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Performance Report

56 Monmouth Road   
Westbourne Park SA 5041  
Phone number: 08 7088 2200

**Commission ID:** 6204

**Provider name:** Anglicare SA Ltd

**Site Audit date:** 21 June 2021 to 23 June 2021

**Date of Performance Report:** 13 August 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) | Non-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) | 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, 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 16 July 2021.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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 who spoke with the Assessment Team 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. For example:

* Consumers interviewed confirmed they are treated with dignity and respect by staff at the service and their personal privacy is respected.
* Consumers reported staff know what is important to them and felt their identity, culture and diversity was valued.
* Consumers interviewed confirmed they are encouraged to maintain their independence and live the life they choose.
* Consumers interviewed said they had been supported to make decisions about their care, who is involved and maintain relationships of choice.

The Assessment Team observed consumers to be treated with kindness, respect and dignity by staff and found this was reflective in care documentation and the organisational mission and values. Staff interviewed demonstrated knowledge of consumer’s individual identity, culture and diversity and could relay strategies which promote choice and independence.

The Assessment Team sighted evidence that consumers were 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 using a motorised wheelchair and had the necessary risk assessments and supports in place.

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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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 who spoke with the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives described occasions where they have been involved in, or informed of, assessment and planning and the care plan review process.
* Consumers and representatives were aware of care plan documents, and, although they had not seen a physical copy of their care plan, they believed they could have one, if requested.
* One representative said they spoke to staff at length about the consumer’s care needs and preferences when they first entered to the service.

The Assessment Team found care planning documents included a range of assessments relating to both clinical and lifestyle aspects of care which are completed on entry, every six months and where changes to consumers’ health and well-being are identified. Information gathered from assessment processes and in consultation with consumers and/or representatives is used to develop individualised care plans which are readily available to both consumers and staff.

However, the Assessment Team found the service was unable to demonstrate consumer assessments and care planning documentation consistently contains sufficient information relating to assessment and planning which identifies and addresses consumers’ current needs goals and preferences. The service has processes in place to regularly review care and services and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer, however, the Assessment Team noted this did not occur for one consumer.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found the service was unable to demonstrate consumer assessments and care planning documentation consistently contains sufficient information relating to assessment and planning which identifies and addresses consumers’ current needs, goals and preferences.

The Assessment Team’s report details that two consumer care planning documents viewed indicated assessment and planning processes have not identified consumers’ preferences. For one consumer, this is specifically in relation to diet and spiritual needs, including understanding what is important to this consumer. In relation to another consumer, their preferences in relation to continence care have not been considered following a change in their needs, goals and preferences.

The Assessment Team spoke with a consumer and their representatives and found the consumer did not like the food being provided and that the representatives had not been involved in assessment and unsure who had been. The consumer and representative said religion is important to the consumer and enjoys listening to bible music. However, the music is never playing when the representatives visit.

The approved provider submitted a written response and further information in relation the sampled consumers. In their response, the approved provider acknowledged that one consumer’s care plan was not updated to consider the consumer’s current needs, goals and preferences. In their response, it also includes the actions the service undertook in response to the Assessment Team’s feedback. This includes a discussion with the consumer about their dietary needs, and an updated lifestyle assessment to tailor strategies to fit the consumer’s cultural and personal preferences.

The approved provider has undertaken immediate actions during and following the site audit to address the matters raised by the Assessment Team. The approved provide demonstrated they are committed to continued work on a wide range of improvement strategies relating to assessment and planning which addresses each consumers current needs, goals and preferences, in particular relating to cultural and personal preferences. While the approved provider has undertaken and is undertaking improvements, these occurred following feedback from the Assessment Team at the time of the site audit.

I find this requirement is Non-compliant.

### 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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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 who spoke with the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. For example:

* Most consumers interviewed confirmed they get the care they need and were satisfied with the personal and clinical care provided.
* All consumers interviewed confirmed their pain was managed effectively and staff had responded to falls appropriately.
* All consumers and representatives confirmed they have access to medical officers 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 falls and the management of choking.

However, the Assessment Team found the service did not adequately demonstrate that each consumer gets safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being. Personal and clinical care were not tailored to one consumer’s needs and preferences in relation to continence care. The Assessment Team have also noted documentation which indicates a consumers bruising had not been assessed on the wound care chart or the progress notes since first being identified in accordance with best practice wound care.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team found the service did not adequately demonstrate that each consumer gets safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being. The Assessment Team found the service demonstrated some understanding and application of this Requirement in relation to falls management and pain for two consumers.

However, the Assessment Team found the personal and clinical care were not tailored to one consumer’s needs and preferences as assessments had not been updated since the consumer sustained an injury in June 2021. The Assessment Team’s report also details that while the injury had been assessed six times following its identification, all entries on the assessment were left blank and there was no documentation on the wound chart to indicate if the bruising that resulted from the injury had deteriorated or improved.

The Assessment Team’s report details that a consumer’s representative who spoke with the Assessment Team were not satisfied with the personal and clinical care received by the consumer. Some specific concerns raised were in relation to staff continually rushing the consumer during transfers, staff do not have a good understanding of how to use the lifter for transfers, and that the representative was not notified at the time of the injury/ incident occurring.

The approved provider submitted a written response and further information in relation to a sampled consumer detailed in the site audit report. In their response, the approved provider details they do not agree with the Assessment Team’s findings as it is not indicative of the care and services received for all consumers within the service.

In relation to one sampled consumer who sustained an injury following an incident, the approved provider submitted clarifying information that demonstrated evidence of a completed incident form, and that one of the consumer’s next of kin/ representative was notified about the incident. It is noted that wound documentation was completed in relation to the injury. However, this documentation was completed inconsistently and did not provide clear assessment of the injury, management, and evaluation of the wound such as size, wound appearance, skin condition. Nor did it demonstrate all checks occurred daily as required.

In relation to the consumer and their representatives concerns about staff practices when the consumer is transferred from the bed to chair. In their response, the approved provider submitted further information and evidence of training records and manual handling training rosters. While this demonstrates staff competency is assessed in relation to manual handling practices, this does not confirm that the consumer/representatives concerns were managed to ensure they are confident the consumer is getting the care that is safe and right for them. Nor did it address their concerns raised in relation to staff not providing time for the consumer to process instructions given by staff when transferring the consumer.

The approved provider’s response does not demonstrate that all personal and clinical was tailored and based on an assessment of a consumer’s needs, goals and preferences. This includes delivery of effective strategies to manage and prevent the re-occurrence of injury and the associated personal/clinical care needs. I am of the view that the approved provider does not comply with this Requirement as the service has not demonstrated that each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimises health and wellbeing.

I find this requirement is Non-compliant.

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

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

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

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

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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

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.

Overall sampled consumers who spoke with the Assessment Team considered 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. For example:

* Consumers said they enjoy attending the activities provided.
* Consumers said staff support them to do the things they like to do and are important to them, for example, maintaining their independence and connection with family and friends.
* Some representatives said they were unsure if their family member was receiving adequate support for lifestyle activities as they are not being updated by the service.
* Consumers and representatives said they are satisfied with the meals provided and the service is responsive to feedback.

The Assessment Team found care planning documentation showed consumers’ needs, preferences and what is important to them is documented and informs how services are provided. Staff interviewed described what is important to consumers, their needs and preferences. The Assessment Team’s report details that the service has an activities calendar based on the preferences and interests of consumers and activities are provided either in a group setting or one-to-one with individual consumers.

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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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.

Overall sampled consumers who spoke with the Assessment Team considered that they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* Consumers interviewed confirmed they feel safe and at home at the service.
* Consumers stated the service is clean and well maintained.

The Assessment Team’s report details that the service has a preventative schedule, audits and maintenance systems to ensure all aspects of the environment, fittings, equipment and furniture are monitored and clean. The Assessment Team observed the internal service environment was welcoming, clean, well maintained and home-like, enabling consumers to move freely both indoors and outdoors throughout the service if the weather allowed. The atrium area in the service was noted to be dirty and unserviceable. However, the Assessment Team observed on day three of the Site Audit the atrium area to be cleaned and dusted, the furniture was arranged so the areas could be serviceable.

Staff and management interviewed described how they ensure the service environment, equipment and consumers’ rooms are safe, cleaned and maintained. Documents viewed by the Assessment Team showed the service demonstrated they were effectively responding to, managing and preventing most maintenance issues.

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.*

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### 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 who spoke with the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives interviewed said they felt safe to provide feedback and make complaints because staff and management listened to them.
* Consumers and their representatives were satisfied with actions taken because of feedback.

The Assessment Team’s report details that staff were able to describe how they support consumers and representatives to provide feedback. The compliments and complaints register, and consumer meeting minutes viewed by the Assessment Team shows consumers and representatives are being supported and are accessing feedback mechanisms. Management were able to describe how the service monitors complaints through the complaints register and how this contributes to improvements of the environment and to the delivery care and services for consumers.

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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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.

Overall sampled consumers who spoke with the Assessment Team considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers and representatives said staff are kind and caring, are treated with respect, and are responsive to their needs and understand their preferences and interests.
* Overall consumers said there are adequate numbers of staff with appropriate skills and knowledge.
* Overall consumers said their call bells were answered quickly. Call bell data is audited monthly, and management have not identified any issues relating to response times.

The Assessment Team observed staff interacting in a kind, caring and respectful manner and provide care and services according to the needs and preferences of consumers. Management was able to demonstrate the service ensures staffing levels are sufficient and this is monitored by the organisations executive team. However, all staff said there is not enough staff and they are often rushed when providing care to consumers. Staff did not describe specific impacts on consumers and said the main issues is that some consumers wait longer for assistance on occasions.

Management described how they ensure staff have appropriate qualifications as part of their monitoring process. The service has an annual performance appraisal process and a performance management process to ensure when incidents occur the service undertakes appropriate action.

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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

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

The Assessment Team’s report details that management described and provided evidence of how consumers have input about their experience and the quality of care and services through reviews, meetings, feedback and surveys. The service has established a governance framework, including reporting to key executives, enabling the organisation to promote and ensure a culture of safe, inclusive and quality care and services.

The Assessment Team’s report details that the service has effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. 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.

The service has a clinical governance framework which includes antimicrobial stewardship and minimising the use of restraint.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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

### Requirement 2(3)(b)

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

The service should:

* Ensure assessment and planning encompasses and includes each consumer’s current needs.
* Ensure strategies are used to confirm consumers are happy with their care and service’s plan and feel it covers how they want their care and services delivered. Ensure plans reflect all information including needs, goals and preferences described by the consumer and/or their representatives.
* Develop strategies to ensure all information received is used to show individual, tailored care and service plans that are documented for each consumer.

### 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.*

The service should:

* Ensure current interventions used for addressing consumers current personal and clinical care needs are effective and documented to ensure that is best practice, tailored to their needs and optimises the consumer’s health and wellbeing.
* Review individual care plans and progress notes to ensure that consumers are receiving the care that is right for them. This includes ensuring effective strategies to manage and prevent the re-occurrence of injury/ incidents and the associated personal and clinical care needs of the consumer. Where deficiencies are identified these should be addressed and a process implemented on the service’s continuous improvement plan.
* Review documentation processes in relation to wound care to ensure an accurate and consistent approach for assessment, monitoring and review of all wounds.