Southern Cross Care Assumption Villa Residential Aged Care

Performance Report

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**Commission ID:** 0398

**Provider name:** Southern Cross Care (NSW & ACT) Limited

**Site Audit date:** 24 May 2022 to 26 May 2022

**Date of Performance Report:** 28 June 2022

# Performance report prepared by

E Woodley, 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) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | 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** | **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 24 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers interviewed by the Assessment Team consider that they are treated with dignity and respect, can maintain their identity, and live the life they choose. Consumers said their culture and diversity is valued by the service. Consumers and representatives interviewed provided positive feedback and gave examples of how the service supports consumers to be independent, exercise choice, and make decisions about the care and services provided. Consumers and representatives said they consider the information they receive is accurate, current, timely and easy to understand. Consumers said they are satisfied their care and services are undertaken in a way which respects their personal privacy.

Staff interviewed by the Assessment Team demonstrated respect towards consumers and an understanding of their care and service preferences. The Assessment Team observed staff interacting with, and providing support and services to, consumers in a respectful manner.

Care planning documentation and staff meeting minutes identified the service understands and supports consumer choice. Consumer’s relationships are acknowledged and supported, and consultation occurs to ensure staff awareness of matters of importance to the consumer to support the consumer to live the best life they can.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most consumers interviewed by the Assessment Team said they did not feel like partners in the ongoing assessment and planning of their personal and clinical care and services. The Assessment Team found that assessment and planning for consumers in relation to advanced care planning and end of life planning is not always attended. Most consumers said they had not had a conversation about their end of life wishes. The service did not demonstrate the outcomes of assessment and planning had been communicated effectively to the consumers or their representatives. While the outcomes of assessment and planning are documented in care plans, all consumers interviewed at the service said they had never seen a care plan and did not know what a care plan was. Consumers said they had never been offered a copy of their care plan.

Assessment and planning was generally found to inform the delivery of safe and effective care and services for most consumers at the service. Most staff interviewed were able to describe the individual risks to consumers at the service, and these risks were documented for consumers in care planning documents. The Assessment Team found that most consumer’s care plans had been reviewed regularly and when circumstances changed.

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

The Assessment Team found care documents reviewed did not always reflect consumer’s current needs, goals and preferences including mobility needs for one consumer and isolation requirements for another consumer. The Assessment Team found assessment and planning for consumers in relation to advanced care planning and end of life planning was not always completed and most consumers said they had not had a conversation about their end of life wishes.

For the consumers identified in the Site Audit report, the approved provider’s response identifies that the care needs documented were generally consistent with their identified and assessed needs and preferences. While for one consumer information about their isolation requirements were not identified in their care plan, the approved provider’s response outlines this information was identified in other care documents in line with the organisation’s policies.

The approved provider’s response identifies that for consumers identified in the Site Audit report, their representative had been involved in some advance care planning and end of life planning.

Overall, the service demonstrated assessment and planning identifies and addresses consumer’s current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes.

I find this requirement is Compliant.

### Requirement 2(3)(c) Non-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.*

Three consumers interviewed by the Assessment Team said they did not feel there was an ongoing partnership with themselves and the service in relation to their assessment and planning or review of their personal and clinical care and services. One consumer did not know they could have input into their assessment and planning of care and was unsure of some of the outcomes of assessment and planning. This consumer said staff usually say what they are going to do but they do not explain why they are providing the care they are delivering. The Assessment Team found limited evidence of case conferences for sampled consumers. However, the service was able to demonstrate the inclusion of other organisations and providers of care and services in planning and assessment for consumers.

The approved provider’s response identifies that approximately 60% of consumers at the service have been involved in a care consultation in the six months prior to the Site Audit. The approved provider’s response identifies that for the consumers identified in the Site Audit report, some consultation with the consumer or their representative had occurred regarding the assessment, planning and review of the consumer’s care and services.

While the approved provider identified that some consultation with sampled consumers had occurred, this did not demonstrate that assessment and planning is based on ongoing partnership with the consumer and/or representative they wish to involve in their care. The service did demonstrate that assessment and planning includes other organisations, individuals and providers of other care and services that are involved in the care of the consumer.

I find this requirement is Non-compliant.

### Requirement 2(3)(d) Non-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.*

The Assessment Team found the service demonstrated the outcomes of assessment and planning are documented in a care and services plan, accessible where care and services are provided. However, the service did not demonstrate the outcomes of assessment and planning had been communicated effectively to the consumers and representatives. All consumers interviewed by the Assessment Team said they had never seen a care plan, did not know what a care plan was, and said they had never been offered a copy of their care plan. One representative interviewed said they had requested written and regular updates on the consumer’s condition, but this had not occurred.

The approved provider’s response identifies that a summary care plan is available to be provided to consumers and representatives. The approved provider’s response identifies that for the representative who had requested updates on their consumer, regular communication occurs. The approved provider’s response identifies that the availability of care plans will be mentioned at an upcoming consumer and representative meeting.

The service did not demonstrate 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.

I find this requirement is Non-compliant.

### 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 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Two consumers and two representatives interviewed by the Assessment Team said they feel the personal care provided is not safe and right for them. The consumers and representatives said they are dissatisfied with the frequency and the way personal care is provided by staff.

The Assessment team found gaps in the management of environmental restraint at the service. The doors at the service were locked throughout the day and consumers cannot freely access the outdoors if they wish.

Information in relation to consumer’s condition, needs and preferences is documented within assessments and care plans. Referrals to appropriate specialists, allied health and other providers of care and services are occurring in a timely manner for consumers where relevant. Staff are aware of the high impact, high prevalence risks for consumers.

The Assessment Team found the needs, goals and preferences of consumers nearing the end of life are still recognised and addressed by staff at the service and comfort is generally maximised for consumers and dignity preserved.

The service did not consistently adhere to standard and transmission-based precautions to prevent and control infection. This included appropriate entry screening and disposal of potentially contaminated materials. Not all staff were aware of strategies to reduce the risk of the increasing resistance to antibiotics or had received training on antimicrobial stewardship.

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

### 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.*

Three consumers and two representatives interviewed by the Assessment Team were not satisfied with the personal and clinical care provided. One consumer was not satisfied with the personal care delivery, including showering and continence care. One representative was dissatisfied with the consumer’s oral hygiene care and the lack of assistance from the service to meet their mobility and skin integrity needs. One consumer and their representative spoke of staff providing clinical care while the consumer was on the toilet. The Assessment Team found gaps in the identification and management of environmental restraint at the service. The external doors at the service were locked throughout the day and consumers could not freely access the outdoors if they wish. Management advised the Assessment Team doors were locked overnight at the service and there was a process for staff to unlock the doors in the morning, however this was not evident in staff practice. The Assessment Team found consumer wounds were managed and healing, and there was no unrelieved pain reported by consumers or representatives.

The approved provider’s response includes additional and clarifying information about the consumers and representatives who provided negative feedback to the Assessment Team. This includes that some consumers often decline personal care, and some information regarding the oral care and mobility supports for the consumer whose representative had raised concerns.

The approved provider’s response reiterates that staff practice is for doors to the outdoor areas to be unlocked of a morning and is not intended to restrict consumer access. The approved provider’s response identifies that procedures have been updated and regular audits are now conducted to ensure staff practice is consistent with this procedure.

Each consumer and/or representative did not consider that consumers receive personal and clinical care that is tailored to their needs and optimises their health and well-being. While I accept the service did not intend to restrict consumer’s free movement, the service’s procedures and staff practice at the time of the Site Audit were not effective in ensuring best practice regarding restrictive practice.

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.*

The Assessment Team identified gaps in the service’s adherence to standard and transmission-based precautions to prevent and control infection. This included effective use of rapid antigen tests (RATs) for entry screening and disposal of potentially contaminated materials. Not all staff were aware of strategies to reduce the risk of the increasing resistance to antibiotics or had received training on antimicrobial stewardship. However, registered nursing staff understood the principles of antimicrobial stewardship and practices to minimise antibiotic use for consumers.

The approved provider’s response provides clarifying information on the service’s RAT and entry screening processes, and the consumer in isolation and associated disposal of potentially contaminated materials. The approved provider’s response identifies that education on appropriate antibiotic prescribing and use had been provided to staff prior to the Site Audit.

While some areas for improvement were identified in relation to effective use of RATs for entry screening, overall, the service demonstrated the minimisation of infection related risks through standard and transmission based precautions to prevent and control infection, and practices to promote appropriate antibiotic prescribing and use.

I find this requirement is Compliant.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers and representatives interviewed said consumers are supported and encouraged to engage in activities they are interested in, both inside the service and in the wider community. Consumers and representatives said the activity schedule is varied and adequate to meet consumer’s needs and preferences, and the service involves other individuals and external organisations to supplement the activity schedule as required or when beneficial to the consumer.

Consumers said the service supports and facilitates them to maintain personal and social relationships and remain in contact with people who are important to them. Consumers said the service meets their emotional, social, spiritual, and psychological needs through the internal support provided by staff, visiting church groups, and external social workers. Consumers and representatives said that the service’s lifestyle, care, and pastoral care staff also provided emotional, spiritual, and psychological support when required.

Most consumers and representatives expressed satisfaction in relation to the meals and dining experience at the service and said their feedback has led to improvements in the variety and quality of the meals served to consumers.

Review of care planning documentation demonstrated each consumer’s condition, needs and preferences are effectively communicated within the organisation and with others who provide services and supports for daily living, and timely and appropriate referrals are made to other providers of care and services as required.

Assessment of equipment used for services and supports for daily living were found to be clean, well-maintained, safe, and suitable to the needs of the consumer cohort.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Assessment Team also examined relevant documents.

All consumers interviewed by the Assessment Team consider that they feel they belong in the service, and feel safe and comfortable in the service environment. Consumers and representatives interviewed confirmed their satisfaction with the environment, including that it is safe, clean, and well maintained. Consumers confirmed they can access indoor and outdoor areas if they wish either independently or with staff assistance.

Overall, the Assessment Team observed the service environment to be clean and well maintained. Cleaning staff were observed attending to communal areas and consumers rooms and wiping high touch points such as keypads and handrails. Hand sanitiser dispensers and sanitising wipes were observed throughout the service.

Staff interviewed were aware of how to report items requiring maintenance. Documentation reviewed identified reactive maintenance is attended in a timely manner and preventative maintenance is undertaken as scheduled.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Most consumers interviewed by the Assessment Team considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers confirmed that changes have been made at the service in response to complaints and feedback.

Some consumers interviewed were aware of advocacy services, and the service demonstrated that it provides information to consumers about advocacy services, language services and other methods for raising and resolving complaints

The service provided comprehensive documentation, including feedback forms that demonstrated complaints and feedback is captured, analysed, and resolved. The service has a policy regarding open disclosure to guide staff practice.

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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most consumers interviewed considered they get quality care and services when they need them and from people who are knowledgeable and capable. Consumers and representatives said they generally felt confident staff knew what they needed to do when providing care and services. Consumers indicated they felt staff were kind and caring in their interactions. This was also supported by comments from most representatives.

However, feedback from consumers and their representatives was mixed in relation to sufficient staffing numbers to provide safe, respectful, and quality care and services. While some consumers thought staffing was sufficient, other consumers provided examples of how they have been impacted by lack of staffing such as having to rush eating their meals and inadequate personal care delivery.

While the organisation has systems in place to ensure staff have the appropriate qualifications, training and knowledge to perform their roles, monitoring attendance at education sessions did not always occur. The service demonstrated systems in place to ensure regular assessment, monitoring and review of staff performance is undertaken. While not all staff had a recent formal performance review, informal discussions had occurred with plans for a formal review to be scheduled.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team found feedback from consumers and their representatives was mixed in relation to sufficient staffing numbers to provide safe, respectful, and quality care and services. Some consumers provided examples of how they have been impacted by lack of staffing such as having to rush eating their meals and inadequate personal care delivery. However, other consumers said staffing is sufficient to provide effective care delivery and they do not have to wait long when using their call bell. All staff interviewed felt there was inadequate staffing levels to provide adequate care to the consumers, and review of the roster for the two weeks prior to the Site Audit demonstrated several unfilled shifts. However, call bell response data demonstrated most call bells are responded to within the service’s expected timeframe and management demonstrated ongoing recruitment was occurring during the Site Audit.

The approved provider’s response includes some additional and clarifying information about some of the consumers who provided negative feedback regarding personal care delivery. The approved provider’s response demonstrates workforce planning occurs to enable safe and quality care and services, including when shifts are not able to be filled.

While there were gaps identified in relation to personal care delivery, there was limited evidence to suggest this was consistently due to insufficient number and mix of staff. Overall, the service demonstrated the workforce is planned, and the number and mix of members of the workforce deployed generally enables the delivery and management of safe and quality care and services.

I find this requirement is Compliant.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services as representatives on various committees, and attending food, lifestyle, and consumer meetings. Management described the range of consumer feedback and engagement strategies used by the service and consumers.

The organisation provides oversight across a range of management systems as part of the organisational governance program. This includes undertaking audits and surveys to monitor the performance of individual services within the group as well as to drive continuous improvement. The service provides information to organisational management across a range of clinical indicators to enable the identification and monitoring of trends. This enables the organisation to develop and implement strategies to minimise risks to consumers.

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.*

The organisation had a documented clinical governance framework and policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Feedback was mixed in relation to staff knowledge of the above policies, and gaps were identified in the staff practice regarding restrictive practices.

The approved provider’s response included additional information regarding the organisation’s clinical governance framework in place at the time of the Site Audit.

While gaps were identified in staff adhering to procedures around the minimisation of restraint, I have considered this in my assessment of Standard 3, Requirement 3(3)(a). Overall, the service demonstrated implementation of an effective clinical governance framework encompassing antimicrobial stewardship, minimising the use of restraint, and open disclosure.

I find this requirement is Compliant.

# 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.

* Standard 2, Requirement 2(3)(c) – Care assessment and planning is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of their care and services.
* Standard 2, Requirement 2(3)(d) – 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.
* Standard 3, Requirement 3(3)(a) – Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.