MiCare Prins Willem Alexander Lodge

Performance Report

62 Collingwood Road
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**Commission ID:** 5179

**Provider name:** MiCare Ltd

**Site Audit date:** 16 August 2022 to 18 August 2022

**Date of Performance Report:** 19 September 2022

# Performance report prepared by

Jodie Earnshaw, 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 provider’s response to the Site Audit report received 9 September 2022.
* other information and intelligence held by the Commission regarding 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

Sampled consumers and representatives confirmed that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers and representatives interviewed reported consumers are encouraged to do things for themselves, supported to take risks and that staff know what is important to the consumers. Consumers reported their social connections are supported both inside and outside the service.

Consumers said they have the information they need to make informed choices, including what they want to eat, what activities they want to attend, and when they want to retire for the day; and were confident their information is kept confidential.

Staff interviewed were aware of consumers’ preferences, culture, values, and beliefs and were able to explain how those preferences influence how care is delivered, including supporting consumers to make choices which may involve risks. Staff were observed to interact with consumers respectfully and could identify consumers’ individual preferences and interests.

Care documentation includes consumer profiles and lifestyle planning, which reflect consumer cultural background, and people of importance to the consumer, including their Enduring Power of Attorney.

The organisation has policies and procedures including decision making and dignity of risk policy outlining the service’s commitment to supporting consumers to make their own decisions and their right to take risks.

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 representatives considered consumers are partners in the ongoing assessment and planning of consumers’ care and services, including consideration of consumers’ wishes for care at end of life and how other providers of care are involved in the consumers’ care. Consumers and representatives are informed about the outcomes of assessment and care planning by staff at the service and with external health care providers.

Staff demonstrated an understanding of the service’s assessment and care planning processes, and the organisation had policies, procedures, and guidelines in regard to assessment and planning to guide staff practice, including a suite of evidence-based assessment tools. Staff advised they have access to care planning documentation related to consumers they provide care and services to; through the electronic care management system and handover records.

Review of consumer care planning documentation identified assessment and planning included the consideration of risk and reflected the consumer’s current needs, goals and preferences, including advance care planning and consideration of individual consumers’ risks. Consumers’ care and services were reviewed for effectiveness, including when circumstances changed or when incidents occurred.

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

Consumers and representatives sampled said consumers’ needs and preferences are effectively communicated between staff and other health care providers, and consumers receive the care they need. Care planning documentation sampled reflects referrals and recommendations from a range of health professionals including medical officers, and other healthcare practitioners.

Staff demonstrated awareness of consumers who are subject to high impact or high prevalence risks and, where restrictive practices are used, assessments, authorisation, consent and monitoring were demonstrated.

Staff were able to describe the ways they recognise and respond to deterioration or change in the consumer’s condition. Staff described training they received which included recognising and responding to signs of deterioration in consumers’ health. Staff described the ways in which information was shared amongst staff, which included the electronic care management system, communication book and handover meetings.

The service is supported by a documented suite of policies and procedures in relation to minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship, outbreak management, recognising and responding to deterioration or change in a consumer’s condition.

Staff interviewed were able to describe how infection related risks are minimised. The organisation maintained assessment tools in monitoring and assessing pain in consumers and had a risk management policy and procedures in place which guided how risk was identified, managed and documented.

The service demonstrated it had policies and procedures in place to manage end-of-life preferences for consumers. These were designed to maximise comfort and preserve dignity for consumers during the end-of-life stage and the service had registered staff on site 24 hours per day to support this.

The organisation had policies and procedures in place which guided staff practices in clinical governance and restraint management.

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.*

### 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

Consumers and representatives considered that consumers receive 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. Including, choice regarding meals, activities and preferences relating to personal hygiene and care provision.

Consumers and representatives said the meals are varied and of suitable quality and quantity and that consumers are offered a range of alternatives if they wish to have an alternative to the offered menu items. Consumers with dietary needs and preferences, advised their needs are accommodated. Staff described how they know consumers’ nutrition and hydration needs and preferences which are available and recorded within the electronic care management system.

Consumer care planning documentation demonstrated assessment processes capture who and what is important to individual consumers to promote their well-being and quality of life, and included information and strategies to support the emotional, spiritual and psychological wellbeing of consumers and information about external services, individuals and community groups who support consumers to maintain their interests and participate in the community outside the service.

Staff were able to describe the processes for providing emotional, spiritual and psychological support to consumers; how consumers participate in the community and how they keep in touch with the people important to them. Staff reported they have access to the equipment they need and can access it readily when they need it. The Assessment Team observed equipment used to provide and support lifestyle services to be safe, suitable, clean and well maintained.

Staff described how changes in consumers’ care and services needs or preferences are communicated within the service, with other healthcare providers, and with consumer representatives.

The lifestyle team described how they work with volunteers and external organisations to meet the diverse needs of consumers. The service demonstrated activities are adapted or changed depending on consumers’ individual needs, capabilities and interests.

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

The service demonstrated that the service environment is welcoming, easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function.

Consumers and representatives interviewed advised that consumers feel at home, their visitors feel welcome and they enjoy the garden spaces and spending time in the on-site café. Consumers and representatives interviewed reported the service is clean and well maintained.

Management advised consumers were encouraged to personalise their rooms, access outdoor garden areas and communal areas and each area a uniquely coloured and decorated bicycle, assisting consumers to navigate throughout the service.

Maintenance requests were recorded, monitored and actioned by the service’s maintenance staff promptly. Equipment, furniture and fittings were observed to be safe, clean, well-maintained and suitable for use during the site audit.

Consumers were observed by the Assessment Team, to be moving freely inside and outside of the service environment.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Sampled consumers, representatives and staff consider they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken by management following concerns raised.

Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services, available for consumers and representatives. The service has a Cultural Advisor to support consumers to provide feedback and make complaints by assisting them to complete feedback forms in their preferred languages.

Management demonstrated an understanding of open disclosure and was able to give examples of how they work with the consumer or representative to resolve the issues to the consumer’s satisfaction and described changes that have been made at the service as a result of feedback received.

Feedback, complaints, and suggestions from consumers and representatives are sought through written feedback forms and informal ways including speaking to staff or management. Information on access to external complaints avenues and advocacy services was observed to be available to consumers and representatives, throughout the service and within the consumer handbook.

The service is guided by policies in relation to feedback and complaints management and open disclosure.

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

## Assessment of Standard 6

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers and representatives said there was enough staff at the service to meet consumers’ individual needs and preferences. They reported staff were kind, caring and respectful of consumers. The Assessment Team observed staff interactions with consumers to be kind and respectful and care planning documentation reflected respectful language.

Consumers and representatives considered staff to be qualified and have the knowledge and skills to provide safe and quality care and services that meet consumers’ needs and preferences.

Staff interviewed considered there were enough staff to provide care and services to meet the needs and preferences of consumers and they were allocated enough time to complete their assigned tasks.

Staff had a shared understanding in relation to what was important to consumers and how they could support consumers to live the best life they can.

Staff were able to describe the training, support, professional development and supervision they receive during orientation which included buddy shifts with experienced staff members; and on an ongoing basis. Staff confirmed they can raise requests for further training and education which is supported by management.

The service maintains a current register of staff qualifications and criminal history compliance.

Call bell response times were monitored, with delays in response for assistance investigated by management and discussed with staff.

Position descriptions established the responsibilities, knowledge, skills and qualifications required for each role. Mandatory and role specific training was completed and monitored by the service.

However; the Site Audit report brought forward information under Requirement 7(3)(e), that staff performance was not consistently monitored through formal or regular appraisal processes, identifying staff appraisals were overdue and consolidated records were not maintained by the service.

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.*

### 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.*

The Site Audit report brought forward information indicating, the service was unable to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The service’s system to record, track and monitor performance appraisals had been ineffective and the service has not maintained records of staff appraisals completed and a number of staff appraisals were overdue.

Whilst the Service has policies and procedures in relation to performance management and was able to describe staff performance appraisal processes; and staff were aware of the service having a staff performance appraisal process; most staff sampled reported they have not participated in regular performance appraisals. However, staff also reported receiving training, support, professional development and supervision during orientation and on an ongoing basis.

In response to the Site Audit report, the Approved Provider acknowledged the performance appraisal process was not up to date, citing recent COVID-19 outbreaks and that the monitoring processes were conducted by the organisation’s head office.

I note in the Approved Provider response, they have committed to and commenced review of the appraisal monitoring process and demonstrated staff performance appraisals have been conducted for many staff or are planned to occur.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response.

Information provided in the approved provider’s response, of actions implemented, and of evidence of actions taken (prior to the site audit) to manage staff performance, specifically in relation to identified performance issues or incidents has persuaded me that the service is adequately demonstrating effective assessment, monitoring and review of the performance of each member of the workforce is undertaken. Therefore, it is my decision this requirement is Compliant.

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Sampled consumers and representatives advised they felt the service was well run, and they can partner in improving the delivery of care and services by attending consumer meetings, participating in consumer surveys, and submitting feedback to management.

Staff described the ways in which consumers were involved in decision making, which included feedback forms, discussions with staff, and consumer and representative meetings.

Staff advised feedback was used in continuous improvement processes via feedback and the analysis of clinical indicators. Staff advised they were able to access the information they needed to perform their roles. Staff were able to describe policies regarding high risk and high prevalence risk and provided examples of their relevance to their work.

Staff demonstrated an understanding of dignity of risk and provided examples of how they safely supported consumers to take risks and what measures the service had in place to monitor those risks.

Management described how the governing body of the organisation is accountable for the delivery of safe and quality care and services and promotes a culture of safe, inclusive, and quality care and services for consumers.

Management described various ways the Organisation involves consumers in the development, delivery and evaluation of care and services.

The organisational risk management and governance framework is supported by relevant policies and procedures. However, the Assessment Team identified deficiencies under requirement 8(3)(c) in relation to the service being unable to demonstrate effective governance systems in relation to workforce governance; specifically, with regard to ensuring regular assessment, monitoring and review of the performance of each member of the workforce.

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.*

The site audit report brought forward information that the service did not demonstrate effective organisational wide governance systems in relation to workforce governance.

Consumers and representatives interviewed were satisfied with the way information about care and services is managed and staff expressed satisfaction with the availability of information through the organisation’s information management system which supports them to undertake their role.

The organisation had a continuous improvement framework which is monitored by the service’s leadership and governing body. The service had a plan for continuous improvement plan which demonstrated planned and completed improvement actions in relation to various areas of care and service delivery.

Management stated the service had processes to enable management to seek changes to budgets and expenditure. The Site Audit report provided information that demonstrated the service had increased expenditure as required and demonstrated the recent purchase of equipment.

The organisation has policies and procedures including in relation to serious incident reporting and these are consistent with current regulatory requirements. Review of the service’s records demonstrated that management maintained an electronic incident reporting register. The service’s incident reporting register contained details of incidents that fall under serious incident reporting requirements, and the Assessment Team reported, that incidents had occurred and were reported under the serious incident response requirements.

In relation to feedback and complaints, the service demonstrated effective governance systems in place to ensure complaints are dealt with in a timely and appropriate manner and an open disclosure process applied when things go wrong; and to ensure feedback and complaints are consistently reviewed and used to improve the quality of care and services. Feedback and complaints made through various methods are used to inform continuous improvement.

In relation to workforce governance, the organisation had processes in place to ensure that the workforce is adequately trained, recruited, and competent in their respective roles, however, the service did not demonstrate staff appraisals were consistently completed or up to date.

The Approved Provider in its response stated that the organisation has been impacted by COVID19 outbreaks but acknowledged, the service has not maintained staff performance appraisals as current. The response also outlines alternate measures employed by the Service to communicate with and monitor staff performance such as through electronic messaging.

The Approved Provider reported and provided evidence that individual identified performance related concerns or incidents were managed and addressed when identified, and new staff had probationary appraisals completed. The response included improvements commenced or implemented since the site audit, including implementation of an appraisal register and that senior staff have completed 119 of 230 staff performance appraisals with planned actions to conduct appraisals of all staff.

In coming to my decision of Compliance with this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit,

I note the Site Audit report provided positive feedback from consumers and representatives including reporting that the service has qualified staff with the knowledge and skills to provide safe and quality care and services that meets consumers’ needs and preferences.

The site audit report further advised that staff were able to describe the training, support, professional development and supervision they receive during orientation and on an ongoing basis.

This information and the evidence provided in the approved provider’s response, including evidence of actions taken to manage staff performance, specifically in relation to identified performance issues or incidents has persuaded me that the service is adequately demonstrating effective governance systems are in place in relation to workforce governance.

The identified deficiencies under this requirement relate specifically to Requirement 7(3)(e), for which I have considered the service has demonstrated compliance; therefore, it is my decision this requirement is Compliant.

### 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.

# Other relevant matters

The approved provider has committed to undertaking and maintaining staff performance appraisals.