mecwacare Calwell Manor

Performance Report

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**Commission ID:** 4524

**Provider name:** MECWA

**Site Audit date:** 30 November 2021 to 2 December 2021

**Date of Performance Report:** 14 January 2022

# 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 provider’s response to the Site Audit report received 6 January 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

Consumers and their representatives considered staff were kind, knew what was important to consumers and respect consumers’ personal privacy. Consumers said they felt comfortable and safe and staff were aware of their individual needs and preferences, and were supported to have input in their activities. Consumers are encouraged to maintain their independence, maintain relationships and take risks.

Care planning documentation reviewed included information about what was important to each consumer and their backgrounds. Information, including menu and activity details, is communicated to consumers and their representatives through various means to support consumer choice.

Staff were familiar with individual consumers’ preferences and described how they support consumers to make choices and take risks, and deliver care in a way that respects consumers’ culture.

Staff described how they respect privacy and maintain confidentiality of consumers’ information. The electronic care records are securely handled. Staff were observed knocking on consumers’ doors and awaiting a response before entering, and interacting respectfully with consumers.

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

Consumers and their representatives confirmed they were involved in assessment and care planning processes, and have access to care planning information. They said the care needs of consumers were reviewed regularly, in line with any changes to consumers’ goals, preferences and needs. Representatives were satisfied with the frequency of communication from the service.

Care planning documentation evidenced the completion of assessments on entry to the service that are reviewed regularly, or when changes are identified, in consultation with representatives and other health professionals involved in the consumer’s care. Care planning documents reviewed reflected consumers’ needs and preferences, including advance care planning and end of life care. They show how the service responded to incidents.

Staff described their application of the service’s care planning and assessment processes, including how consumers’ care is reviewed following incidents. They identified individual consumers’ risks and needs. Registered staff are responsible for the review of care and service plans and ensuring all those involved in care delivery, including allied health and lifestyle staff, are consulted prior to scheduled care plan reviews every two months.

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 consumers and their representatives said consumers receive safe and effective care, and that changing care needs are identified and responded to by staff. They were satisfied that consumers are referred to other health care professionals as needed, and that the care provided assists consumers in managing their conditions.

Care planning documentation reviewed supported consumers receive appropriate care, including for managing skin integrity, use of restrictive practice and pain management. Information about consumers’ needs, preferences and conditions is identified in the care plans. Changes to consumers’ condition are identified and addressed.

Staff described how they deliver safe personal and clinical care that is right for consumers, and how they mitigate and manage risk. They escalate issues for clinical review and refer consumers to other health professionals. They described how they minimise infection-related risks and promote appropriate antibiotic prescribing.

The service has a suite of policies and procedures to guide staff in delivering safe and effective care, including end of life care, and managing risk.

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

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

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

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

The Assessment Team brought forward mixed feedback from consumers and their representatives regarding whether consumers’ care needs were met, and from staff regarding whether they considered they could deliver effective care. Most consumers and their representatives interviewed described how consumers are happy with their care and the care staff. Staff feedback is further considered at Requirement 7(3)(a). A response was sought from the Approved Provider to address the conflicting feedback and observations. The Approved Provider responded on 6 January 2022 with additional information regarding how the service demonstrates compliance with this Requirement, and stating their disagreement with some of the Site Audit Report contents.

The Site Audit Report identified care planning documents reflect individual care requirements of consumers. The service’s policies and procedures reflected legislative requirements and best practice. Consumers subject to restrictive practice had signed consent and their care plans reflected review of behaviour management plans and consultation with a medical officer. Assessment and monitoring occurred for skin integrity and pain management. Representatives of two consumers stated they had concerns regarding whether the consumers’ care plans were being followed by staff, primarily around management of complex conditions and behaviours.

The Approved Provider’s response stated a survey distributed to consumers and their representatives shortly prior to the Site Audit did not identify any concerns regarding this Standard. They stated they have initiated care consultations with the relevant representatives following the Site Audit.

Regarding the named consumer whose representative had concerns relating to hygiene care preferences, the Site Audit Report did not identify the specific areas of concern to the representative or how the consumer’s care was negatively impacted. The Approved Provider’s response stated a clinical care audit was undertaken shortly after the Site Audit concluded, as part of the service’s schedule, and there was no adverse feedback from consumers regarding hygiene care preferences. A care review was conducted in January 2022 that reflected the service had continued to consult the consumer about care preferences, with some evidence provided in support of this. Although these reviews occurred after the Site Audit, as there was insufficient information in the Site Audit Report to identify an adverse impact to the consumer, I do not consider this example is reflective of non-compliance with this Requirement.

Regarding the named consumer with concerns around support and activity preference, the Site Audit Report referenced the consumer not receiving a high level of support and the representative’s desire for the consumer to be engaged more frequently in an activity. No negative impact to the consumer was brought forward and the consumer stated they were satisfied with their care. The Approved Provider’s response outlined the consumer’s relevant conditions that impact the consumer’s ability to engage in the activity, how the consumer is supported to participate in the activity, how the consumer is provided with one-on-one support, and encouraged to contribute to their care planning. The Approved Provider supplied evidence supporting their response, and said reviews were completed following the Site Audit that affirm the consumer was receiving sufficient support and activity participation in line with their care needs and preferences. From the information available, I do not consider this example is reflective of non-compliance with this Requirement.

The Site Audit Report raised general comments in relation to consumer hygiene care and care at meal times, including that staff were needing to attend to multiple consumers and could not do so concurrently. The Approved Provider responded to disagree with staff comments that were reported regarding these issues. The Assessment Team observed consumers waiting at meal time, however no adverse impact was noted. The Approved Provider’s response described changes that had occurred prior to the Site Audit to support staff to better manage consumer care needs at meal times. As there has been no noted consumer impact, I am satisfied that having reviewed the Site Audit Report and the Approved Provider’s response, the service has demonstrated consumers were receiving safe and effective care tailored to their needs.

Therefore, I 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 Assessment Team brought forward an example of a named consumer who is supported to take a risk in undertaking an activity. There was information reflected in the Site Audit Report that stated the consumer should be supervised at all times during the activity according to their care plan, and the Assessment Team observed the consumer undertaking the activity unsupervised. Care staff interviewed stated the consumer’s preference is to undertake the activity unsupervised. The consumer had experienced an incident at the commencement of the Site Audit that impacted their mobility, which created an additional area of risk for their care when undertaking the activity. Care staff described how they assist the consumer to address the mobility risks. The consumer did not express any concerns regarding any aspects of their care in the information reflected in the Site Audit Report and expressed they felt safe in the service environment.

A response was sought from the Approved Provider regarding the management of risk for the named consumer. The Approved Provider responded on 6 January 2022. They supplied additional information regarding how the service manages high impact and high prevalence risks, how care needs are assessed and the relevant policies and training that support staff to manage risks.

The Approved Provider stated the named consumer’s care was reviewed a fortnight prior to the Site Audit, with the consumer expressing satisfaction with their care and no concerns. The care plan and risk assessment was amended following the incident, with actions taken, and was further reviewed after the Site Audit took place. The Approved Provider supplied evidence from the review that occurred after the Site Audit supporting that the consumer required mobility support care, the risks of undertaking their preferred activity independently were discussed with the consumer, and the consumer desired to continue undertaking the activity independently.

The Assessment Team had reviewed the care plan that contained amendments following the incident that occurred at the commencement of the Site Audit. I was not provided with this document. I have considered the information in the Site Audit Report regarding the consumer’s preference, staff comments regarding their understanding, and that the consumer did not express any contrary or negative comments to the Assessment Team. I am satisfied that the information in the Approved Provider’s response is consistent with the Assessment Team’s observations, that the risk relating to the consumer’s mobility is being managed consistent with allied health officer’s recommendations and that the activity risk is managed according to the consumer’s stated preference.

The Approved Provider’s response contained reference to action that occurred after the Site Audit, which I cannot consider in relation to determining compliance with this Requirement. However, I am satisfied based on the information contained in the Site Audit Report and the Approved Provider’s response that the service was taking appropriate action to identify, mitigate and manage risk, and to support the consumer’s preferences in taking risks.

Therefore, I 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

Consumers and their representatives said the lifestyle program supported consumers’ needs. They said staff engage consumers to in activities consistent with their preferences. Consumers said staff support their emotional, spiritual and psychological well-being. Consumers said they are supported to do things they were interested in, within and outside the service, and are encouraged to maintain relationships of importance.

Care planning documentation included information regarding the emotional and spiritual needs and preferences of consumers. Care documents evidenced information regarding consumers’ interests and relationships. Information regarding consumers’ dietary and lifestyle preferences was available for staff to access and was aligned with stated needs and preferences. Care documentation reflected referrals to other providers of care and services had occurred.

Most consumers and representatives sampled said that meals are of suitable quality and portion size, and that kitchen staff will accommodate special requests in food where consumers seek alternatives. Consumers had made complaints about meals and the service had implemented some improvements in response, however some consumers and representatives remained dissatisfied.

Staff described consumers’ interests, consistent with care plan information. They said they engage with consumers one-on-one to support well-being. Lifestyle staff said the lifestyle calendar was developed in response to consumer feedback obtained through survey results and consumer and representative meetings. They described how activities are tailored for consumers with differing levels of ability and how they incorporate culture into the lifestyle program. The activities calendar reflected multiple activities offered each day.

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

Consumers felt they belong in the service and feel safe and comfortable in the service environment. They are supported to decorate their individual rooms with personal belongings to feel at home. Consumers have access to outdoor areas during the day. Consumers were observed accessing both indoor and outdoor areas, moving freely throughout the service.

The service environment was observed to be well-maintained and comfortable. The service had been renovated in response to feedback, with repainting, carpeting and addition of a theatre room. Consumers and representatives sampled said that furniture, fittings and equipment around the facility is safe and clean, and the overall environment is suitable. Cleaning products were readily accessible for staff to clean shared equipment.

The service maintains frequent cleaning schedules, with a monthly review process. There are preventative maintenance schedules and a maintenance register which records the maintenance required, its priority and completion. The maintenance schedule showed regular review of equipment. Staff described the processes for reporting any safety issues or hazards.

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

Consumers and their representatives understood how to provide feedback and make complaints and said they felt comfortable doing so. Consumers who raised concerns or provided feedback could describe what changes had been made in response, such as adding barbecue to the menu. Representatives said they felt comfortable raising complaints on behalf of consumers. Staff described the main themes from complaints and how complaints are responded to, including revision of the service’s continuous improvement plan.

Staff described the complaints process, including how they respond to consumer and representative feedback. Staff outlined how they would assist consumers who require support to provide feedback or make complaints. Information about complaint processes, translation and advocacy services was displayed within the service. There are policies for complaints and use of open disclosure, and staff described how they apply these in their work.

Feedback brochures and secured boxes for completed feedback forms were located throughout the service. Consumers are able to raise concerns at consumer and representative meetings. The service has an electronic feedback and complaints register that is maintained and includes the source of the feedback or complaint and the action taken. The register supported that open disclosure was used.

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 and their representatives considered consumers receive quality care and services from people who are knowledgeable, capable and caring. Some of those interviewed said there were insufficient staff at times to support timely care or considered staff could be better trained in managing complex conditions and behaviours. Consumers and representatives stated staff are kind and treat them well.

Position descriptions outline the qualifications, registrations, knowledge, skills and abilities required for each staff member's role and responsibilities. New staff complete an orientation, induction and educational competencies appropriate for the role they perform.

Education records reviewed identified staff participate in mandatory training and other training as relevant. Staff are able to request additional training and nominate for further qualifications. Management monitor service delivery through supervision of staff and reviewing incidents. Staff said they have regular performance conversations. Annual performance assessments occur, and staff feedback is encouraged through a range of established communication channels.

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 Site Audit Report included feedback from consumers and staff that at times there are delays in consumers receiving care and support, which can impact on consumers, and this was attributed to staff availability. Call bell records reviewed for the fortnight prior to the Site Audit showed 95% of call bells were responded to within 10 minutes, with few response times exceeding 20 minutes. Rostering information showed all staff shifts were filled during the period. The service stated they monitor call bell response times daily, evaluate trends, conduct monthly audits and report to the organisation’s board with the outcome.

The Approved Provider responded on 6 January 2022 and provided further information regarding workforce planning and call bell response times. They disagreed with the Assessment Team’s findings and said no consumers had raised call bell response concerns prior to the Site Audit. They stated some staffing changes have occurred as a result of COVID-19 and information was communicated at the Resident and Relatives meeting. The service had maintained staffing levels greater than the minimum for the number of consumers at the service. The Approved Provider supplied additional information regarding the call bell system and reasons that the data for the 5% of calls not answered within 10 minutes is not reflective of a detriment in rostering, saying this related to incorrect alarms or staff inadvertently activating sensor mats when delivering care.

Regarding the named consumer who described extended call bell wait times, the Approved Provider stated they reviewed data that showed one call with an extended wait time and provided reasoning for the delay. The Site Audit Report did not detail harm to the consumer as a result of their experience or reference information to corroborate the consumer’s extended waiting times. While the Assessment Team has brought forward this example of a deficiency, I am satisfied with the governance in place at the service to identify and respond to such deficiencies, and in the absence of specific harm to the consumer this example alone does not support non-compliance with this Requirement.

Regarding the named consumer who described deficiencies in personal and hygiene care as a result of extended call bell waiting times, the Approved Provider supplied information regarding the consumer’s conditions that impact their care needs and said the consumer’s care documentation did not reflect the consumer’s described experience. They stated a further review of the consumer’s care needs will occur to address this concern. I was not provided with detailed data regarding this consumer’s call bell wait times. I am satisfied there has been impact to the consumer, however I have insufficient information to attribute the consumer impact to the call bell wait time or workforce planning deficiencies, based on the information regarding the consumer’s condition. As such, I consider this example insufficient on its own to determine non-compliance with this Requirement.

Staff feedback in the Site Audit Report reflected staff saying personal care was impacted due to a lack of staff. The Site Audit Report included reference to consumers and representatives saying there was high staff turnover, and during the Site Audit management stated there had not been turnover within the prior 6 months. The Approved Provider disputed the comments and stated the comments contradicted other information from the report. They stated the roster stability supports that sufficient care staff are available.

The Assessment Team observed consumers waiting for 10 minutes prior to meal service during the Site Audit. No negative consumer feedback or impact was brought forward regarding this. The Approved Provider’s response stated care staff support consumers to attend the dining room prior to meal service, no complaints had been received in relation to this and the service had made prior improvements to support consumers’ dining experience as part of their continuous improvement action. I am saitsfied with the information in the Site Audit Report and Approved Provider’s response showing the service seeks consumer feedback, applies continuous improvement and that no negative impact to the quality and safety of consumer care has occurred as a result of the consumers waiting prior to meal service.

Both the Site Audit Report and the Approved Provider’s response reflect call bell wait times are subject to governance processes, monitoring and reporting, and staff rostering is planned and shifts are filled to support safe care delivery. While I accept the consumer and staff feedback as reflective of their beliefs and experience, the information provided does not suggest a systemic or ongoing mismanagement of workforce planning. No significant or recurring negative consumer impact was brought forward to support non-compliance for consumers receiving quality and safe care for this Requirement.

Therefore, I 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

Consumers said their opinions are sought, they engage in meetings and are comfortable in providing suggestions to partner in improving care and service delivery. The service seeks input from consumers through mechanisms including surveys, consumer and representative meetings and internal feedback processes. Improvements and initiatives were implemented regarding meals and the service environment following feedback and consultation, supporting that the service applies continuous improvement.

The organisation’s governing body demonstrate accountability and promote quality care through proactive review of policies and regular audits. They maintain governance systems to support financial governance, promote continuous improvement and manage the workforce.

Staff were satisfied with the information management system and their ability to access policies and procedures, and they receive communication regarding regulatory compliance and legislative change.

The organisation has a risk management framework, an incident management system and policies regarding reporting of abuse and neglect. Staff described how they follow the risk policies in their work. The clinical governance framework promotes minimisation of restraint, open disclosure and antimicrobial stewardship.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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.