Bethanie Edinboro

Performance Report

130 Edinboro Street
JOONDANNA WA 6060
Phone number: 08 6222 9301

**Commission ID:** 7140

**Provider name:** The Bethanie Group Incorporated

**Assessment Contact - Site date:** 18 January 2022

**Date of Performance Report:** 23 March 2022

# Performance report prepared by

Janine Renna, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 Assessment Contact - Site report received on 18 March 2022
* the performance report dated 22 March 2021 for the Assessment Contact conducted on 5 January 2021
* the Assessment Team’s report for the Assessment Contact – Site conducted on 23 March 2021 to 24 March 2021
* the performance report dated 25 June 2021 for the Assessment Contact conducted on 23 March 2021 to 24 March 2021.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as non-compliant as two Requirements have been assessed as non-compliant. The Assessment Team assessed Requirements (3)(a) and (3)(b) in this Standard. All other Requirements in the Standard were not assessed at the Assessment Contact.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a) and (3)(b) in this Standard. These Requirements were found non-compliant following an Assessment Contact conducted on 23 March 2021 to 24 March 2021 where it was found the service did not demonstrate:

* each consumer received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to falls, mobility, continence, nutrition and hydration and personal care; and
* effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to falls and incidents.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact.

The Assessment Team recommended the service did not meet Requirements (3)(a) and (3)(b) in this Standard.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I find the service non-compliant with Requirements (3)(a) and (3)(b). I have provided reasons for my findings under the specific Requirements below.

### 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.*

This Requirement was found non-compliant following an Assessment Contact conducted on 23 March 2021 to 24 March 2021, as the service was unable to demonstrate each consumer received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to falls, mobility, continence, nutrition and hydration and personal care. The Assessment Team’s report for the Assessment Contact conducted on 18 January 2022 provided evidence of actions taken in response to the non-compliance, including:

* Implementation of measures to ensure handover sheets are updated at each shift change.
* Education has been provided to ensure staff are aware of the importance of following all consumer care plans.
* The consumer identified in the Assessment Team’s report for the Assessment Contact conducted on 23 March 2021 to 24 March 2021 said they were satisfied with the care and services they receive. Their representative said they continue to work with management to direct and plan the consumer’s care.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

Consumer A

* The consumer reported they are anxious about showering, drying and dressing alone as they get dizzy in the shower and are fearful of falling. The consumer reported they ask for assistance from staff, who, almost daily, say they will come back to help but never do.
* The consumer’s hospital discharge letter and care planning documentation states the consumer is to be assisted with movement, including mobilising, showering and dressing.
* Four of four care staff interviewed were not able to articulate the consumer’s care and service needs and could not locate the consumer’s care plan. The staff were unaware the consumer requires assistance with mobilising and activities of daily living, and reported the consumer usually undertakes activities of daily living independently.

Consumer B

* Documentation showed on one occasion, the consumer experienced an elevated temperature and shaking episodes during the early afternoon and had an unwitnessed fall during the evening. The consumer sustained a skin tear to their right elbow.
	+ The consumer was reviewed by a medical officer the same day and was diagnosed with a respiratory tract infection. The medical officer requested neurovascular observations for 48 hours and directed emergency department transfer if the consumer became drowsy or had multiple vomits.
	+ A respiratory screen was undertaken for influenza and coronavirus, the consumer was placed in isolation and staff were instructed to wear full personal protective equipment (PPE). The consumer was removed from isolation after two days, upon receipt of negative results.
	+ Documentation and interviews with staff showed a clinical review and reassessments had not been undertaken, despite the consumer showing signs of deterioration for a period of five days.

Progress notes show the consumer’s temperature remained elevated, their oral intake of food and fluids was poor, and they were drowsy and sweaty.

Staff had reported, and progress notes confirmed the consumer was eating and drinking less and needing more assistance with eating. Nutritional intake recording was not commenced and nutrition and hydration assessments were not reviewed in response to their change in condition.

The consumer was reported to be drowsy and confused, however, no delirium screening, urine testing or further clinical assessment took place.

Staff reported they only went into the consumer’s room as needed, as they were required to put on full PPE.

* + Staff reported following the fall and diagnosis of a respiratory tract infection, two-hourly sighting charts were undertaken, however, they would observe the consumer from the door to avoid putting on PPE.

The Assessment Team observed a full visual check and sighting of the consumer’s safety could not be conducted from the doorway, as their lower legs is all that could be seen.

* + After five days, the consumer complained of increased pain to their right hip and lower abdomen. A hospital transfer was subsequently arranged and it was identified the consumer had a urinary tract infection and dehydration.
	+ With the exception of a nutrition and hydration assessment, the consumer’s care needs had not been reviewed following return from hospital and they had not been weighed to identify any unplanned weight loss.

Staff reported they had not been advised of any changes to the consumer’s change in care needs upon return from hospital.

Staff reported the consumer remains on a two-hourly sighting chart to maintain their safety, however, during mid-afternoon on the day of the Assessment Contact, the Assessment Team noted it had not been completed since 6:00am.

* + The representative was unaware the consumer had returned from hospital and was unable to describe what their ongoing plan of care was.
	+ Management acknowledged the consumer did not receive care that was safe and effective, tailored to their needs, and optimises their health and well-being.

The provider did not agree with the Assessment Team’s findings and maintains that each consumer received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. The provider’s response includes the following information and evidence to refute the Assessment Team’s assertions:

Consumer A

* Activities of daily living chart demonstrating the consumer received assistance with personal hygiene during the morning and evening. This document shows the consumer was washed twice per day from entry until the time of the Assessment Contact.
* Call bell data demonstrating staff responded to the consumer’s call bells.
* The consumer has not reported concerns with their care and services and there was no indication that the consumer was experiencing anxiety.

Consumer B

* Progress notes for a period of five days following the fall and diagnosis of a respiratory tract infection.
* The consumer’s assessments were in the process of being reviewed on the day of the Assessment Contact, as the consumer returned from hospital the day prior.
* Following the Assessment Contact, the consumer has been reviewed by a medical officer and discussions in relation to the consumer’s deterioration have been held with the representative.

The provider’s response also includes the service’s Plan for continuous improvement demonstrating deficiencies identified by the Assessment Team are included in the plan.

I acknowledge actions taken by the service to rectify issues identified by the Assessment Team, however, I find at the time of the Assessment Contact, each consumer did not receive safe and effective care that was best practice, tailored to their needs and optimised their health and well-being.

In coming to my finding, I have placed weight on consumer and staff feedback which demonstrates Consumer A undertakes activities of daily living independently. While information included in the provider’s response indicates the consumer was being washed twice per day, statements from the consumer and four staff demonstrate this was not occurring. I have considered that the consumer has an assessed need, which was not known or followed by staff.

In relation to Consumer B, I have considered that following a fall and diagnosis of a respiratory tract infection, the consumer was not reviewed and assessed despite showing signs of deterioration. I have also considered that staff did not attend the consumer’s room unless necessary and did not appropriately undertake a full visual safety check to avoid donning and doffing PPE. The consumer was subsequently transferred to hospital with a urinary tract infection and dehydration. I acknowledge there was a short period of time between the consumer’s return from hospital and the Assessment Contact and understand it was not feasible to undertake a full reassessment of the consumer’s care during that time.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

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

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

This Requirement was found non-compliant following an Assessment Contact conducted on 23 March 2021 to 24 March 2021, as the service was unable to demonstrate high impact or high prevalence risks associated with the care of each consumer were effectively managed, specifically in relation to falls and incidents. The Assessment Team’s report for the Assessment Contact conducted on 18 January 2022 provided evidence of actions taken in response to the non-compliance, including:

* Implementation of processes to ensure all witnessed and unwitnessed falls are logged and investigated.
* Ensured all staff have read the organisation’s falls policy.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

Consumer A

* Documentation demonstrates the consumer experienced a choking episode while eating their evening meal.
* The consumer reported staff did not check if they were ok following the episode and were unaware if any assessment or monitoring had taken place since the incident.
* Staff were unable to locate the consumer’s care plan and could not articulate if any change in diet or care or increased observations had been made following the choking incident.
* Documentation showed that a swallowing assessment was not undertaken and an incident form had not been completed following the choking incident.
* Management confirmed no swallowing assessment had been documented since the choking incident, however, a swallowing assessment had been carried out from a distance and was unable to explain why it had been carried out in this manner.

Consumer C

* Consumer C experienced an unwitnessed fall, which resulted in a bleeding head and leg. Documentation showed after the incident occurred, the following action was taken:
	+ The consumer was assisted back to bed and refused observations. Staff attempted to contact the representative with no success.
	+ Staff implemented the consumer’s Advanced care plan.
	+ Staff continued to monitor the consumer overnight, with some unsuccessful attempts to undertake neurovascular observations.
	+ The following morning, the consumer was unresponsive.
	+ The representative contacted the service and the service advised them of the fall and their current condition. The representative requested a hospital transfer for assessment.
	+ The consumer was subsequently transferred to hospital.
	+ The hospital identified the consumer had suffered an intracranial haemorrhage and now required palliative care.
	+ The consumer returned from hospital for palliation and subsequently passed away.
* The consumer’s Advanced care plan stated if they experienced a fall or injury, they wished to receive treatment at the service. The Advanced care plan does not indicate if the risks associated with declining hospital transfer in the case of a fall had been discussed with the consumer or representative.
* The organisation’s procedure in relation to falls prevention and management states that consumers prescribed anticoagulants should be transferred to hospital in the event of a known or suspected head injury and soft tissue injury.
	+ Documentation showed the consumer was receiving anticoagulation medication at the time of the fall.
* There was no evidence indicating wound care or treatment to the consumer’s observed bleeding head or leg was undertaken following the fall, nor that a medical review had taken place from the time the fall occurred until they were transferred to hospital.
* Management reported the organisation’s procedures have since been updated and require staff to arrange a hospital transfer for consumers with a suspected head injury when no contact can be made with a nurse practitioner, doctor or representative.

Consumer D

* During interviews with the Assessment Team, the consumer reported their hearing impairment is ‘isolating and frustrating’ as they cannot talk to others and communicate their needs. The consumer explained their ears feel constantly blocked and hearing aids and microphone do not help.
* The Assessment Team found the consumer was struggling to communicate clearly and make themselves understood.
* Staff reported the consumer refuses to wear hearing aids or assistive devices and they struggle to communicate with them. Staff said the consumer does not join in activities as they cannot hear what is happening or talk to others.
* The consumer’s care planning documentation states they do not have a hearing impairment and utilises a microphone to communicate.
* Management reported they would arrange a referral to a medical officer.

While the provider acknowledges some deficits identified by the Assessment Team, the provider’s response includes further information and evidence to refute the Assessment Team’s assertions in relation to Consumer A and Consumer D.

In relation to Consumer A, the provider’s response includes a copy of a progress note demonstrating a swallowing assessment had been undertaken the day after the choking incident.

In relation to Consumer D, the provider considers the frustration expressed by the consumer was in relation to their health circumstances, rather than their lack of care and support from staff in attending to their daily needs. The provider asserts that staff ensure appropriate communication is provided to the consumer throughout care delivery. The provider’s response includes a copy of the consumer’s care plan to demonstrate interventions are in place to support their hearing impairment.

The provider’s response also includes the service’s Plan for continuous improvement demonstrating some deficiencies identified by the Assessment Team are included in the plan.

I acknowledge actions taken by the service to rectify issues identified by the Assessment Team, however, I find at the time of the Assessment Contact, high impact or high prevalence risks associated with the care of each consumer were not effectively managed.

Consumer A

I have considered that while evidence included in the provider’s response indicates a swallowing assessment was undertaken following a choking incident, management reported it was undertaken at a distance. Additionally, as a swallowing assessment was not documented and an incident report was not completed, the service cannot effectively monitor high impact or high prevalence risks associated with the care of the consumer and implement management strategies in a timely manner.

Consumer C

I have considered that staff did not follow the organisation’s policies and procedures, as Consumer C was receiving anticoagulant medication, had an unwitnessed fall, was suspected to have a head injury and was not transferred to hospital for assessment until the following morning until requested by the representative. It was later identified the consumer had experienced an intracranial haemorrhage and as a result, they passed away.

I have also considered there was no evidence indicating wound care or treatment to the consumer’s bleeding head or leg was undertaken following the fall, nor that a medical review had taken place from the time the fall until they were transferred to hospital.

While the consumer’s Advanced care plan stated they wanted to receive care at the service if a fall or injury occurred, there was no evidence indicating the risks associated with declining hospital transfer in the case of a fall had been discussed with the consumer or representative.

I acknowledge that the service has since updated their procedures to ensure consumers with a suspected head injury are transferred to hospital when no contact can be made with a nurse practitioner, doctor or representative. However, at the time of the Assessment Contact, the risks associated with the consumer’s fall were not effectively managed.

Consumer D

I have considered risks associated with Consumer D’s hearing loss, including isolation, stress and frustration have not been effectively managed. Interviews with the consumer and staff indicate interventions to manage the consumer’s hearing impairment were ineffective and their difficulty communicating with people makes them feel isolated and frustrated.

I have considered there is no evidence indicating the effectiveness of interventions to manage the consumer’s hearing impairment have been considered, nor that strategies have been implemented to manage the consumer’s feeling of isolation and frustration. Staff demonstrated knowledge that the consumer does not participate in activities due to their hearing impairment, however, this knowledge has not been used to identify risk associated with the consumer’s psychological and emotional well-being and inform care delivery.

Furthermore, while care planning documentation guides staff in relation to the use of hearing devices to improve the consumer’s social interaction, there is no reference to their hearing impairment or information to guide staff in supporting their psychological and emotional well-being.

Based on the information summarise above, I find the service non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 5 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 Assessment Team assessed Requirement (3)(b) in this Standard at this Assessment Contact. As all other Requirements in this Standard were not assessed, an overall rating of the Standard has not been provided.

Requirement (3)(b) in this Standard was found non-compliant following an Assessment Contact conducted on 5 January 2021 where it was found the service did not demonstrate the environment was well maintained, safe and comfortable, and consumers were able to move freely outdoors and between two areas of the environment. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact.

The Assessment Team recommended the service meets Requirement (3)(b) in this Standard. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and I find the service compliant with Requirement (3)(b). I have provided reasons for my findings under the specific Requirement below.

## Assessment of Standard 5 Requirements

### 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.*

This Requirement was found non-compliant following an Assessment Contact conducted on 5 January 2021, as the service was unable to demonstrate the environment was well maintained, safe and comfortable, and consumers were able to move freely outdoors and between two areas of the environment. The Assessment Team’s report for the Assessment Contact conducted on 18 January 2022 provides evidence of actions taken in response to the non-compliance, including:

* Installation of an automated door for Edinboro house.
* Conducting a review of cleaning schedules and maintenance and replacement of air conditioners.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Consumers and representatives were satisfied with the service environment and considered it to be safe, clean, accessible and well maintained.
* Staff described how they ensure the environment is safe and well maintained, including the process for undertaking preventative and reactive maintenance.
* The environment was observed to be well maintained, clean and tidy.
* Consumers were observed moving freely throughout the environment.
* The organisation has a range of policies, procedures, processes, schedules, and checklists to guide staff in maintaining an environment that is clean, well maintained, and safe.

The provider’s response did not address the Assessment Team’s findings in relation to this Requirement.

Based on the evidence summarised above, I find the service compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# STANDARD 7 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 Assessment Team assessed Requirements (3)(a) and (3)(b) in this Standard at this Assessment Contact. As all other Requirements in this Standard were not assessed, an overall rating of the Standard has not been provided.

Requirements (3)(a) and (3)(b) in this Standard were found non-compliant following an Assessment Contact conducted on 23 March 2021 to 24 March 2021 where it was found the service did not demonstrate:

* the workforce was planned to enable, and the number and mix of members of the workforce enabled, the delivery and management of safe and quality care and services; and
* workforce interactions with consumers were kind, caring and respectful of each consumer’s identity, culture and diversity.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact.

The Assessment Team recommended the service meets Requirements (3)(a) and (3)(b) in this Standard. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and I find the service compliant with Requirements (3)(a) and (3)(b). I have provided reasons for my findings under the specific Requirements below.

## 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.*

This Requirement was found non-compliant following an Assessment Contact conducted on 23 March 2021 to 24 March 2021, as the service was unable to demonstrate the workforce was planned to enable the delivery and management of safe and quality care and services, as call bell data was not monitored to address lengthy wait times, the use of agency staff was reduced to fill unplanned leave and regular feedback in relation to the number and mix of members of the workforce was not sought from consumers and representatives.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

* Six of seven consumers reported satisfaction with the number of staff and considered their needs were met. One consumer reported they were rushed by staff in the shower on the day of the Assessment Contact and said it was not a regular occurrence.
* Staff considered the number and mix of the workforce deployed to be adequate to enable the provision of safe and quality care to consumers.
* Management provided evidence that internal contract staff are used prior to engaging agency staff to ensure continuity of care for consumers.
* Documentation for a two-week sampled period demonstrated only one shift was unfilled.
* Call bell monitoring reports for a six-week sampled period demonstrated 96% of call bells were responded to within five minutes. Of the six occasions where the response time exceeded 20 minutes, consumers did not indicate there was any impact or that there was any urgency for the call being made.

The provider’s response did not address the Assessment Team’s findings in relation to this Requirement.

Based on the evidence summarised above, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources.

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

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

This Requirement was found non-compliant following an Assessment Contact conducted on 23 March 2021 to 24 March 2021, as the service was unable to demonstrate workforce interactions with consumers were kind, caring and respectful of each consumer’s identify, culture and diversity. The Assessment Team’s report for the Assessment Contact conducted on 18 January 2022 provides evidence of actions taken in response to the non-compliance, including:

* Staff education and training has been provided in relation to elder abuse and appropriate interactions with consumers.
* Completion of regular surveys with consumers and representatives to ensure staff are interacting in a kind, caring and respectful manner.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Seven of eight consumers said they felt safe when receiving care and reported staff were respectful of their preferences. One consumer said they do not receive assistance with showering and dressing when requested, however, this information and evidence is more aligned with and has been considered under Requirement (3)(a) in Standard 3 Personal care and clinical care.
* Staff confirmed they have completed training in elder abuse and were able to describe what to do if they witnessed a staff member acting in a manner that was not kind, caring and respectful toward consumers.
* Management reported regular surveys are conducted with staff, consumers and representatives to ensure that they are satisfied with the care being provided to them and their consumers.
* Staff were observed to be kind and caring in their interactions with consumers.

The provider’s response did not address the Assessment Team’s findings in relation to this Requirement.

Based on the evidence summarised above, I find the service compliant with Requirement (3)(b) in Standard 7 Human resources.

# STANDARD 8 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 Assessment Team assessed Requirement (3)(c) in this Standard at this Assessment Contact. As all other Requirements in this Standard were not assessed, an overall rating of the Standard has not been provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(c) in this Standard. This Requirement was found non-compliant following an Assessment Contact conducted on 23 March 2021 to 24 March 2021 where it was found the service did not demonstrate effective governance systems in relation to regulatory compliance and workforce governance. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact.

The Assessment Team recommended the service meets Requirement (3)(c) in this Standard. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and I find the service compliant with Requirement (3)(c). I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 8 Requirements

### 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.*

This Requirement was found non-compliant following an Assessment Contact conducted on 23 March 2021 to 24 March 2021, as the service was unable to demonstrate effective governance systems in relation to regulatory compliance and workforce governance. The Assessment Team’s report for the Assessment Contact conducted on 18 January 2022 provides evidence of actions taken in response to the non-compliance, including:

* Ensuring workforce appraisals are undertaken, and clearances and credentials are up-to-date.
* Undertaking recruitment to ensure an adequate number of skilled and qualified members of the workforce.
* Ensuring compulsory reporting is undertaken within the required timeframes.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

* Staff considered they have access to sufficient information, policies, procedures, and forms to guide them in their role. While staff said they have access to up-to-date information in relation to consumers’ care and service needs, four were unable to demonstrate how they access care plans on the integrated computer system.
* Management demonstrated how staff are promptly informed of any areas of concern or updates to policies and procedures to ensure personalised care for consumers is not compromised.
* The organisation has a Plan for continuous improvement which is informed by audit recommendations and surveys with staff, consumers, and representatives. Management provided examples of initiatives implemented to improve care and service delivery.
* Management reported there are systems in place for monthly financial reporting and annual budget allocations, including seeking changes to the budget or expenditure to support changing needs of consumers through operational and capital expenditures.
* Management reported systems are in place to ensure performance appraisals are conducted for all staff members annually and professional registrations, police clearance certificates, vaccinations and any other credentials are checked on commencement of employment and as required thereafter.
* Management reported concerns regarding rostering of staff have been addressed, as a registered nurse is available at all times if needed and contingencies are in place for unplanned leave.
* The organisation is a member of an industry peak body and provides the service with regulatory updates and changes, which management reported is then disseminated to staff via various channels. Staff confirmed they are aware of the Serious Incident Response Scheme and their roles and responsibilities in relation to the reporting of any serious incidents.
* Management reported consumers, representatives, and staff are encouraged to give feedback through the various mechanisms, which are then used to improve care and service for consumers.

Based on the information summarised above, I find the service compliant with Requirement (3)(c) in Standard 8 Organisational governance.

# 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.

* Ensure staff have the skills and knowledge to:
* Identify consumers’ needs and preferences and deliver personalised and quality care and services.
* Identify high impact or high prevalence risks associated with the care of consumers, implement strategies and monitor the effectiveness of strategies.
* Recognise changes to consumers’ health and well-being, including clinical deterioration and acute conditions, take appropriate action, implement management strategies, initiate referrals in a timely manner to relevant specialists and arrange hospital transfers where necessary.
* Ensure care plans are accurate and reflective of each consumer’s current care and service needs.
* Identify changes to consumers’ personal and clinical care needs and implement appropriate monitoring processes.
* Ensure policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks, falls and incident management are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management of high impact or high prevalence clinical risks, falls and incident management.