Gummun Place

Performance Report

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MERRIWA NSW 2329  
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**Commission ID:** 0372

**Provider name:** Upper Hunter Shire Council

**Site Audit date:** 8 December 2020 to 10 December 2020

**Date of Performance Report:** 12 February 2021

# Publication of report

This Performance Report **may 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** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the provider’s response to the Site Audit report received 6 January 2021.

# STANDARD NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers considered 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, all consumers were extremely satisfied with the way staff treat them and felt respected and valued at the service. Consumers said staff are always respectful when speaking to them and delivering care and felt their personal information is kept confidential.

The service demonstrated it is supporting consumers to take risks for them to live the best life they can. However, it was identified the approach is not consistently person centred or individualised. Deficiencies in the risk assessment process, documentation and evaluation of these risks were identified. The approved provider response acknowledged this as an area for improvement and is committed to addressing this issue.

The Quality Standard is assessed as Non-compliant as one of the six specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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) Non-compliant

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

The Assessment Team found that overall consumers felt they are supported to take risks to enable them to live the best life they can and staff were able to describe areas in which consumers are supported to take risks. However, review of documentation revealed deficiencies in the risk assessment process, documentation and evaluation of risks. The Assessment Team noted that some documentation included the identification and completion of a risk assessment although lacked information regarding consultation with the consumer or representative regarding the risks and there was no review date. Additionally, some risk assessments were not completed at all. The Assessment Team noted that the service uses a risk assessment form which is more reflective of a Work Health and Safety environmental risk or hazard form and not specific for consumer related risks within a residential aged care setting.

The approved provider acknowledged the gaps identified and has commenced a process to ensure that risk assessments include consultation with the consumer, are signed and dated and include a review date. The approved provider will review the risk assessment form to be more aligned with aged care application. I acknowledge the actions of the approved provider however, this process will take time to embed practice. I am satisfied that this requirement is Non-compliant.

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

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

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example, most consumers said they were able to talk to staff about their care and most representatives said they were kept informed about any changes to the consumers care which impacted health and wellbeing.

Overall, care plans demonstrated that consumer goals and preferences are generally documented and reviewed. However, there were some deficits in care planning documentation and care plans are not consistently reviewed when the consumers condition or needs change. Some incidents had not been documented on the adverse events form.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found that most consumers were satisfied with the management of risks in relation to their health and wellbeing and staff were able to describe how they use assessment and planning to deliver safe and effective care. Staff noted that following care plan instructions has helped in being able to manage behavioural episodes.

The Assessment Team observed that most consumer assessments and care plans were detailed, however a few consumer files were noted to contain no information in relation to documentation and consideration of risks to guide staff practise in the management of their care. Specifically, risks related to absconding and swallowing were not consistently documented, and this has the potential to lead to adverse outcomes.

The approved provider acknowledged the gaps and did not refute the findings of the Assessment Team. The approved provider submitted evidence to demonstrate that consumer files have been updated with risks documented to guide the delivery of care. Based on findings at the time of the site audit, I find this requirement Non-compliant.

### 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.*

The Assessment Team found that consumers considered they are included as partners in assessment and planning and that information about their care is communicated to their representatives and other services. There was evidence in progress notes that discussions with consumers and their representatives in relation to assessment and planning occurs regularly.

Staff were able to provide examples of how other individuals/services collaborate to provide input into assessment planning. Referrals and consultation reports from medical specialists and allied health personnel were documented in consumer care plans.

I am of the view this requirement is Compliant.

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

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

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

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

The Assessment Team found that while care plans are generally reviewed by staff and reflective of consumers needs and preferences, this is not always conducted when the consumer’s needs or condition changes. Additionally, it was noted that an absconding incident was not documented appropriately. The Assessment Team found that for one consumer a falls risk assessment was not documented after the consumer sustained a fall. It was noted that the service did not have a registered nurse permanently onsite to update plans when incidents occur or needs change and that at times this was done remotely which contributed to a delay in review of care and services.

The approved provider acknowledged the findings of the Assessment Team and did not refute the findings. The approved provider submitted evidence to demonstrate that care plans have been reviewed and updated and that a registered nurse is now onsite five days per week to provide oversight. I acknowledge the actions of the approved provider however, am of the view that at the time of the assessment this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example, some consumers provided positive feedback in relation to wound care and pain management they receive and that they have access to medical professionals when needed. Staff said they felt confident they deliver safe and effective personal and clinical care.

However, review of clinical documents demonstrated that while most consumers are being delivered safe and effective care, deficits were identified in relation to the wound/skin, pain and behaviour management and the documentation of incidents. Additionally, the service did not demonstrate effective management of high prevalence risks for all consumers.

The Quality Standard is assessed as Non-compliant as three of the seven specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that overall consumers and their representatives were satisfied that clinical care was tailored to their needs, however it was noted that not all consumers receive personal and clinical care that is best practice and optimises their health and well-being. Although the service has a suite of policies and procedures to guide staff and access to best practice guidelines there were deficits noted in transferring this to clinical practice.

The Assessment Team identified that for consumers prescribed psychotropic medications the majority were not reviewed in accordance with the service’s policy and procedures. Review of documents indicated that wound/skin and pain management assessments are not always completed when required. Photographs taken of a consumer’s bruising following a fall were incomplete and did not allow for comparison to the bruising due to the different aspects the photographs were taken from.

The approved provider acknowledged the gaps identified and advised that staff have been provided with education in relation to pain and skin management assessments and the appropriate photography of bruising. I am satisfied that this requirement is Non-compliant.

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

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

The Assessment team found that the service did not always demonstrate effective management of high impact and high prevalence risks in relation to the consumer and deficits in the management of behavioural symptoms and falls. The service does not include behaviours as a monthly clinical indicator therefore there was no analysis or trending of incidents to assist in reducing such incidents. For a consumer who presented with behavioural symptoms and another who sustained a fall, follow up assessments/re-assessments are not always conducted and documented to guide staff practice. Additionally, while progress notes did document directions for clinical monitoring, these directions were not always followed by staff.

The approved provide did not refute the findings of the Assessment Team and advised that high impact and high prevalence risk assessments have subsequently been completed and documented for identified consumers. Additionally, staff have completed training related to the monitoring, assessment and documentation of high impact and high prevalence risks. The actions of the approved provider are acknowledged however, I find this requirement Non-compliant based on findings at the time of the site-audit.

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

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

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

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

The Assessment Team found that overall management for those consumers who experience a change or deterioration in health is well managed. Consumers said they were confident staff would arrange medical attention for them if required and staff provided examples of how they recognised and responded to changes in a consumer’s mobility. However, the Assessment Team found that for some consumers who experienced deterioration in health, the medical officer and registered nurses instructions were not followed regarding ongoing management.

The approved provider acknowledged the findings of the Assessment Team and advised that staff have now completed training on recognising and responding to consumer deterioration. The actions of the approved provided are acknowledged however I find this requirement Non-compliant based on findings at the time of the site assessment.

### 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.*

The Assessment Team noted that consumers and their representatives interviewed felt they had access to medical offices and allied health professionals when needed. Review of documentation supported that consumers receive input from other services and referrals to specialist providers occur in a timely manner in response to consumer needs. Since September 2020 the service has been able to engage the services of several allied health professionals and a geriatrician to conduct onsite visits. I am satisfied this requirement is Compliant

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 interviewed 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 said they are supported to do as much or as little as they like and they provided positive feedback in relation to the quality of the food, cleaning and laundry services.

The service was able to demonstrate that the emotional and psychological needs of consumers are taken into consideration in the delivery of services and supports. Despite the restrictions on visitors and outings in response to Covid-19, staff were able to demonstrate that consumers are supported to live the best life possible.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example, consumers said they feel respected and at home in the environment and consumer representatives said they are always made to feel welcome when they come to visit. Consumers and their representatives confirmed that that the service is clean and that staff are thorough when cleaning consumer rooms.

The service was observed to have clear signage, adequate lighting, heating and cooling and the internal and external environment enables consumers to move around freely. Furniture, fittings and equipment were observed to be well maintained and suitable for the consumer

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example, consumers sampled said they know how to raise concerns, provide feedback and make a complaint and they were able to identify improvements due to feedback or complaints. The service actions complaints in line with organisational policy and staff understand and utilise an open disclosure approach.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example consumers provided examples where staff had sat with them and gone out of their way to help. Consumers felt that that staff were knowledgeable and felt safe when staff used equipment to assist them. Although some consumers felt there was never enough staff they did not have to wait for staff to attend if they used their call bell and had not been adversely affected.

The service has systems in place to identify training needs, provide education and training to staff and to monitor performance. Review of education documentation for staff demonstrated that training is provided regularly and reflective of training needs identified through care delivery.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

For example:

* Consumers and representatives said they believe the service is well run by the organisation and the current management team. Consumers were able to speak to how they are involved in decision making around all aspects of care and service.

The service has processes in place where consumers and representatives have increased involvement in the operation of the service. Management described corporate governance as the key aspects of organisational structure, performance monitoring and management arrangements. Whilst the management could demonstrate that there are organisation wide governance systems in place and a risk management framework, some gaps in risk management practice were identified.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

The Assessment Team found that overall the service had effective organisation wide governance systems in place particularly in relation to continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The Assessment Team found that staff interviewed said they can access the information they need to perform their role and policies and procedures are available for staff. Information is communicated via intranet, noticeboards and staff meetings and emails are used to communicated specific matters and those that are serious and urgent.

It was noted that while the majority of documentation was readily available and up to date some gaps were identified in the documentation of clinical information and completion of adverse event forms and the Assessment Team found this requirement Non-compliant. The Approved Provider did not refute the findings of the Assessment Team in relation to gaps identified in the documentation of clinical information and completion of adverse event forms. However, I am of the view that the gaps identified by the Assessment Team have been addressed in 2(3)(a), 2(3)(e) and 3(3)(a) and that despite these gaps the service adequately demonstrates an overarching effective organisation governance framework with appropriate systems in place for information management.

### Requirement 8(3)(d) Non-compliant

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment Team found the organisation has a risk management framework and systems to manage organisational risk which are reflected in the organisation’s various policies and procedures. There are systems and practices in place to support consumers to live the best life they can and high impact or high prevalence risks are discussed on a weekly basis. It was noted that the service was able to demonstrate it monitors the safety of consumers and there are systems in place to identify and respond to the abuse and neglect of consumers. The Assessment Team found that the service conducts regular clinical governance reports on clinical risks, however risk assessments for consumers were not always completed consistent with organisations policies and procedures and. Despite the service having effective risk management systems in place this did not always transfer to effective risk management practice.

The approved provider did not refute the findings of the Assessment Team and provided a continuous improvement plan outlining restorative actions to review the current risk management policy and provide additional training to staff on risk and incident management. I am satisfied the approved provider is committed to addressing the gaps identified however am of the view that this requirement is Non-compliant.

### 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 1(3)(d)

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

The Approved Provider must demonstrate that:

* They implement the actions outlined in the continuous improvement plan
* They consult with consumers in the risk management process and complete, document and review risk assessments.
* The risk management form is reviewed to ensure that it is aligned for aged care purposes
* It reviews the effectiveness of the actions and modify if required to ensure ongoing compliance with this requirement

### Requirement 2(3)(a)

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

The Approved Provider must demonstrate that:

* Care plans are reviewed and updated to ensure they capture all identified risks and appropriate strategies documented to inform safe delivery of care
* It monitor’s care plans for completeness to ensure ongoing compliance with this requirement

### 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.*

The Approved Provider must demonstrate that:

* They ensure care is reviewed when the consumers circumstances change and incidents occur and this is captured for absconding episodes and falls.
* It review’s improvement actions outlined in the continuous improvement plan and whether further processes are required to ensure ongoing compliance with this requirement

### 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 Approved Provider must demonstrate that:

* Staff complete refresher training in pain and wound management to ensure that consumer care is delivered and aligned with best practice protocols
* Consumer personal and clinical is aligned with best practice and optimises health and well-being to ensure ongoing compliance with this requirement

### Requirement 3(3)(b)

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

The Approved Provider must demonstrate that:

* Actions outlined in the continuous improvement plan are implemented to ensure staff are able to monitor, assess and document high impact and high prevalence risks.
* It reviews staff practice to ensure effective management of high impact and high prevalence risks to identify whether further processes are required to ensure ongoing compliance with this requirement.

### 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.*

The Approved Provider must demonstrate that:

* Staff complete training in recognising and responding to the deteriorating consumer as outlined in the continuous improvement plan
* Review staff practices and documentation to ensure that any change or deteriorating in the consumers condition is responded to in timely manner to ensure ongoing compliance with this requirement.

### Requirement 8(3)(d)

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Approved Provider must demonstrate that:

* The risk management governance system transfers to clinical risk management practice specifically in relation to high impact and high prevalence risks.
* It implements actions outlined in the approved provider response and monitors the effectiveness via existing quality management mechanisms.
* It monitors and reviews risk management practices to ensure ongoing compliance with this requirement.