Oaklea Hall

Performance Report

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**Commission ID:** 3213

**Provider name:** Aged Care Group Pty Ltd

**Site Audit date:** 2 May 2022 to 4 May 2022

**Date of Performance Report:** 17 June 2022

# Performance report prepared by

Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-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) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-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 8 June 2022
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers said they felt respected and valued as individuals. Staff described how they value consumers’ diversity, through recognising their heritage, culture and preferences. Care planning documents included information about consumers’ culture, spirituality and interests. Staff were observed interacting respectfully with consumers.

Consumers and their representatives said consumers are supported to maintain relationships. Consumers said they are able to make choices and decisions. Staff described how they facilitate consumers to spend time with others, keep in contact with family and make choices about what activities consumers wish to participate in. Staff described how they support consumers to take risks, consistent with the service’s policy.

Information is provided to consumers in a way that supports their ability to make choices, such as through activity calendars and staff having individual discussions. Consumers said they receive information about upcoming events and participate in giving feedback through meetings.

Staff were observed respecting consumers’ privacy. Staff gave examples of how they maintain privacy and confidentiality, such as knocking before entering consumers’ rooms and protecting consumers’ personal information.

## 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 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

The Assessment Team recommended Requirements (3)(a) and (3)(e) were not met, regarding consideration of risks during assessment and planning, and review of care and services for effectiveness. I have considered the evidence brought forward by the Site Audit Report and the Approved Provider’s response. I find the service Compliant with Requirement (3)(a) and Non-compliant with Requirement (3)(e). I have provided reasons for my findings in the specific Requirements below.

Consumers and their representatives considered consumers’ needs, goals and preferences, including for advance care and end of life planning, are identified. Staff were familiar with the preferences and goals of individual consumers. Care planning documents reflected some detailed and some generic information. The service utilises multiple methods of storing information.

Care planning documents reflected involvement of consumers and their representatives in the assessment and planning process. Other providers, such as medical officers and allied health professionals, are also involved in care planning and review.

Consumers and their representatives said copies of care plans were available on request. Information is also communicated to consumers and their representatives through case conferences.

## 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.*

The Site Audit Report brought forward examples of named consumers whose care planning documentation or assessments were not reviewed or evaluated for effectiveness post falls. I consider these examples are better dealt with under Requirement 2(3)(e) below.

The Site Audit Report also identified some named consumers whose documentation related to restrictive practices did not have detailed strategies or interventions listed. I have considered and discussed these examples under Requirement 3(3)(a) related to restrictive practices.

While the care planning documentation was generic, assessment and planning overall identified risks related to consumers’ health and well-being, such as recurrent falls or the use of restrictive practices, which informed the delivery of safe and effective care and services.

Therefore, I find this Requirement is Compliant.

### 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) Non-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.*

The service has policies and procedures to support staff in relation to assessment and planning and staff described the process of reviewing consumers’ care planning documentation. However, the Site Audit Report brought forward examples of named consumers whose care and services were not reviewed for effectiveness after incidents or when consumers’ condition changed.

The Approved Provider responded on 8 June 2022 and included clarifying information and clinical record extracts.

Regarding a named consumer who has recurrent and a high number of falls, the Site Audit Report reflected the consumer’s falls prevention care plan was last reviewed a year ago and strategies listed in the care plan, including the use of two particular items, were not evaluated or reviewed for effectiveness. The Approved Provider clarified that the care plan was generated a year ago and has been reviewed after each fall. The process to make the initial and review dates clearer is currently being amended. While some strategies were evaluated, the Approved Provider acknowledged the use of particular items was not formally evaluated in the consumer’s care documentation, which has since been addressed. I acknowledge the Approved Provider’s response; however, as some strategies were not reviewed for effectiveness, I consider this demonstrates non-compliance with this Requirement.

Regarding another named consumer who has had recurrent falls, strategies listed in the consumer’s care plan were not evaluated or reviewed for effectiveness. The Approved Provider acknowledged that the review and evaluation of the strategies was not reflected in consumers’ care documentation, which has since been addressed. I consider this demonstrates non-compliance with this Requirement.

For consumers who have had recurrent incidents, I consider the service did not demonstrate care and services were reviewed for effectiveness to prevent and reduce future occurrences of similar incidents.

Therefore, I find this Requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

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

The non-compliance is in relation to Requirement (3)(a), regarding clinical care that is tailored and best practice. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

The service identifies and manages high impact and high prevalence risks. Care plans reflected strategies to manage falls and unexpected weight loss. Policies and procedures guide staff practice.

Staff described how they honoured the end of life care needs and preferences of consumers. Representatives described how consumers receiving palliative care had their comfort maintained and were supported to receive visitors.

Representatives described how the service recognised and responded to changes to consumers’ condition and kept them informed. Care plans and progress notes reflected changes are documented. Staff described how they escalate observed changes or incidents.

Consumers and their representatives considered information is shared well between staff and consumers had access to relevant health professionals when needed. Handover documents are sufficiently detailed to support delivery of safe and effective care, consistent with consumers’ preferences. Care planning documents show timely referrals occur and include information from other health professionals to inform care delivery.

Staff described how they minimise infection-related risks. The service has policies and procedures regarding infection prevention and antimicrobial stewardship.

### Assessment of Standard 3 Requirements

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

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

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

### Most consumers and representatives said consumers were receiving the personal and clinical care they need. Care plans and progress notes reflected that the consumers were receiving safe and effective personal and clinical care relating to skin integrity and pain management. However, the Site Audit Report brought forward examples of ineffective restrictive practice management at the service.

The Approved Provider responded on 8 June 2022 and did not refute most of the Site Audit Report’s findings.

The Site Audit Report presented conflicting feedback from a consumer and their representative regarding clinical care, and due to the conflicting information I have not considered in determining my decision of compliance with this Requirement.

The service did not consider coded doors as a form of an environmental restraint and did not have appropriate consents, monitoring and review in place for consumers who were unable to ask for code or go out independently. For one named consumer, their representative was not informed about the use of a device to alert staff when the consumer attempted to exit the service. Following the Site Audit, the Approved Provider has assessed all consumers and have completed required documentation for consumers deemed as subject to environmental restraint. Since this action occurred after the Site Audit, I consider this example as demonstrating non-compliance with this Requirement.

The Site Audit Report identified two named consumers who were subject to chemical restrictive practice and did not have personalised or detailed alternative strategies listed in their behaviour support plans. The Approved Provider acknowledged the deficits identified and have started to review all behaviour support plans. I consider this example as demonstrating non-compliance with this Requirement.

The Approved Provider acknowledged that staff lacked understanding of restrictive practices and have scheduled additional training for staff, including a review of all aspects of restrictive practice at the service by a senior clinical staff.

At the time of the Site Audit, the service did not demonstrate that consumers were receiving best practice and optimal care in relation to restrictive practices.

Therefore, I find this Requirement is Non-compliant.

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

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

Consumers and their representatives said consumers are supported to do things they want to do, including participating in individual or group activities that are of interest. Staff were familiar with consumers’ preferences and described how they monitor consumers’ participation and tailor activities to suit differing abilities. A variety of activities were observed. Staff described engaging with external performers, organisations and volunteers to supplement lifestyle activities.

Care planning documents contained information about consumers’ preferred spiritual supports. Consumers and their representatives described how staff support consumers to maintain emotional well-being. Staff described how they engage with consumers individually, observe and address any changes in mood.

Consumers and their representatives said the service supports consumers to participate in the community and maintain relationships, within and outside the service environment. Staff described how they support consumers’ friendships during activities and at meal time. Consumers were observed spending time together and leisure staff were observed interacting respectfully with consumers.

Care planning documents reflected consumers’ preferred leisure activities. Kitchen staff receive communication regarding consumers’ dietary needs and preferences through a communication board.

Consumers provided mixed feedback regarding the quality and temperature of their meals. The feedback suggested consumers did not have influence regarding the menu options, and the Approved Provider clarified food focus meetings have been disrupted due to COVID-19 lockdowns. The kitchen environment was observed to be clean and tidy, with hygiene practices observed.

Lifestyle and kitchen equipment was observed to be safe, suitable, clean and well-maintained.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

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

Consumers said they feel at home at the service, and it is a safe and welcoming environment. The service environment was observed to be welcoming, with a variety of areas suitable for consumers to meet, have meals and participate in activities. Consumers are supported to have visitors and personalise their rooms.

Consumers and their representatives said the service was suitably cleaned and consumers can access outdoor areas when they wish. The service environment was observed to be clean and mostly well-maintained. Consumers are supported to move freely through the wide corridors, with no obstructions observed. Access to outdoor areas had some time restrictions.

Staff described maintenance processes and how they address potential safety concerns. Some items were observed as potential obstructions in the garden area, this and other concerns raised by the Assessment Team during the Site Audit regarding cleaning and maintenance were rectified.

Consumers and their representatives considered the equipment, furniture and fittings are well-maintained, safe and suitable. Staff said equipment is safe and well-maintained and described relevant cleaning practices. The service’s maintenance log reflected timely maintenance occurs.

## 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 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team recommended Requirements (3)(c) and (3)(d) were not met, regarding actioning complaints appropriately, using open disclosure process and using feedback and complaints to inform improvements. I have considered the evidence brought forward by the Site Audit Report and the Approved Provider’s response. I find the service Compliant with Requirement (3)(c) and Non-compliant with Requirement (3)(d). I have provided reasons for my findings in the specific Requirements below.

Consumers and their representatives said they are comfortable in providing feedback and making complaints. The service has regular consumer meetings to facilitate feedback. Staff described how they support consumers to raise complaints, including assisting consumers to complete a complaint form or raising issues with management. Posters inviting feedback were observed at the entrance of the service. Feedback forms were observed in each section of the service, and following the Site Audit the Approved Provider changed the suggestion box from transparent to opaque.

Consumers and their representatives were not aware of external advocacy services; however, brochures were available at the entry that provided information about advocacy services and were in multiple languages. An interpreter sign was also posted at the entry. Staff were aware of how to engage interpreter services, however they said they would engage with representatives or staff who speak the consumers’ language in the first instance.

## 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.*

The Site Audit Report brought forward feedback from two named consumer representatives regarding their complaints not being actioned appropriately. Staff did not demonstrate an understanding of open disclosure process. The report also identified inconsistences in recording of complaints which has been considered under Requirement 6(3)(d) below.

The Approved Provider responded on 8 June 2022 and included clarifying information and actions taken to address the deficits raised in the Site Audit Report.

Regarding feedback from two named consumer representatives, the Approved Provider outlined the actions taken in response to the raised complaints, including accommodating visitation requests during COVID-19 lockdown. The Approved Provider acknowledged that an email outlining new visitation arrangements was not sent as planned, which was an oversight and was addressed during the Site Audit. I consider this to be an isolated incident and have further discussed this under Requirement 8(3)(c). While I accept negative consumer feedback, I do not consider it is reflective of an overall deficiency in the service’s process of actioning complaints.

Regarding deficits in staff’s understanding of open disclosure, the Approved Provider stated staff were confused by the format of the questions asked and they have also organised education modules for staff to complete. Since the Site Audit Report did not bring forward any examples of complaints where an open disclosure process was not used, I consider this example is not reflective of non-compliance with this Requirement. However, I have further considered deficits in staff training under Requirement 7(3)(d).

Overall, the service has shown to take action in response to complaints and apply open disclosure processes.

Therefore, I find this Requirement is Compliant.

### Requirement 6(3)(d) Non-compliant

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

The Site Audit Report reflected that not all complaints and feedback were captured in the service’s complaints register. Practices for the review of feedback and complaints to inform continuous improvement were informal, not documented and did not allow for trending and analysis. Complaints and feedback received were not evaluated to inform continuous improvement, including an example brought forward in the Site Audit Report. Continuous improvement of activities occurred through conducting evaluations with the consumers, however, this was not a documented process.

The Approved Provider responded on 8 June 2022 and did not refute most of the Site Audit Report’s findings.

The Approved Provider acknowledged that the service has not effectively captured and recorded all forms of feedback and have amended their quality assurance program, which will help conduct end of month analysis of complaints and associated trends. The Approved Provider acknowledged evaluation of feedback and complaints has not been undertaken because prior to the introduction of the quality assurance program, the service had two separate registers for complaints and continuous improvement activities. Following the Site Audit, a retrospective review of the complaints register has been completed and no specific trends or issues have been identified. Regarding the review of lifestyle activities, the Approved Provider stated staff will be provided with re-education regarding documenting the evaluation outcomes in line with established processes.

I acknowledge the Approved Provider’s response and actions taken after the Site Audit to address the deficiencies. However, as these items were not demonstrated effectively at the time of the Site Audit, I consider that the service did not have a robust process for recording, reviewing and analysing complaints for improvement opportunities.

Therefore, I find this Requirement is Non-compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The non-compliance is in relation to Requirement (3)(d), regarding staff training and knowledge. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Consumers and their representatives considered there were sufficient staff deployed to support the delivery of safe and quality care and services. Staff expressed challenges with rostering due to absences, however did not consider this resulted in a deficiency of care for consumers. Call bell records from the two months prior to the Site Audit showed most call bells are responded to promptly.

Consumers and their representatives said staff provide kind, caring and respectful support and care. Observations regarding staff conduct that did not support consumer dignity at meal time were raised with management during the Site Audit and were addressed.

Qualification and registration requirements are reviewed before staff are appointed to roles. Skills and competencies required are reflected in job descriptions. Staff receive regular assessment, monitoring and performance review. Staff said they are comfortable approaching management for advice or feedback.

## 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) Non-compliant

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

The Site Audit Report identified deficits in staff training relating to antimicrobial stewardship and restrictive practices. Staff were not able to demonstrate effective knowledge and understating of antimicrobial stewardship, restrictive practices as also identified in Requirement 3(3)(a) and open disclosure as identified in Requirement 6(3)(d).

The Approved Provider responded on 8 June 2022 and acknowledged deficits identified in staff training. They stated staff education has been completed after the Site Audit and future education sessions are planned. The topics of antimicrobial stewardship, restrictive practice, open disclosure and high impact high prevalence clinical issues are now a standing agenda items for all staff meetings.

At the time of the Site Audit deficits in the currency of staff knowledge and training around antimicrobial stewardship, restrictive practice, and open disclosure had not been identified and were not addressed to ensure all consumers were receiving care aligned with best practice.

Therefore, I find this Requirement is Non-Compliant.

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

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

# STANDARD 8 NON-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

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

The Assessment Team recommended Requirements (3)(b) and (3)(c) were not met, regarding accountability of the governing body to promote a culture of safe and quality care and services and effective organisation wide governance systems. I have considered the evidence brought forward by the Site Audit Report and the Approved Provider’s response. I find the service Compliant with Requirement (3)(b) and Non-compliant with Requirement (3)(c). I have provided reasons for my findings in the specific Requirements below.

Consumers and their representatives considered the service is generally well-run and they can contribute to developing and evaluating care and services. Staff described how consumer feedback was used to address concerns, add garden beds and choose furniture. Internal audits occur to obtain general and menu-related consumer feedback.

The service has a documented risk management framework and incident management practices. There are policies for identifying and investigating abuse and neglect. Clinical indicator reports are generated and analysed regularly to identify trends, which are then addressed through training. Staff described how they report incidents and the process for utilising the incident management system.

The service has a documented clinical governance framework, including policies for antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. However, staff could not consistently describe the relevance of these policies to their roles or how they apply the policies. This is addressed further in Requirement 7(3)(d).

## 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.*

The Site Audit Report reflected the organisation’s governing body did not have processes to ensure the delivery of safe, inclusive and quality care and services. The report to the Board did not include current visitor restrictions under COVID-19, clinical indicators pertaining to antimicrobial stewardship and use of restrictive practice, staff COVID vaccination rates, and call bell analysis data.

The Approved Provider responded on 8 June 2022 and stated the report provided to the Assessment Team was an excerpt and only outlined the information requested by the Team. The full report covered current visitor requirements under COVID-19, COVID vaccination rates for staff and consumers, attachments of clinical indicators, and workforce planning information. The report did not cover call bell analysis data, which has since been amended and the service now has an updated report to complete. This change has been reflected in the organisational plan for continuous improvement.

I am satisfied with the Approved Provider’s response and consider the governing body has an oversight on the service’s performance and is responsible for promoting a culture of safe, inclusive, and quality care and services.

Therefore, I find this Requirement is Compliant.

### Requirement 8(3)(c) Non-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 service has functional governance systems in place for information management and financial governance. The Assessment Team brought forward deficiencies in the systems for continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

The Approved Provider responded on 8 June 2022 regarding deficiencies identified.

Regarding continuous improvement, the Site Audit Report identified the continuous improvement plan did not have a clear link to source information of the improvement activity. Call bell data was not analysed and used for improvements. Outcomes of internal audits and actions taken were not recorded, with no link to the continuous improvement plan. The Approved Provider acknowledged the Site Audit Report’s findings and stated the assurance platform is now fully operational, which will help analyse the audit results. I consider this area supports non-compliance with this Requirement at the time of the Site Audit.

### The Site Audit Report identified deficits in some areas of staff training to provide safe and effective care to consumers. I have considered these deficits under Requirement 7(3)(d). However, I do not consider these deficits as demonstrating ineffective workforce governance systems as the Approved Provider has processes to support staff training and staff had received training in other areas. This indicates the Approved Provider has effective oversight on workforce, including the assignment of clear responsibilities and accountabilities. I do not consider these examples as reflective of non-compliance with this Requirement.

Regarding regulatory compliance, the Site Audit Report reflected that the service had not notified consumers and their representatives of the current visitor requirements under COVID-19. Review of the COVID-19 vaccination register for staff identified some staff had not received their booster vaccination without suitable exemption. Behavior support plans reviewed for two named consumers were not personalised in line with the legislative requirements, as identified in Requirement 3(3)(a). In their response, the Approved Provider acknowledged that an email outlining new visitation arrangements was not sent as planned, which was an oversight and was addressed during the Site Audit. The COVID-19 vaccination register has been amended to accurately reflect staff vaccination rates. I consider this area supports non-compliance with this Requirement at the time of the Site Audit.

Regarding feedback and complaints, the Site Audit Report identified inadequate recording of feedback and complaints, and lack of evaluation of complaints to inform continuous improvement at the service. This has been further discussed in Requirement 6(3)(d). The Approved Provider acknowledged the Site Audit Report’s findings and has introduced a new quality assurance platform which will streamline processes relating to feedback and complaints. I consider this area supports non-compliance with this Requirement at the time of the Site Audit.

I acknowledge the Approved Provider’s response, however, since most of these actions occurred after the Site Audit, they require time to demonstrate effectiveness.

The organisation’s governance systems relating to continuous improvement, regulatory compliance, and feedback and complaints were not operating effectively during the Site Audit to pre-emptively identify and address deficiencies.

Therefore, I find this Requirement is Non-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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(e) - the Approved Provider ensures care and services are reviewed for effectiveness regularly, after incidents or when a consumer’s condition changes, and the outcomes are documented.
* Requirement 3(3)(a) – the Approved Provider ensures consumers are receiving safe and effective personal and clinical care, that is best practice, tailored to their needs and optimises their health and well-being. This includes that restrictive practices are managed in line with the legislation.
* Requirement 6(3)(d) – the Approved Provider ensures all feedback and complaints are recorded, monitored and reviewed and used to improve the quality of care and services.
* Requirement 7(3)(d) - the Approved Provider ensures staff are provided sufficient training in relation to antimicrobial stewardship, restrictive practices, and open disclosure. This includes monitoring and review of training for effectiveness.
* Requirement 8(3)(c) – the Approved Provider improves their organisation wide governance systems to ensure effectiveness, specifically in relation to, continuous improvement, regulatory compliance and feedback and complaints.