Pathways Sailors Bay

Performance Report

170 Sailors Bay Road   
Northbridge NSW 2063  
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**Commission ID:** 1012

**Provider name:** Pathways Aged Care Pty Limited

**Site Audit date:** 10 May 2022 to 12 May 2022

**Date of Performance Report:** 1 July 2022

# Performance report prepared by

Therese Solomon, 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) | Non-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 1 June 2022

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Assessment Team observed consumers to be treated with kindness, respect and dignity by staff and found this was reflective in care documentation and organisational mission and values.

Staff interviewed demonstrated knowledge of consumer’s individual identity, culture and diversity and could relay strategies which promote choice and independence.

The service demonstrated that consumers had been able to engage in risk taking activities as per their wishes, such as leaving the service and had the necessary risk assessments and supports in place.

Consumers and representatives confirmed their identity, culture and diversity were valued and celebrated and this was reflected in organisation documentation, lifestyle activities and consumer files.

Care planning documentation identified consumers’ cultural needs and preferences. This was also reflected in the delivery of care, such as wishes to attend religious services or celebrate specific cultural ceremonies.

The Assessment Team observed staff to promote choice and independence when interacting with consumers and sighted evidence consumers had been consulted and involved in making and communicating decisions regarding care and service delivery. This was corroborated by consumers interviewed and in care documentation.

Consumers interviewed reported they get the information they need to enable them to make decisions and exercise choice. This includes clinical matters such as changes to their care needs, as well as the food menu and lifestyle activities.

The Assessment Team observed staff to promote and respect consumer’s privacy by knocking on doors before entering and keeping personal information confidential. This was reflected in interviews with consumers, representatives, and corresponded with organisational policies and procedures.

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 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The service could not demonstrate effective assessment and planning or consideration of risks to the consumers health and well-being, informed the delivery of safe and effective care and services.

The Assessment Team found that care planning and assessments are not commenced as per organisational policy and the assessments entered into the services electronic documentation system did not reflect complex care needs, skin integrity management, dietary requirements or personal preferences.

The Assessment Team found evidence of conversations with consumers which address consumer’s current needs, goals and preferences. Consumers/representatives were able to explain how the needs are addressed, staff were able to clearly identify specific consumers’ needs and preferences in their everyday requirements.

The Assessment Team reviewed sampled consumers’ care plans and noted they document the consumers current needs, preferences and goals.

Consumers/representatives are provided with an advanced care directive upon admission. The service offers assistance to the consumer/representative with completing the advanced care directive or discussions about end of life care are held when the consumers prefers.

Care planning documents displayed evidence of updates made to initial care planning documents over time. Evidence showed that service providers are brought in when required for additional assessments.

Staff interviewed were able to demonstrate how they involve the consumers/representatives in the assessment and care plaining process. Staff could describe how they identify who is to be involved in the assessment and care planning process.

The Assessment Team noted that consumer care plans are updated after a change due to a reassessment when care needs change, following an incident, returning from hospital, change in behaviour or cognitive changes.

The outcome of assessment and care planning are discussed with consumers and or their representatives at either a care conferences or by advising consumers or representatives as the process is in progression. Consumers/representatives interviewed were able to describe how the service communicates changes with them and the care plans are available on request if they would like a copy.

Sampled care plans showed that there was evidence of regular review, when circumstances changed or when an incident occurred.

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

## Assessment of Standard 2 Requirements*.*

### Requirement 2(3)(a) Non-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 Assessment Team found that care planning and assessments are not commenced as per organisational policy and the assessments entered into the services electronic documentation system, did not reflect complex care needs, skin integrity management, dietary requirements or personal preferences.

Whilst there is different information across the computer and paper-based systems, consumers care plans did not reflect all information and provide accurate information for care staff to follow. This compromises the delivery of safe and effective care and services and does not ensure the safety, health and well-being of all consumers.

The Approved Provider responded on 2 June 2022 and did not refute the Assessment Team’s findings. The Approved Provider responded with a detailed Plan for Continuous Improvement outlining actions on how the service will address identified areas of concern, including but not limited to audits of all assessments and care plans within the service to identify any areas of risk, a full review of consumers with complex care needs as well as a comprehensive education plan for staff to address areas for improvements identified by the Assessment Team during the site audit.

While I note the approved provider has taken action in response to the information raised in the Assessment Team report, the service has yet to address all of the deficiencies identified during the site audit. The service did not demonstrate 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 actions planned by the Approved Provider to address the concerns by the Assessment Team require time to demonstrate effectiveness.

Therefore, I find this Requirement is Non-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) 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

Documentation reviews and interviews confirm there is regular assessment and planning of most consumers clinical and personal care. Progress notes and clinical handover documents capture daily changes in consumers health and follow up is completed by the clinical team. Care plans are usually updated following an incident or decline in health.

Assessments of a consumer’s health and well-being are undertaken by the multidisciplinary team, which informs the consumer’s care plan and other service documentation systems. All assessments are completed by the registered nurse or allied health team in the electronic care management system or organisation paper-based system in line with the organisations policies and procedures.

Care plans, assessments and organisation documents reviewed showed that directives for care for consumers are individualised, safe and effective, and aims to optimise the health and well-being of the consumer. Care plans are developed from information that is gathered from a range of sources including hospital discharge summaries, aged care assessments and information received directly from the consumer and/or nominated representative.

The Assessment Team did however identify that not all assessment information from the organisational paper-based system is accurately entered into the electronic care plan and not all admission assessments are completed in a timely manner or as per organisational policy. I would recommend that the service reviews its information management systems to ensure that all relevant information is captured in an accurate manner and is readily available to care staff, and to ensure that the service is compliant with their organisational policies and procedures.

The Assessment Team found via review of the sampled consumer files, incident reports, interviews with consumers and representatives, staff and observations, that consumers have their risks identified and assessed in consultation with the consumer and/or representative, and the risks were found to be managed by applying strategies aimed to minimise the impact of the risks or reduce the risks according to the consumer’s care plan.

The service adequality demonstrated the needs, goals and preferences of consumers entering the end stages of life are recognised and addressed, their comfort maximised, and their dignity preserved. Staff interviewed described and documentation supported that discussions are held with consumers and/or representatives about the provision of palliative care, including religious and cultural beliefs and that provision of palliative care is provided in line with consumers wishes.

Clinical records reviewed showed when consumers’ clinical status, cognitive function or condition declines, they are reviewed by clinical staff and/or doctors in a timely manner. Doctors progress and medical notes showed changes are made due to the consumers changing health status.

Most sampled consumers had an up-to-date care plan reflecting consumer needs and preferences. Care planning documents for the sampled consumers included progress notes, clinical handover documents and hospital transfer forms. Referrals reflected adequate information to support effective and safe sharing of the consumer’s care, and documents reviewed indicated ongoing communication with GPs, allied health professionals, clinical staff and mental health services.

The Assessment Team found that referrals to other organisations and provisions of care and services are made in a timely and appropriate manner. Processes are followed to communicate consumers’ clinical information when consumers are being transferred to hospital or attending external clinics.

The Assessment Team found the service has effective systems to minimise infection related risk. The service has policies and procedures to guide staff in their approach in this requirement. There are systems and processes in place to ensure appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

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

Overall consumers interviewed stated they felt staff supported them to do the things they wanted to do and encouraged independence and quality of life. Consumer care plans sampled reflected their life story, interests, cultural and spiritual preferences and preferred lifestyle activities.

The service was able to demonstrate that it supports and promotes each consumer’s emotional, spiritual, and psychological well-being. This was confirmed by sampled consumers and was reflected in observations, care documentation viewed, and staff interviews.

Consumer care plans identified consumer goals, activity preferences and social and personal relationships. This information is gathered upon entry to the service and from ongoing assessment.

The Lifestyle team explained how the service works with consumers, volunteers and other’s outside the organisation to support consumers with their social activities, wishes and interests. The service continues community connections, for example arranging various volunteers or community programs such as Guide Dogs Association, Dementia Services Australia and various church and school groups.

Consumers sampled confirmed their condition, needs and preferences had been identified by the service and were known by staff. This included any dietary and or food requirements, emotional needs, and preferences such as if they wished to dine in their room and which activities, they chose to participate in.

Care planning documentation confirms when consumers are referred to individuals and other organisations, they are provided with relevant information as deemed appropriate. Staff confirmed that information pertaining to consumers’ condition, needs and preferences are document in their electronic system which they can access. Staff attend handover meetings and receive paper copies of care plans which contain information about the consumer.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff were able to describe how they refer consumers to other organisations and providers of other care and services.

Most consumers/representatives were satisfied that meals provided are varied and of suitable quality and quantity.

The Chef reported that they have a four-week rotating menu and are currently working on a new menu. They cook fresh food every day and use fresh produce. Special requests are regularly catered for such as cakes for birthdays, Mother’s Day and high teas. The kitchen also provides canapes and other food for happy hour held every Friday.

The service was able to demonstrate the equipment provided for the care and services of the consumer is safe, suitable, cleaned and well maintained. Consumers reported satisfaction with the equipment available.

The Assessment Team viewed maintenance records and registers showing the services has a preventative and reactive maintenance system in place.

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 was able to demonstrate it provides an environment which enables consumers to move freely within the service, interact with each other and be independent. There is ample space for consumers to sit or conduct activities in various communal spaces or outdoor areas. Rooms were observed to be personalised to the individual taste of the consumer.

The entrance to the service includes a large reception and lounge area plus an attached Café facing street level. Staff are present at reception to welcome and assist visitors; there is adequate signage to direct visitors and posters providing information about COVID-19 requirements and appropriate screening protocols.

Consumers/representatives sampled reported the service was welcoming, clean, and well-maintained including furnishings and equipment. Consumers/representatives reported they felt safe, were able to personalise their rooms and could freely access both indoor and outdoor areas.

Consumers were observed walking alone and/or with assistance from staff moving freely through the service areas. Consumers were observed outside in the various garden and courtyard areas as well as the open lounge areas, chatting to others or watching television.

The Assessment Team observed that furniture, fittings and equipment were safe, clean, well maintained and suitable for consumers. This included mechanical lifters, equipment in the laundry, main kitchen and the individual servery kitchens on each level. All equipment was neatly stored and did not encroach on corridors or walkways.

Care staff interviewed advised how equipment is cleaned and various tasks are undertaken by cleaners, care, and clinical staff where applicable. Staff were knowledgeable regarding the maintenance of equipment and how to log maintenance issues.

The Assessment Team viewed maintenance records and registers showing the services has a preventative and reactive maintenance system in place.

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

The service demonstrated that consumers, their representatives, and others are encouraged and supported to provide feedback and complaints to the service. The Assessment Team observed multiple mechanisms for providing feedback and complaints on display throughout the service.

Consumers and representatives were able to describe how staff support them to provide feedback or make a complaint.

The service was able to describe how consumers have access to advocates, languages services and other methods for raising and resolving complaints if required. Consumers and representatives confirmed the information is available to them with information and brochures accessible in the service. Most staff were aware of where to find the information and provide the consumers with guidance if requested.

Advocacy and external complaint services information was observed throughout the service. The service welcome pack on admission and the resident handbook contains information of advocacy, language and external complaint services available to consumers/representatives.

The service was able to demonstrate appropriate and timely action when responding to feedback and complaints submitted by consumers and representatives.

Consumers and representatives interviewed confirmed that an open disclosure process is used when they provided feedback and or complaints and most felt their concerns were addressed.

Staff demonstrated an understanding of what open disclosure means and the importance of following these principles in line with the organisation feedback and complaints policy and procedure.

The service was able to demonstrate complaints are reviewed and used to improve the quality of care and services. Consumers interviewed were able to describe the improvements following feedback they had provided. Management was able to demonstrate how feedback and complaints were recorded in the electronic feedback register and used to analyse, trend and identify opportunities for improvement.

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

The service was able to demonstrate it has a process in place to enable, the number and mix of its workforce in the delivery and management of safe and quality care and services.

Most consumers and representatives sampled reported there are adequate numbers of staff to meet their needs and assist them promptly, including when they activate their call bell. Most staff felt that there is an adequate number of staff, and they have sufficient time to attend to consumers in line with their care and services needs and preferences.

The service was able to demonstrate staff interactions with consumers are kind, caring and respectful. Consumers and representatives sampled were complimentary of staff and observations confirmed staff are kind, caring and respectful with consumers and visitors.

Sampled consumers/representatives reported staff are knowledgeable and competent, and able to meet their care and service needs. The service manager reported all new staff complete buddy shifts which provides opportunities to ensure the employee is ready for the role, and that the buddy shifts can be extended if required.

The service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Standards. Consumers and representatives interviewed reported staff are able to meet consumers care and service needs. Staff interviewed confirmed they are trained and supported to deliver safe and quality care and services to consumers.

The service manager described how staff complete buddy shifts and sign off role specific checklists, complete mandatory core education, and ongoing education. The staff member’s continuing employment is dependent upon attending annual mandatory training.

Staff interviewed comprising of clinical, care and hospitality departments reported they undertake annual performance appraisals where they rate their performance, set goals, consider opportunities and provide feedback to management.

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.*

# 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

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Consumers and representatives reported they can provide their input and feedback in various ways to management and staff about all aspects of care and service delivery. They reported that they were confident this would be taken into consideration and improvements to care, services and the service environment would be made.

Service management reported regular consumer meetings are held to allow consumers to give input into the development and delivery of care and services.

Service management informed the Assessment Team that the organisation conducts a suite of annual audits to enable them to understand their performance, identify trends, compare overheads, achieve staff involvement and discover areas for improvement.

The service management has coordinated the dissemination of information to all staff in relation to the Serious Incident Response Scheme and Restrictive Practice legislation.

The service demonstrated it has a continuous improvement process that is driven by consumer feedback including complaints and suggestions for improvement, and it meets regulatory compliance measures.

Most outcomes of care, incidents and any changes in consumer preferences or needs are documented via the integrated computerised system or organisational paper-based notes. The service management advised any incidents that are reported are escalated through the relevant portals to themselves, the organisational quality team and the executive management team including any priority one and two incidents reported via the Serious Incident Response Scheme.

The Assessment Team observed the nurse’s stations were open and accessible to consumers, representatives and other visitors to the service. Consumer information was seen on station desks and the clinical handover was observed to be conducted at open nurse’s stations. The concerns were raised with The Approved Provider and in response the service has implemented a detailed Plan for Continuous Improvement outlining actions on how the service will address the identified areas of concern, including a comprehensive education plan for staff covering topics such as privacy and confidentiality, and information management.

The service management advised opportunities for improvement are identified using various inputs including, feedback directly from consumers/representatives, care conferencing with clinical staff, monthly incidents or through the results of monthly audits.

The service management advised the organisation is a member of an industry peak body and the quality team monitors any updates that come through and disseminates those to the service. The service management team inform staff via email, memoranda and team meetings. They advised that they provide regular updates to staff if any changes occur that impacts the way care and services are delivered.

Records show that the service has a systematic approach to clinical audits and data comparisons that supports improvements in clinical care. Service management demonstrated with evidence of strategies and practices that the service aims to ensure antimicrobials are prescribed according to best practice guidelines. Records showed use of restraints is minimalised and monitored by the general practitioner.

The organisation provided:

* a documented clinical governance framework
* a policy relating to antimicrobial stewardship
* a policy relating to minimising the use of restraint
* an open disclosure policy.

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

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)(a)

*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 approved provider must demonstrate:

* Assessment and planning consider risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.
* The service’s procedures to inform the assessment and planning of new admissions are effectively implemented.
* Assessment and planning reflect consumers complex care needs, skin integrity, dietary requirements and personal preferences
* Consumer information on all systems used by the service is consistent and accurate.
* The service has implemented all continuous improvement actions identified in their response.