AnglicareSA Elizabeth - Dutton Court

Performance Report

33 Catalina Road   
ELIZABETH EAST SA 5112  
Phone number: 08 8256 3050

**Commission ID:** 6162

**Provider name:** Anglicare SA Ltd

**Site Audit date:** 16 August 2021 to 18 August 2021

**Date of Performance Report:** 17 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) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-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 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 conducted between 16 to 18 August 2021, 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 10 September 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

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

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.

The Assessment Team interviewed consumers who considered that 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. All consumers interviewed confirmed that their personal privacy is always respected. Consumers reported staff know what is important to them and felt their identity, culture and diversity was valued. Consumers interviewed said they had been supported to make decisions about their care, who is involved and maintain relationships of choice.

The Assessment Team reviewed documentation, made observations and drew relevant information from the assessment of other Standards. The Assessment Team observed consumers to be treated with kindness, respect and dignity by staff and found this was reflective in care documentation and organisational mission and values.

The Assessment Team interviewed staff who demonstrated knowledge of consumer’s individual identity, culture and diversity and could relay strategies which promote choice and independence.

The Assessment Team sighted evidence consumers are supported to exercise choice and independence in relation to their own care and service delivery, communicate their decisions, make connections with others and maintain relationships of choice.

The service demonstrated consumers had been able to engage in risk taking activities, such as smoking and leaving the facility unattended and had the necessary risk assessments and supports in place.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

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.

The Assessment Team found that overall sampled consumers considered they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Team interviewed consumers and representatives who mostly confirmed that they or a person of their choosing, were involved in care planning and had a say in the delivery of care and services. Most consumers stated staff were aware of their needs and preferences and these were generally met. The representatives confirmed they were informed about incidents and provided frequent updates regarding outcomes of assessment and planning.

The Assessment Team interviewed staff who were mostly knowledgeable about care planning and assessment processes, including re-assessment, and confirmed care planning and assessment documents were readily accessible on the electronic system and provided enough information to guide individualised care and services.

The service has policies and procedures on admission processes to guide practice and staff reported they had access to such policies on the intranet.

The service has monitoring processes in place, such as clinical audits and 24-hour progress note reviews by clinical management to ensure documentation processes are completed. The Assessment Team noted documentation and assessment deficiencies in relation to pain and wound care had been identified in clinical audits and discussed at clinical meetings, however, improvements had not yet been embedded into care.

The Assessment Team reviewed care documentation which demonstrated that whilst accredited risk assessments had been utilised, consumers’ pain was not consistently re-assessed at six-month care plan reviews, wound assessments were missing, and they did not reflect current treatment regimens and were contrary to findings by a Wound Specialist.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

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

The Assessment Team found that the service was unable to demonstrate assessment and planning, including risks to the consumer’s health and well-being, consistently informs the delivery of safe and effective care and services. Specifically, the Assessment Team identified for sampled consumers, wound and pain assessments had not been consistently conducted as per organisational policy, with care plans not updated to reflect current risk and risk management strategies.

The Assessment Team interviewed staff who demonstrated knowledge of sampled consumers’ risks, such as pain and pressure injuries, however, staff did not demonstrate they were using care plan and assessments to inform care and services or consistently following assessment and planning processes.

The Assessment Team found care plans and assessments did not always include wound specialist review or pain assessments.

The approved provider responded to the Assessment Teams report. I have reviewed the additional documentation and acknowledge that the wound and pain assessments have since been updated, however I find at the time of Site Audit, these assessments were not complete.

I find that the approved provider is not compliant with this requirement.

### 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 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

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

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.

The Assessment Team found that overall most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The Assessment Team interviewed consumers and representatives who confirmed that they get the care they need and were satisfied with the personal and clinical care provided. Three consumers interviewed advised they experience regular ongoing severe pain, however, said staff had responded to requests for pain relief and they were reviewed regularly by the Medical Officer (MO). All consumers and representatives confirmed they have access to MO’s and/or Allied Health professionals as and when they need it.

The Assessment Team interviewed clinical and care staff at the service. Staff demonstrated knowledge of the sampled consumers’ personal and clinical needs and could relay individualised strategies for managing some high-impact and high-prevalence risks, such as wounds, falls and pain.

The Assessment Team viewed a range of policies and procedures relating to best practice care delivery, such as diabetes management, pain and restraint minimisation and staff confirmed they were easily accessible. The Assessment Team also viewed evidence the service has processes, such as daily progress note reviews and weekly clinical risk management meetings to identify, monitor, trend and analyse high-impact and high-prevalence risks for consumers.

The Assessment Team reviewed consumer files which demonstrated the service had identified some high-impact and high-prevalence risk through assessment processes and documented individualised strategies for effective management in care plans. The team noted referrals to MOs and Allied Health professionals.

The Assessment Team found that whilst the service demonstrated it had effectively managed some risks, such as falls and continence, the team noted pressure injuries, diabetes and vital signs had not been effectively managed in line with best practice or in a manner which optimises consumers’ health and well-being. For sampled consumers, staff were not consistently following medical directives. For two consumers with abnormal vital signs, staff had not responded in line with best practice or documented vital signs in accordance with organisational policy. In relation to wound care, assessments and charting had not consistently been completed or care plans updated to reflect current regimens in accordance with best practice.

For one sampled consumer, their representative expressed concern staff had not recognised further deterioration and taken timely action.

### 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 did not demonstrate each consumer gets safe and effective clinical care that is best practice or optimises their health and well-being. For two sampled consumers, staff did not respond to abnormal readings in accordance with medical directives. In relation to vital signs, care documentation demonstrated staff had not documented vital signs in accordance with organisational policy or responded to abnormal readings in line with best practice. In relation to wound care, assessments and charting had not consistently been completed or care plans updated to reflect current regimens in accordance with best practice. In some instances, representatives were not notified of consumer’s clinical deterioration until many hours after the incident had occurred.

The approved provider responded to the Assessment Team’s report. I have reviewed the additional documentation, and acknowledge that the service has initiated reminders to staff to address some of the issues, however note the deficiencies identified and find that the service did not ensure that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being.

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

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

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

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

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

The Assessment Team found that the service did not demonstrate deterioration or changes to a consumer’s condition had consistently been recognised and responded to in a timely manner. Whilst progress notes and staff interviews suggest that staff were aware of the initial decline and had arranged pathology tests, the consumer continued to be unwell for several days with increased lethargy and sleeping, which was noted to be out of character. A week after the consumer remained unwell, the consumer was transferred to hospital.

The approved provider responded to the Assessment Team’s report. I have reviewed the additional documentation, however, find that the service did not demonstrate that they responded appropriately to a consumer’s decline in health 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 support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

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.

The Assessment Team found that overall 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.

The Assessment Team interviewed consumers who confirmed staff support them to do things which are socially, spiritually and emotionally important to them. Consumers said they maintain social connections outside the service by attending local church services, going to the local shops and having coffee with their friends. Consumers said they are able to provide input into activities and meals though feedback forms, one on one discussions with staff and at Resident meetings and forums. Consumers interviewed were happy with the meals provided and said if they do not like what is offered on the menu, they can have another hot option, a sandwich or salad.

The Assessment Team identified that the service has a monthly wellbeing and lifestyle activities calendar which is distributed to all consumers and extra copies are located on information boards, and in the reception area. Activities are provided either in a group setting or one-to-one with individual consumers. Attendance at activities is monitored and the interest in the activities provided is reviewed regularly by consumers, the lifestyle staff and management.

Dining areas observed at lunchtime showed the environment was calm and staff were attentive to consumers when assisting with their comfort and meals. It was observed that staff were familiar with consumers’ food likes, needs and dislikes. Consumers appeared to be enjoying their meal experience.

The Assessment Team interviewed staff who said all equipment is well maintained and the Wellness Coordinator said they maintain a cleaning log for all lifestyle equipment used to ensure it is cleaned between use in line with infection control procedures. Consumers’ personnel equipment is regularly maintained and cleaned in line with cleaning tasks and infection control procedures

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

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.

The Assessment Team found that overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The Assessment Team interviewed consumers and representatives who said that they all felt safe at the service, were able to personalise their rooms and most had access to the outside through doors located in their rooms and could contribute to the maintenance of the garden area. Consumer and representative said the service was clean and well maintained, this included equipment used in their rooms. Representatives said the service was easy to access and navigate as there was good signage. They were made to feel welcome.

The Assessment Team spoke with staff who described how they ensure the service environment, equipment and consumers rooms are safe and maintained. Staff said they are provided with suitable and safe equipment and could demonstrate how they raise issues regarding maintenance requests. Cleaning staff described how they ensure the facility and consumers’ rooms are cleaned, including additional COVID-19 requirements.

The Assessment Team observed the service environment to be clean and well maintained, including consumers’ rooms. Most consumers’ rooms were highly personalised with furniture and decorations

Documents and electronic system viewed by the Assessment Team showed the service were effectively responding to, managing and preventing maintenance issues.

## 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 Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

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.

The Assessment Team interviewed consumers and representatives found that overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers said staff are responsive to their concerns when raised and had taken action in a timely and appropriate manner. Consumers interviewed felt that changes were made at the service in response to complaints and feedback.

The Assessment Team interviewed staff who were able to describe how they support consumers and other stakeholders to provide feedback.

The Assessment Team observed pamphlets and posters promoting feedback displayed around the facility. The Complaints Register and consumer meeting minutes viewed by the Assessment Team reflected consumer and representative engagement with feedback mechanisms and demonstrated feedback had been used to drive continuous improvement.

The service has policies and procedures which guide staff in complaints and open disclosure processes and the service demonstrated open disclosure is used where gaps in care or service delivery are identified.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

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.

The Assessment Team found that overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Most consumers and representatives interviewed did not express any issues with staffing, staff skills or performance.

The Assessment Team found that the service was able to demonstrate, the workforce is planned to enable safe and quality care, and services are provided to consumers by ensuring a structured approach is taken for rostering, managing staff leave arrangements, recruiting skilled and experienced workers, providing effective training and monitoring staff competencies. The Assessment Team viewed staff rostering for clinical and services staff and found no shifts had been unfilled in the fortnight prior to the Site Audit.

The Assessment Team observed staff interacting in a kind, caring and respectful manner, knocking on consumers doors and asking if they can come in before entering. When assisting consumers with activities of daily living they would close the consumers door to ensure privacy.

The workforce is provided training to ensure they are competent and have the knowledge and skills to effectively perform the roles. The Assessment Team viewed training registers and staff confirmed they had been provided with mandatory training requirements and offered other training opportunities.

The Assessment Team interviewed care and clinical staff who described how they are provided adequate training and can access a variety of courses relevant to their role. In addition, the service was able to demonstrate how they support staff with face to face and online training, staff meetings, informal and formal feedback, and communications. Staff confirmed they were supported in the performance review process.

The Assessment Team found that management ensures adequate assessment, monitoring and review of the performance of each member of the workforce is consistently undertaken. The team viewed staff performance appraisals and pro-active audits undertaken at the service to identify skill gaps, such as pain management, diabetes management and wound management audits. Management demonstrated an understanding of an increased need to support clinical staff and increased support for the clinical management through the appointment of a Clinical Coordinator.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

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).

The Assessment Team found that overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The Assessment Team interviewed consumers who confirmed they were able to live the best life they can and were encouraged to remain independent and connected to their communities. Consumers talked about being included in decisions and consulted about activities and meal services, both important to their wellbeing.

The Assessment Team identified that the organisation has effective organisation wide governance systems in relation to information management, continuous improvement, workforce governance, financial governance and feedback and complaints.

Although the Assessment Team identified deficiencies in the provision of clinical care, including in relation to pain, wound, diabetes, vital signs and recognising deterioration (see Standard 3), the service had self-identified a number of the concerns raised and implemented actions. The service has policies and procedures in relation to effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can and the service was able to demonstrate clinical management systems and processes were effective at identifying, monitoring and managing high impact and high prevalence risks.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

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

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

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

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

# Areas for improvement

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

### Requirement 2(3)(a) Non-compliant

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

The approved provider must demonstrate that:

* Care plans are updated when a consumer’s care and/or clinical changes occur
* Specialist or Allied Health directives should be documented in care plans in a timely manner.
* Care plans should reflect current risk and risk management strategies.

### 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 approved provider must demonstrate that:

* Consumers with abnormal clinical readings should be escalated to RN for Medical Officer review.
* All medical directives for each consumer must be followed.
* All vital signs should be documented and responded to in line with organisational policy.
* Wound care assessments and pain charting must be consistently completed with care plans updated to reflect current treatments.
* Representatives are notified of consumer’s clinical deterioration at earliest convenience.

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

The approved provider must demonstrate that:

* Any abnormal clinical observations should be documented and escalated to RN and/or Medical Officer.
* Communication with representatives should be timely and transparent of consumer’s condition.