Brightwater Joondalup

Performance Report

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JOONDALUP WA 6027
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**Commission ID:** 7187

**Provider name:** Brightwater Care Group Limited

**Site Audit date:** 22 June 2021 to 23 June 2021

**Date of Performance Report:** 25 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) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | 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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-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 19 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 sampled confirmed they are treated with dignity and respect by staff through all aspects of care and service delivery. Consumers advised they are supported to exercise choice and independence over their care and services to enable them to live independently.
* Consumers advised they are supported to take risks to do the things they love and live their best life. Consumers stated staff explain risks and provide ways in which they can safely undertake activities to prevent harm to themselves or others.
* Consumers advised, and observations showed staff respect privacy when delivering personal care and any treatment and their personal information is kept confidential.

The Assessment Team’s site audit report details that staff interviewed described ways they support consumers to exercise choice and independence over their care and services and care planning documentation reflected consumers’ choice and preferences.

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-COMPLIANTOngoing 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 and outcomes of these were communicated and readily available to them.

Representatives advised the service kept them informed of any incidents that occur or changes in condition that may impact care and service delivery.

Care planning documentation showed that it considers risks to consumers’ health and well-being, assessments inform the development of the care plan to guide staff practice for care and service delivery.

However, the Assessment Team found the service was unable to demonstrate that care plans are consistently reviewed for effectiveness and when circumstances change or when incidents impact on the needs, goals or preferences of the consumers.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

The Assessment Team found the organisation has systems and processes to ensure the 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. However, the service was unable to demonstrate that the assessment process is consistently used by staff to ensure care plans are reviewed following a consumer’s deterioration and falls. The Assessment Team found that strategies in the care and services plans are not always evaluated for effectiveness and, strategies are not tailored to the consumer’s needs.

The approved provider submitted a written response that acknowledges the findings detailed in the Assessment Team’s site audit report. In their response, it includes a plan for continuous improvement and actions to be taken to ensure care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The approved provider acknowledged that improvement is required, and the following actions are planned or have commenced as outlined in the organisation’s continuous improvement plan:

* Education will be provided to all staff on the importance of maintaining care plans and assessments, identifying and responding to deterioration, and behaviour identification and management.
* The service will be implementing fall huddles (discussions), and these will continue to occur at the service monthly.
* The service is undertaking a clinical review of all consumers to ensure all needs are being met and care planning is reflective of these care needs, and reviews will be completed in consultation with the consumer and their representative.

The approved provider does not comply with this requirement as the organisation did not demonstrate effective assessment and monitoring processes at the time of the site audit to ensure 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.

I find this requirement is Non-compliant.

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

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 consumers who spoke with the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. Consumers stated they had access to services to support their care and service delivery and information was communicated with them in a timely manner. However, the service was unable to demonstrate that it provides safe and effective personal and clinical care for each consumer and that a deterioration or change of a consumer’s physical function and capacity is recognised and responded in a timely manner.

The Assessment Team found the service does not always provide safe and effective clinical care to consumers in relation to the pain management and care plans did not always reflect consumers’ change in condition. Consumers’ files sampled showed staff do not always follow best practice in relation to pain management, or the administration of as required medications.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found the service has processes in place to guide staff to deliver safe and effective personal and clinical care, and consumers and their representatives stated they are generally happy with care. However, the service was unable to show that each consumer receives safe and effective clinical care that is best practice and optimises health and well-being in relation to pain management and medication management. The Assessment Team found staff were unable to demonstrate they follow the service’s policies and procedures, in particular in relation to the adequate and appropriate assessment and management of pain, and the administration of as required medications.

The approved provider submitted a written response that acknowledges the findings detailed in the Assessment Team’s site audit report. In their response, it includes a plan for continuous improvement and actions to be taken to ensure each consumer gets safe and effective personal care and/or clinical care. The following actions are planned or have commenced as outlined in the organisation’s continuous improvement plan:

* All as required medications will be reviewed weekly by the clinical care coordinator and appropriate referrals made if indicated.
* Medication management training will commence for all clinical staff in relation to as required medications including comprehensive review and evaluation of the effectiveness of these medications.
* Pain management training will be completed by all staff in relation to the identification, management and evaluation of pain.
* All care plans will be reviewed to ensure that each consumer is receiving care that meets their needs, and reviews will include the consumer, representatives, and relevant others.

The approved provider does not comply with this requirement as the organisation did not demonstrate at the time of the site audit that each consumer gets safe and effective personal care and/or clinical care that is best practice, tailored to their needs and optimised their health and well-being.

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) 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 the service was unable to demonstrate 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’s report details that one consumer’s health deterioration was not identified or acted upon in a timely manner by clinical staff, and the consumer’s weight loss, pain and mouth ulcers were not managed effectively.

The Assessment Team found the organisation has systems/processes to identify and manage deterioration to a consumer’s health. However, these have been ineffective because clinical staff did not implement appropriate and timely actions when weight loss was identified, or when the consumer’s pain was impacting on nutritional needs. The Assessment Team found the failure on identifying and acting upon the consumer’s decline in health has impacted negatively on the consumer’s health and well-being.

The approved provider submitted a written response that acknowledges the findings detailed in the Assessment Team’s site audit report. In their response, it includes a plan for continuous improvement and actions to be taken to ensure staff have the knowledge and skills to recognise and response to deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition in a timely manner. The following actions are planned or have commenced as outlined in the organisation’s continuous improvement plan:

* All clinical staff will complete education in relation to deterioration including recognising and responding to nutritional needs, and processes to ensure appropriate documentation.

The approved provider does not comply with this requirement as the organisation did not demonstrate at the time of the site audit that 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.

I find this requirement is Non-compliant.

### 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.

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

* Consumers interviewed confirmed they are supported by the service to do the things they like to do including gardening, attending group activities, playing musical instruments, painting.
* Consumers interviewed confirmed they are supported to keep in touch with people who are important to them. Staff assist consumers to spend time with family both within and outside the service.
* Most of the consumers interviewed stated the food provided was adequate.

The Assessment Team found the service demonstrates that it is responsive to the emotional and psychological well-being of consumers. Staff from all disciplines were observed to provide gentle reassurance to consumers who appeared anxious and care plans demonstrated that consumers are referred to external services for ongoing psychological and mental health support when required.

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.

Most 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 stated they are encouraged to personalise their rooms with items that are important to them and consumers stated they feel comfortable in the service.
* The Assessment Team observed the service to be clean, safe and welcoming. The open plan design of the houses enables easy navigation of the environment. Staff supported consumers where required to move to different areas of the service.
* The Assessment Team observed the service’s outdoor areas between the four houses to be safe and these areas were observed to be used by consumers.
* Furniture, fittings and equipment were observed to be clean and appear maintained.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# A picture containing text, invertebrate, centipede, hydrozoan  Description automatically generatedSTANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

Consumers advised they were encouraged by staff to provide feedback including complaints about care and services. Consumers advised they have various methods available to provide feedback including in writing, verbally to staff, and during resident relative meetings.

The service has a feedback process, staff were able to describe the ways in which they assist consumers when they wish to provide verbal or written feedback and complaints.

However, the Assessment Team found the service was unable to show that appropriate action is taken in response to all complaints. While the service has an electronic system where complaints are logged, monitored and records the actions taken to address the complaints are documented until the complaints are resolved, this system was not applied for one complaint.

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

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

The Assessment Team found while the service has a system in place to ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong, this process was not followed for one complaint. The representative and consumer involved with this complaint informed the Assessment Team they felt the service did not act upon their complaint in a timely manner, nor have the consumer/representative received a response by management since raising the complaint.

The approved provider’s response to the Assessment Team’s site audit report acknowledge that the service did not act upon a consumer/ representative complaint in a timely manner and that the service’s processes in relation to managing complaints were not followed. The approved provider acknowledged that improvement is required, and the following actions are planned or have commenced as outlined in the organisation’s continuous improvement plan:

* The service will recruit and appoint a service manager to be allocated solely the service to ensure appropriate and timely responses to consumers and their families.
* Education will be conducted for all staff in relation to open disclosure and feedback resolution to improve responsiveness to feedback provided.
* The service will complete a roster review of staff to ensure staff to consumer ratios are adequate. Including a call bell analysis will be conducted monthly including trending, analysis and actioning as required.
* The service will conduct a consumer survey to gain more comprehensive feedback about the care and services.
* Resident and relative meetings will be arranged to discuss any concerns with new management to ensure any gaps are addressed and actioned.

The approved provider does not comply with this requirement as the organisation did not demonstrate at the time of the site audit that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

I find this requirement is Non-complaint.

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

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

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### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

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

* All consumers said they were treated with respect and staff were kind and caring.
* Consumers stated that staff deliver care and services in line with their needs, goals, and preferences however, they can often appear rushed.
* Documentation showed staff receive regular training, staff performance is monitored, and performance management is undertaken when issues with staff performance and practice is identified.

However, the Assessment Team found the service did not demonstrate that the workforce was competent and had the relevant knowledge and skills to meet the needs of consumers in relation to the management of as required medication and the management of pain. Staff did not follow the organisation’s best practice guidelines in relation to the identification, escalation and management of a consumer’s pain and staff did not follow best practice in relation to the administration and review of the effectiveness of medication given.

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

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

The Assessment Team found staff do not demonstrate they are competent and have the skills, knowledge and ability to identify and respond to deterioration in a consumer’s condition, to manage a consumer’s pain and to administer as required medications. This has resulted in one consumer experiencing prolonged pain and another consumer losing confidence in staff ability to manage any acute medical conditions they may experience.

The Assessment Team’s report details that staff do not demonstrate they are competent and have the skills, knowledge and ability to consistently follow the organisation’s processes in relation to updating and reviewing care plans for effectiveness when circumstances change or when incidents impact on the needs goals or preferences of the consumer.

The approved provider’s response to the Assessment Team’s site audit report acknowledged that improvement is required, and the following actions are planned or have commenced as outlined in the organisation’s continuous improvement plan:

* The service will implement an education program in relation to key areas identified by the Assessment Team including pain management, medication management, deterioration, care planning, assessment, open disclosure, feedback resolution and behaviour support.

The approved provider does not comply with this requirement as the organisation did not demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The approved provider also requires time to implement the planned actions and ensure the actions taken results in sustained improvements.

I find this requirement is Non-compliant.

### 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).

Most 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. For example:

Consumers are involved in the development, delivery and evaluation of care and services, for example, by being consulted as part of the organisation wide meal experience project and by participating in annual meetings to review their care plans.

The Assessment Team found the service demonstrated their governing body promotes a culture of safe, inclusive and quality care and services and is accountable for its delivery. The organisation has reporting structures and committees which in turn provide information to the executive leadership team and the service. The service demonstrated there are effective governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

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)(e)

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

Required improvements

* Review individual care planning documents to ensure each consumer’s care and services have been reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Develop and maintain processes that enable a consistent approach to reviewing care and services regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Implement and monitor the planned actions outlined in continuous improvement plan in relation to education about care planning and assessment processes and implementation of regular fall discussions.

### 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.*

Required improvements

* Review individual care plans and progress notes to ensure that consumers are receiving the care that is right for them. Where deficiencies are identified these should be addressed and a process implemented on the continuous improvement plan.
* Review practices in relation to medication management and pain management to ensure care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Monitor effectiveness of the planned actions and actions taken to ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their needs and optimise their health and wellbeing.

### Requirement 3(3)(d)

*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.*

Required improvements

* Monitor and review practices in relation to recognising and responding to deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition in a timely manner.
* Implement planned action in relation to all clinical staff undertaking education on the impacts of deterioration including documentation processes to ensure all areas of health is managed safely and effectively.

### Requirement 6(3)(c)

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

Required improvements

* Implement and monitor the planned actions to ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong in a timely manner.
* Ensure the organisations complaints policy is consistently understood and followed when managing and taking appropriate action in response to complaints.

### Requirement 7(3)(c)

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

Required improvements

* Implement planned action of the service’s education program and monitor effectiveness the training to ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Monitor and review staff competency to ensure they can apply appropriate knowledge to effectively perform their roles, in particular in relation to pain management, medication management, and recognising and responding to deterioration.