Amaroo Village McMahon Caring Centre

Performance Report

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**Commission ID:** 7909

**Provider name:** Amaroo Care Services Inc

**Site Audit date:** 6 July 2021 to 8 July 2021

**Date of Performance Report:** 10 September 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-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) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’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 12 August 2021.

# 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 Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers stated they had choice over their decisions, could include who they wished in the development of their care and services and were supported to take activities of risk to live their best life at the service.

Consumers/representatives stated the service respects their privacy and keeps their private information confidential. They were encouraged and supported to maintain connections and relationships that were important to them.

Staff interviewed described the ways in which they valued consumers’ identities, culture and diversity and how they respected their privacy, dignity and choices they made. In addition, care files sampled reflected the different cultural needs and preferences of consumers and their individual choices for care and service delivery including supports to take risks to do the things they wish.

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.

Overall sampled consumers considered they feel like partners in the ongoing assessment and planning of their care and services and outcomes of these were communicated and readily available to them. Representatives advised the service kept them informed of any incidents that occur or changes in condition that may impact care and service delivery.

Care planning documentation showed that it considers risks to consumers’ health and well-being, assessments inform the development of the care plan to guide staff practice for care and service delivery. However, the service was unable to demonstrate that care plans are consistently reviewed for effectiveness and when circumstances change or when incidents impact on the needs, goals or preferences of the consumers.

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

The Assessment Team found the service has a implemented a new care planning template which outlines the consumers’ risks, goals and preferences. In addition, the organisation demonstrated it understands, applies, reviews and evaluates.

Consumers’ assessments and care plans sampled by the Assessment Team were found to be comprehensive and included each consumer’s care and services preferences. Identified care needs were transferred to a care plan, including any identified risk. Furthermore, consumer/representative feedback indicate they are involved in regular discussion with staff about their care and talk about risks associated with their care.

Clinical staff could describe the consumer assessment and care planning process and how they use the information gathered to determine the consumer’s daily care needs and preferences. Care staff also said they report changes to a consumer’s physical or emotional status, or to their preference.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that 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) Non-compliant

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

The Assessment Team found that the care and services are not consistently reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Staff do not consistently evaluate the effectiveness of strategies implemented or review care plans following a change in a consumer’s condition or needs.

The Assessment Team identified three consumers who developed pressure injuries at the service, the service failed to ensure the consumers’ care plans were evaluated after the development of the pressure injuries or when the pressure injuries deteriorated, additionally the strategies implemented by the occupational therapist were not documented in the consumers’ care and services plans.

The Approved Provider gave information to clarify a consumer’s circumstance in relation to their wound. This information did not however dispel the Assessment Team’s overall findings. The Approved Provider also submitted a continuous improvement plan to address the issues found on the day of the site audit. It is acknowledged that the Approved Provider is working to remedy shortfalls in review of care plans in relation to wound care however this was not reflective of current wound care as seen by the Assessment Team on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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 Team also examined relevant documents.

Overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Whilst consumers stated they had access to services to support their care and service delivery and information was communicated with them in a timely manner, the service was unable to demonstrate that it provides safe and effective personal and clinical care for each consumer.

The Assessment Team found the service does not always provide safe and effective clinical care to consumers in relation to the management of pressure injuries, and the management of risk associated with consumers who have impaired skin integrity. Care plans did not always reflect care and services have been delivered in line with best practice in relation to pressure prevention strategies.

Consumers’ files sampled showed staff do not always follow best practice in relation to wound management, or the administering of psychotropic medications. The service was unable to demonstrate high impact and high prevalence risk associated with consumer care is effectively managed in relation to known risk of pressure injuries.

The Quality Standard is assessed as Non-compliant as two 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.*

The Assessment Team found that the service was unable to demonstrate that each consumer gets safe and effective personal or clinical care that is best practice, tailored to their needs and optimises their well-being. This was specifically seen in relation to management of oedema and fluid restriction, wounds and psychotropic medications.

Psychotropic medications were not provided in accordance with the medical officer’s directives and one representative interviewed reported dissatisfaction with the service as her mother was on psychotropic medication and she had not consented to this medication. In addition, staff failed to monitor consumers’ fluid intake according to directives impacting on consumers’ skin integrity. For consumers with wounds the service failed to manage wounds in line with best practice impacting on wound healing, wound products were changed constantly without a clinical reason. There was also discrepancies between what was recommended to reduce pressure injuries and was actually carried out in the care of the consumer.

The Approved Provider did not provide any further information to refute the Assessment Team findings. The Approved Provider did however submit a continuous improvement plan to address the issues found on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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) Non-compliant

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

The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risk associated with pressure injuries. Furthermore, where psychotropic medications were administered, the service has not explored alternative strategies prior to administering medication and in one case the service had failed to seek consent for administering psychotropic medication.

In contrast, consumers interviewed reported they receive care that is right for them and they are included in the discussions about their care and services. Care documents reviewed by the Assessment Team for consumers with challenging behaviours were noted to identify the consumers’ behaviour and strategies implemented were reported to be effective. Whilst the service made improvements in relation to the management of behaviours, the Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks such as pressure injury prevention.

The Assessment Team found that the service did not manage the known risk of pressure injury, prevention strategies were not effective and registered staff failed to escalate wound deterioration in a timely manner. The Assessment Team noted that whilst the service had implemented pressure injury prevention strategies for a consumer and the care and services plan identified the risk of pressure injuries, strategies implemented were not evaluated for effectiveness which resulted in a subsequent pressure wound.

The Assessment Team also identified the service does not have an embedded risk management framework that has been reviewed and evaluated. The service has not fully evaluated, and embedded processes to manage high impact or high prevalence risks associated with the care of consumers.

The Approved Provider did not provide any further information to refute the Assessment Team findings. The Approved Provider did however submit a continuous improvement plan to address the issues found on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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

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 Team also examined relevant documents.

Most sampled consumers 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. In addition, most consumers interviewed report they are satisfied they receive safe and effective services to enable them to do things that are important to them and that optimise their independence, health, well-being and quality of life.

The service demonstrates it supports consumers with daily living. Consumers are supported to do the things that are important to them such as participate in the community within and outside the service’s environment and maintain relationships.

The majority of consumers interviewed advised they are satisfied with the food and if they are hungry outside of meal times there are options they can access. The service demonstrates that it obtains feedback from consumers about food and this feedback influences the menu choices on offer.

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 Team also examined relevant documents.

Most sampled consumers considered they feel they belong in the service and feel comfortable in the service environment. Consumers said they feel safe at the service and are encouraged to personalise their rooms with items important to them. Consumers confirmed their satisfaction the service is clean and comfortable and that they can move around freely indoors and out into courtyard areas.

The Assessment Team observed the service to be clean, safe and welcoming including the outdoor courtyard areas. Furniture, fittings and equipment were observed to be clean and well maintained.

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 Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers advised they were encouraged by staff and management to provide feedback including complaints about care and services and they have various methods available to provide feedback including in writing, verbally to staff, and at case conferences. In addition, consumers/representatives stated they were satisfied with the way the service responds to their feedback and when things go wrong management and staff apologise to them.

The service has a feedback process and staff were able to describe the ways in which they assist consumers when they wish to provide verbal or written feedback and complaints. Management maintains a consolidated file of feedback received and responds to all complaints using an open disclosure approach where appropriate.

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 sampled consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers said staff provided timely care and services and were kind in their interactions. They also said that staff respect their preferences and are respectful towards them. In addition, consumers are satisfied staff have the competencies, skills and knowledge to effectively perform their roles.

The service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The service also has regular assessment, monitoring and review of the performance of each member of the workforce. Where required staff participate in performance management processes in which they are consulted and supported to develop plans to rectify where they may not have met organisational expectations.

The service demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards. Staff complete comprehensive induction, orientation and ongoing training to ensure they keep their competencies current and adapt where required to the consumer’s changing and diverse needs. Documentation showed training and education are provided over all the Quality Aged Care Standards.

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

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).

Most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Designated consumers promote a service to provide support to other consumers who want to provide feedback to the organisation’s management team.

The service has systems and processes in place to support information management, continuous improvement, workforce governance, financial governance, regulatory compliance and feedback and complaints. Staff have access to policy and procedures to guide their work. Information from complaints is reviewed and used to inform the delivery of care and services. In addition, the service demonstrates it has processes in place to respond effectively when incidents occur.

The service has a governing body which promotes a culture of safe, inclusive and quality care and services and is accountable for its delivery. The organisation sets out its expectations for staff in a vision, mission and values statement. There are reporting structures and committees in place which report on the quality and safety of care delivered, to the Executive Leadership team and the Board of Directors.

However, the service is not supported by sound governance systems to manage risk effectively in relation to managing high impact or high prevalence risks associated with the care of consumers. The organisation does not have an embedded risk management framework that has been reviewed and evaluated and the service has not fully evaluated and embedded processes to guide senior staff to effectively monitor the multidisciplinary care being given where high impact or high prevalence risks associated with the care of consumers has been identified.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has 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) 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) Non-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.*

The Assessment Team found that whilst the service demonstrates it has processes in place to respond effectively when incidents are reported, the service is not supported by sound governance systems to manage risk effectively in relation to managing high impact or high prevalence risks associated with the care of consumers. The organisation does not have an embedded risk management framework that has been reviewed and evaluated. The service has not fully evaluated and embedded processes to guide senior staff to monitor the multidisciplinary care being given for effectiveness, where high impact or high prevalence risks associated with the care of consumers has been identified.

Furthermore, a corporate risk register has been compiled that links to the organisation’s plan for continuous improvement. However, the framework is currently in draft and has not yet been fully embedded into practice. A proposed risk appetite statement is to be developed and the risk framework document has not yet been endorsed by the Amaroo Care Services Board.

The Assessment Team found that the organisation has a Clinical Governance Framework which states: ‘effective systems to minimise and safeguard against clinical risks are established’, ‘Risk considerations relative to the provision of clinical care are identified and documented and risk mitigation strategies are implemented as appropriate to ensure the provision of safe, quality care for consumers’. The Assessment Team identified that this had not occurred in the care of five consumers. In addition, the service implemented processes to improve the clinical oversight on each wing of the service in relation to consumers with high impact, high risk conditions. However, there was no evidence to show a risk register of consumers with high impact high, high prevalence risks.

The Approved Provider did not provide any further information to refute the Assessment Team findings. The Approved Provider did however submit a continuous improvement plan to address the issues found on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that effective risk management systems and practices, including but not limited to the following:

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can
4. managing and preventing incidents, including the use of an incident management system.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

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

### Requirement 2(3)(e)

*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.*

* Continue to implement continuous improvement plan as supplied to the Commission.
* Review processes for consumer care and services to ensure that they are actively being reviewed when circumstances change or where incident impact consumer needs, goals and preferences, particularly in relation to changes in wound care.
* Ensure when reviewed that this translates into improvement of care and services for the consumer and that this is well documented.

### Requirement 3(3)(a)

*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.*

* Continue to implement continuous improvement plan as supplied to the Commission.
* Ensure restrictive practices are reviewed so they are reduced as much as possible. Where they are still required ensure that there has been other strategies trialled, evaluated and recorded. There should also be the right consents in place.
* Look to improve wound care practices to ensure they are best practice and consistent.
* Seek feedback from consumers on their care concerns and seek to resolve them.

### Requirement 3(3)(b)

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

* Continue to implement continuous improvement plan as supplied to the Commission.
* Review and reform to reduce pressure injury risk.
* Look at alternative strategies before a consumer is placed on psychotropic medications.
* Develop and implement a risk framework to ensure that practices and policies are consistently and effectively applied to ensure that high prevalence high impact risks are mitigated and reduced.

### Requirement 8(3)(d)

*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.*

* Continue to implement continuous improvement plan as supplied to the Commission.
* Implement, review and improve risk management systems so they are fully effective and consistently applied across the service.
* Focus for improvement should pay attention to high impact or high prevalence risks and incident management.