SummitCare Penrith

Performance Report

366 Jamison St
JAMISONTOWN NSW 2750
Phone number: 02 4721 2512

**Commission ID:** 0522

**Provider name:** St Marys Gardens Aged Care Centre Pty Limited

**Site Audit date:** 24 May 2022 to 26 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** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **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 17 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

Consumer files sampled included individualised information about each consumer’s specific emotional, spiritual and cultural needs. Staff sampled consistently spoke about consumers in a manner that indicated respect and an understanding of consumers’ personal circumstances and life journey. Staff were familiar with individual consumers’ past and current circumstances and described how these aspects impact delivery of care and services. Policy and procedure documents are available to guide staff practice and reflect and support an inclusive, consumer centred approach to the provision of care and services.

Consumers/representatives confirmed that each consumer’s identity, culture and diversity is valued and relayed examples of celebrating specific cultural days and decorating their rooms to reflect their identity.

The service was able to demonstrate they consider and support cultural needs when planning and providing care in consultation with consumers/representatives. Consumers/representatives confirmed their cultural needs are considered and respected by staff and the service. Staff could describe the cultural needs of consumers and how they influence day-to-day care.

Consumers/representatives confirmed they can live their life according to their preferences and are supported to do so. Care files demonstrated that where a consumer had chosen to engage in an activity with an element of risk, consultation with consumers/representatives and general practitioner and/or allied health professional had occurred, risk assessments had been completed outlining risks involved and management strategies had been developed.

Interviewed staff were knowledgeable of the service’s policies and procedures relating to dignity of risk and for consumers sampled, described strategies they implement to minimise impact of risks.

Consumers/representatives confirmed that consumers are provided with sufficient information to assist consumers/representatives in making decisions and exercise choice. Staff could describe the ways in which information is provided to consumers and representatives to support them to make informed decisions, including phone calls, emails, lifestyle calendars, brochures, newsletter and meetings.

Consumers/representatives sampled were satisfied that the service respects consumer privacy and maintains confidentiality of their personal information. Consumers provided examples of how staff respect their personal space and are mindful of their dignity when assisting with daily activities.

Staff reported they understand maintaining confidentiality of consumer information such as not discussing consumer conditions in public or in open areas and ensuring confidential documentation is stored securely. Staff stated they knock on the consumer’s door, make their presence known and wait for permission before entering the consumer’s room.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Registered staff interviewed reported each consumers’ clinical needs, choices and preferences are assessed on admission using the consumers medical history, and a range of person-centred assessments. The information from these assessments is used to develop a care plan. The consumer’s changing needs, choices and preferences are monitored and updated at least every six months or sooner if changes are identified.

Care planning documents for sampled consumers demonstrated clinical and allied health staff consistently consider and discuss risk with consumers/representatives during the assessment and planning process. Validated risk assessment tools are used to ensure care delivered is safe and effective.

The Assessment Team found assessment and planning identified and addresses each consumer care needs, goals and preferences. End of life planning is discussed on admission to the service and during care conference meetings. Consumers/representatives are given the opportunity to complete an advanced care plan that is included in their care plan and paper copy kept on file to ensure consumers have their preferences followed.

Care and services for consumers demonstrate ongoing partnership with the consumers/representatives in the assessment, planning and reviewing of care needs. The service demonstrates external services and providers, or other care and services are involved in the care of each consumer including allied health services and specialist from outreach services. Consumers/representatives are consulted prior to utilising the external services.

The Assessment Team found effective communication of the outcomes of assessment and planning occurs and consumers have individualised care plans which reflect care and services provided.

Care plans are readily available to staff and consumers. Care plans care be accessed via desk top computers or electronic tablets located in each wing. Service management reported the care plan is available to consumers/representatives at request.

Consumers/representatives reported that information that has been received is clear and easy to understand and that the service management and clinical staff are open to discuss consumers care and services.

Consumers have regular re-assessment of their care needs, or when a change occurs. Registered and allied health staff review consumer care when changes are identified or incidents impact on consumer care needs. Consumer files reviewed showed referrals are made to other services when required, including changes in medical care, dietary requirements, wound treatment and following the reassessment of a consumer.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 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 Assessment Team found through review of sampled consumer files, incident reports, interviews with consumers/representatives, staff, and observations that consumers have their risks identified and assessed in consultation with the consumer/representative, and the risks were found to be managed by applying strategies aimed to minimise the impact of the risk or reduce the risks according to the consumers care plan.

A complex tracker is maintained by clinical staff and lists high impact and high prevalence risks associated with consumers care, such as falls, pressure injuries, dysphagia and other complex care needs.

Staff interviewed described, and documentation reviewed showed discussions are held with consumers/representatives about the provision of end of life care, including religious and cultural beliefs and that provision of end of life care is provided in line with the consumer’s wishes.

The service has processes in place to guide staff in planning end of life care in partnership with consumers/representatives. Staff have training in end of life care, support from specialist palliative care teams and the service has additional equipment for pain relief and symptom control.

Clinical records reviewed showed when a consumer’s clinical or 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 consumer’s health status.

The service manager informed The Assessment Team that all clinical deterioration is discussed at daily informal clinical meetings between clinical managers and registered staff. Care staff reported that they have handover at the commencement of each shift to discuss changes in consumers health and care needs. Staff reported they also communicate on an ongoing basis throughout their shift when there are changes to consumers’ needs or following an incident.

The service demonstrated information about the consumers condition, needs and preferences is documented in care plans and on clinical handover sheets and communicated within the organisation and externally, where responsibility for care is shared.

Consumers/representatives interviewed are satisfied that consumer needs and preferences are effectively communicated between staff. The service utilises an electronic documentation system for progress notes, assessments and care planning.

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 being transferred to hospital or attending external clinics. Recommendations from external reviews or following review by another health care provider are included in consumer care plans, progress notes, and clinical handover documents for staff to access.

The Assessment Team brought forward examples of three consumers who expressed they have not received effective and safe personal care and clinical care associated with continence care, skin care and pain management.

The Assessment Team felt that the service did not demonstrate effective monitoring of tailoring and delivery of personal and clinical care in line with the consumer’s needs, goals and preferences.

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.*

The Assessment Team brought forward examples of three consumers who expressed they have not received effective and safe personal care and clinical care associated with continence care, skin care and pain management.

The Assessment Team felt that the service did not demonstrate effective monitoring of tailoring and delivery of personal and clinical care in line with the consumer’s needs, goals and preferences.

The Approved Provider responded on 17 June 2022 and refuted the Assessment Team’s findings. The Approved Provider submitted documents including pain charts, continence care plans and progress notes reflecting care provided to the consumers. The Approved Provider also provided updated care plans of consultations that occurred with the identified consumers in relation to their continence management.

In making my decision, I have considered the information provided by the Assessment Team and the Approved Provider. I feel that the evidence provided by the Approved Provider demonstrated that safe and effective care was provided to the consumers in line with their documented preferences.

On balance, I consider effective and safe personal care and clinical care associated with continence care, skin care and pain management were provided to the three identified consumers. I would encourage the Approved Provider to review their documentation process to ensure clear and specific charting occurs to prevent potential miscommunication resulting in ineffective care delivery to consumers.

Therefore, I find this Requirement is Compliant.

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

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

### 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 service has an assessment process in place to identify consumer’s wishes in relation to their history, language spoken, religious and cultural needs, significant events in their life, celebrations they wish to participate in, past interests and things they would like to do to optimise their well-being and quality of life.

Staff demonstrated understanding of consumers’ preferences to practice their religion and when to provide support or refer to others when consumers may be experiencing low mood. Consumers have access to religious services and other supports to maintain their spiritual, emotional and psychological wellbeing.

Care plans identified matters of importance to consumers and provided information on how individual consumers wish to maintain relationships either with their family and friends and whether they require support to do this, such as assisting the consumer to be ready, charging mobile phones and hearing aids.

Staff consisting of registered, care, housekeeping, hospitality and lifestyle could identify who was important to consumers and how they are supported to participate in the community and maintain relationships with people important to them.

The service uses a continuous handover process where information on each consumer and changes to their care and service needs and preferences is discussed at shift handovers, recorded on the handover sheets and documented the electronic care documentation system for staff to refer to.

Consumer care plans reflect where an organisation has been contacted and if they receive supports and recommendations from an external organisation. For example: Dementia Services Australia, Bridge Hearing, Nepean Blue Mountains Public Health Network and Community Visitor Scheme

Consumers/representatives interviewed reported they enjoy the dining experience, the food is of good quality and quantity, and they can provide their feedback in person and in writing about all aspects of the menu and food service.

The service provides for nutritional and/or hydration needs in consideration of the consumers’ preferences, dietary needs and spiritual and cultural backgrounds. The menu offers choices and alternatives and the chef liaises with consumers during the day meal service and receives direct feedback.

The service has a lifestyle program that is developed by the leisure and lifestyle officer in collaboration with consumers and representatives and runs 7 days of the week.

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

Entry to the service’s reception area is protected by keycode access or by staff operating the doors. Signage was observed throughout the service to assist with navigation and consumer rooms including those that are shared were personalised with consumer’s furniture, photos and familiar items.

The service has outdoor areas and courtyards that offer shading and seating areas, and consumers were observed moving freely around the outdoor areas and engaging with other consumers and/or their family/visitors.

The service’s corridors are equipped with handrails to assist consumers or visitors with mobility when moving around. Consumers were observed to be mobilising throughout the internal and external areas of the service independently or with the assistance of staff.

The Assessment Team found the service is safe, clean, well maintained and comfortable. Consumers across all three wings were observed to be able to move freely indoors and outdoors. There are processes in place to ensure there is regular maintenance and cleaning. Consumers/representatives and staff are encouraged to raise any maintenance or safety issues.

The maintenance officer said they are onsite from Monday to Friday. The maintenance officer reported whilst tasks are given a priority status when entered in the maintenance logbook the task priority will be altered if deemed necessary following further investigation.

The Assessment Team observed equipment used by consumers including wheelchairs, four wheeled walkers, walking frames, wheeled shower commodes, hoists and comfort chairs to be in a clean and in good condition. Most furnishings including lounge and dining chairs and tables were observed to be clean and maintained.

The maintenance officer reported there is preventative maintenance system in place to ensure all equipment used is safe and working. Regular checks are completed on mobility equipment to ensure it continues to be safe, for example, checking brakes, tyres and frames are in working order and consumer beds are safe.

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 Assessment Team found overall, consumers/representatives sampled considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken.

Consumers/representatives reported they would speak directly with service management or staff if they had a concern and felt comfortable to provide feedback. Additionally, consumers/representatives were aware of both internal and external feedback processes.

Staff described how they respond to complaints or feedback raised by consumers/representatives, including completing feedback forms on the consumer’s behalf or raising the issues with senior staff. Resident and relative meeting minutes demonstrated consumers are supported and encouraged to provide feedback and raise concerns through these forums.

Consumers/representatives are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and on an ongoing basis. Feedback forms and external complaints and advocacy information was also observed on display in the service.

Feedback received is logged electronically and includes details of any investigations, corrective actions, apology and other communication with the complainant. Policy and procedure documents are available to guide staff practice in relation to management of feedback and complaints and open disclosure. Staff demonstrated an understanding of what open disclosure means and how this is relevant to the complaints process.

The service was able to demonstrate how feedback and complaints are used to improve the care and services to consumers. Service management described how feedback and complaints are reviewed and monitored regularly to ensure concerns are actioned and any trends are identified.

The Assessment Team viewed the service’s feedback and complaints register, survey results and Continuous Improvement Plan showing how the service addresses feedback received from staff, consumers/representatives and how it improves the quality of care and services, for example, in relation to care, activities of daily living, meals and service environment.

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

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The majority of consumers/representatives reported they are confident that staff are skilled to meet their needs and know what they are doing. Consumers/representatives reported satisfaction with their care, for example that their skin integrity is well managed, and that they are assisted with daily walking, which is their preference.

Sampled consumers/representatives reported there are adequate numbers of staff to meet consumers’ needs and assist them promptly, for example staff respond quickly to their call bell, and staff are available to assist them when needed.

Overall most staff interviewed reported there are enough staff to attend to consumers’ needs and preferences, including answering call bells, provide personal and clinical care and activities of daily living. Service management plans the workforce using a master roster, allowing for flexibility based on consumers’ needs and preferences.

Consumers/representatives reported the staff are kind, caring and respectful of each consumer’s identity, culture and diversity. Staff were observed to treat each consumer in a kind and caring way, respecting their individuality.

Staff confirmed that they hold the qualifications to undertake all the roles they were asked to do. The service was able to demonstrate how their workforce had the required qualifications and knowledge to effectively perform their roles.

The service was able to provide evidence of how their workforce is recruited and trained to deliver the required outcomes. Staff confirmed that they received regular ongoing training to support them in the work they do. Consumer’s representatives confirmed that staff are trained and appropriately equipped to deliver their care requirements.

The service was able to demonstrate how they conduct regular assessment, monitoring and review of each member of the workforce regarding their performance in their individual roles. While staff confirmed that performance appraisals were completed with Service management at regular intervals, records showed that almost half the staff were overdue for an annual appraisal since January 2022. Service management explained they are transitioning from a paper-based system to an electronic system which involves staff training.

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

Consumers reported being actively involved in residents and relatives’ meetings and with the provision of activities. Staff and service management encourage and welcome consumer engagement and were able to provide examples. Documentation reviewed provided evidence of consumer engagement.

The service was able to demonstrate the organisation’s governing body promotes a culture of safe, inclusive quality care and services and it is accountable for the delivery. Consumers and representatives interviewed reported they feel safe and receive quality care and were able to name the service management team and the chief executive officer.

The organisation is governed by a Board that has regular meetings. A chief executive officer reports information from the service to the Board, with a focus on governance and risk management. The organisation has risk management systems in place to manage high impact, high prevalence risks appropriately, supporting consumers to live their best lives and identify neglect.

The Board receives information from the service to satisfy itself that the Quality Standards are being met. Standard agenda items from the Board minutes include, but are not limited to, serious incidents, risk and compliance, legislation, workforce issues, budget, environmental and workplace health and safety, and infection control including the monitoring of PPE stock and COVID-19 updates.

The service was unable to demonstrate that they have an effective workforce governance framework. Service management were unable to provide policies or procedures on human resources for example recruitment, staff education and performance monitoring, and records showed that not all staff have completed mandatory training nor had an annual performance appraisal.

While the service was able to demonstrate they recorded, analysed and actioned clinical indicators monthly and The Assessment Team reviewed the service’s call bell data, service management were unable to provide a service audit schedule or other audits that were completed prior to April 2022.

Staff explained they can readily access consumer care and services information using a password protected electronic care system and have access to policies and procedures.

The service manager explained how they identify opportunities for continuous improvement, for example at the weekly leadership meetings when discussing clinical indicators, compliments and complaints, staff incidents and hazards, and changes to policy, procedure or legislation.

The service has an incident management framework with flow charts to show how incidents are managed and reported. Staff were able to describe the process if they witnessed an incident, explaining that they would ensure the consumer’s safety and report the incident immediately to their supervisor.

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.

Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of their relevance to their work

The Quality Standard is assessed as Non-Compliant as one of the five specific requirements have been assessed as Non-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) 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 was unable to demonstrate that they have an effective workforce governance framework. Service management were unable to provide policies or procedures on human resources for example recruitment, staff education and performance monitoring, and records showed that not all staff have completed mandatory training nor had an annual performance appraisal.

The service manager explained the difficulty in accessing staff personnel records while the assessment team were on site. There was a delay providing the information and the service manager explained this was due to the service transitioning from a paper based to an electronic system.

While Serious Incident Response Scheme education is listed as mandatory for all staff and the legislation commenced on 1 April 2021, a review of records showed that not all staff had completed this education since May 2021. When requested by The Assessment Team, service management was unable to provide records for all staff and the dates attended, nor were able to show that a monitoring system was in place.

A review of monthly staff education planners from January 2022 to May 2022 did not include Serious Incident Response Scheme, manual handling or fire and emergency training. Serious Incident Response Scheme education was the only education listed as mandatory for all roles; for example, manual handling, fire safety, infection control and occupational safety and health were not included as mandatory.

The service was unable to show that they monitor staff annual medication competencies. A review of records showed that the majority of competencies were current, with three staff on leave, service management advised they do not monitor these, for example they do not have a schedule or other monitoring tool.

The Approved Provider responded on 17 June 2022 clarifying that at the time of the site audit, the provider was in the process of reviewing their options with their current learning platforms to upload onsite education to assist the provider with better record keeping and the ability to generate staff reports for education and having all information in one centralised storage system.

The Approved Provider is aiming to have one system where both online training records and paper-based training records could be stored. This would enable ease of recording, monitoring and reporting for education compliance.

The Approved Provider responded and provided policies and procedures that guide staff with the management of workforce governance, including Recruitment and Selection, Onboarding checklist for new starters, Education, Staff Performance Review and Development, Core education requirements and Mandatory Training by Role.

The Approved Provider reported they have transitioned to a new online training system and that all outstanding mandatory training will be completed within the next six weeks. The Approved Provider also provided evidence of a Medication competency tracker that was developed to monitor annual medication competencies for relevant staff.

The Approved Provider responded and clarified that they have transitioned from a paper-based Performance Review system to an automated electronic system from 1 January 2022. The Approved Provider reported that all outstanding reviews will be completed by 31 December 2022.

The Approved Provider reported a recent introduction of a new software system replacing the paper-based audit system. The Approved Provider reported this has affected the audit schedules and once the new system is in place all audit results will be available and tabled at the local leadership, clinical, care and GSO meetings.

The evidence compiled at the site audit shows the service was unable to demonstrate that they have an effective workforce governance framework in place. In making my decision, I have considered the information provided by the Assessment Team and the Approved Provider. The actions planned by the Approved Provider to address the concerns raised by the Assessment Team require time to be implemented effectively and demonstrate effectiveness.

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 8(3)(c)**

*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 Approved Provider must demonstrate:

* The organisation wide governance systems for workforce governance are effectively implemented at the service. This includes in the management of personnel files, monitoring of staff education and competencies and completion of performance reviews.
* The service has implemented all continuous improvement actions identified in their response.