems, process and materials to promote a culture that is safe, inclusive and quality care and service and is accountable for their delivery. Consumers provided feedback that they feel safe and included at the service. Management interviews and documents reviewed demonstrated the Board and the organisation’s executive were involved in the planned and actioned interventions to ensure risks were mitigated to ensure consumer’s safety following a serious incident involving a hydronic heater. The incident lead to an organisation wide review of all hydronic heaters.

The organisation provided a documented risk management framework supported by policies and procedures documented to manage risk. The organisation has an incident management system in place. Risks are reported, escalated, and reviewed by management. The Assessment Team observed the service has reduced risks in relation to the hydronic heating system.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance.

The service demonstrated it has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Staff were asked about whether these policies had been discussed with them and what it meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of the relevance to their work.

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.*

The service was found non-compliant with this Requirement in October 2021 following a COVID-19 outbreak and November 2021 following a serious clinical incident involving a hydronic heater. The Assessment Team found the service had implemented improvements to address the deficits identified at the previous visits.

Management described the process for managing high impact and high prevalence risks associated with the care of consumers. The service identified the current high impact and high prevalence risks at the service are: falls, wounds and COVID-19.

The service demonstrated it has taken action to improve staffing levels, ensure consumers are receiving best practice wound management and care following clinical incidents such as falls and to rectify and mitigate the risks associated with the hydronic heating system.

Staff described the change in work practice to include an environmental check of each consumer’s room in relation to bed placement near the heating unit, the availability and placement of sensor equipment and checking if the heater is operating.

The organisation completed an extensive risk management process to ensure consumer safety associated with hydronic heaters in the service. This also included auditing all the organisation’s residential services to ensure all consumers well-being and safety organisation wide. The organisation provided training to staff in risk assessment, risk mitigation and incident reporting.

Through interview, observation and review of relevant documentation the Assessment Team found the completed actions have been effective to ensure effective risk management systems are applied, monitored and evaluated.

Based on the available evidence, summarised above, I consider the approved provider complies with this Requirement. I therefore find this Requirement is Compliant.

### 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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.