Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | HammondCare - Miranda |
| **RACS ID:** | 1006 |
| **Name of approved provider:** | HammondCare |
| **Address details:** | 19 Kiama Street Miranda NSW 2228 |
| **Date of site audit:** | 08 October 2019 to 11 October 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 19 November 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 22 November 2019 to 22 November 2021 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Not Met |
| Requirement 2(3)(d) | | Not Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Not Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Not Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Not Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Not Met |
| Requirement 5(3)(c) | | Not Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Not Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | By 16 February 2020 | |
| **Revised plan for continuous improvement due:** | By 3 December 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of HammondCare - Miranda (the Service) conducted from 8 October 2019 to 11 October 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 13 |
| Consumer representatives | 19 |
| Management | 4 |
| Quality, safety and risk manager | 1 |
| Clinical consultant | 1 |
| Quality manager | 1 |
| Case manager | 1 |
| Specialist dementia carers | 17 |
| Lifestyle staff | 1 |
| Administrator/roster clerk | 1 |
| Visiting Allied Health professionals | 2 |
| Volunteer coordinator | 1 |
| Volunteers | 3 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### 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.

#### Summary of Assessment of Standard 1:

The Assessment Team found five out of the six requirements under Standard 1 were met.

The service was unable to demonstrate it has an effective system supporting consumers to effectively and consistently be a partner in developing their care and services, and to make informed choices about their care and services.

HammondCare’s mission statement and values include treating consumers with respect and supporting their dignity in all aspects of care and services, including a strong focus on supporting consumers with their spiritual and cultural needs. In response to the Consumer Experience Report (CER) questionnaire,100% of consumers and their representatives said consumers are always or most of the time treated with respect. The Assessment Team observed respectful interactions between staff and consumers across all cottages in the service during the course of this performance assessment.

However, consumers did identify they are not always able to make informed choices and/or decisions about their own care and assessment of care. Care planning documentation confirmed this. In interviews consumers were unable to articulate how they saw their role in the decision-making processes around the delivery of their care. In particular, whether they or their delegated representative are included in making informed decisions about aspects of their care.

HammondCare is committed to a culture of consumer inclusion in decision-making but it was not evident they were communicating this directly to consumers (and where appropriate consumer representatives) to support them to have choice in clinical decision making as and where appropriate. There does not appear to be a formal process which includes or invites consumers to be part of the case conferencing structure. The service was unable to demonstrate its current system effectively supports consumer decision making and choice around the delivery of care services.

#### Requirements:

##### **Standard 1 Requirement 3(a) Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Not Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that all five of the requirements in relation to Standard 2 were not met.

Of consumers randomly sampled, 95% said they have a say in their daily activities either most of the time or always. Consumers were unable to confirm that they had been engaged in the initial and ongoing assessment and planning of their care; or that staff listen to their goals and preferences. However, representatives interviewed confirmed that they are involved in assessment and planning through case conferences every six months with a case manager.

Review of care and services indicate that assessment and planning processes are not always effective in ensuring considerations of risk such as pain, falls, constipation, behaviours and hypoglycaemia inform the delivery of safe and effective care and services. Needs, goals and preferences are identified on admission and incorporated into the care and services plan. Advanced care directives are discussed on admission, and consumers’ wishes are incorporated into the care and services plan; however, end of life planning is informal. When a consumer is approaching the end of their life, the service informally identifies consumers’ goals, needs and preferences by having discussions with representatives however do not record this in care and services plans.

The service was able to demonstrate that assessment and planning is based on ongoing partnership with consumers’ representatives, but were unable to demonstrate how consumers themselves are involved. Management said they had not involved consumers in the assessment and planning process as they assume it would either distress them or they would be unable to participate due to their cognition; they were unable to provide evidence to support this. The service was able to demonstrate that other organisations and providers of care and services are involved in the care of consumers.

Representatives interviewed confirmed that generally when changes occur in their consumer’s care, they are informed. However, review of documentation indicates that the outcomes of assessment and planning have not been consistently documented in care and services plans. Consumers and representatives interviewed did not know how to obtain a copy of their care and services plan, however most confirmed they did not desire a copy. Two representatives said they would like a copy of their consumer’s care and services plan. Management confirmed that they do not offer consumer’s or representatives a copy of their care and services plan but will provide a copy if requested.

Although the service has a system to ensure care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of a consumer; this was not consistent or effective for all consumers. For example, a consumer at the service was experiencing increased pain for several days however this did not trigger a re-assessment or review of care and services.

#### Requirements:

##### **Standard 2 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Not Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(c) Not Met**

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.

##### **Standard 2 Requirement 3(d) Not Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(e) Not Met**

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3: Personal care and clinical care Not Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found that two of seven requirements in relation to Standard 3 were met.

Of consumers randomly sampled, 100% said they feel safe and get the care they need either most of the time or always. There were two representatives that raised concerns in relation to clinical care and personal care and review of documentation supports this.

Staff interviewed were unsure of best practice in relation to falls, restraint and hypoglycaemia. As a result, consumers have not consistently received care that optimises their health and wellbeing. However, staff interviewed had an understanding of infection control and the steps they could take to minimise the need for antibiotics.

The service has a large range of resources for staff in relation to end of life care. Review of files confirm needs and preferences of consumers nearing end of life are recognised and addressed with their comfort maximised and dignity preserved. However, they were unable to demonstrate how they formally obtain consumers’ goals when they are nearing end of life. Staff identify consumers’ needs, goals and preferences in relation to end of life in an informal manner and do not complete end of life care plans.

Staff interviewed had sufficient knowledge about the management of constipation and behaviours however review of files did not reflect this. The service was unable to demonstrate effective management of high impact/ prevalent risks of each consumer such as pain, falls, constipation, hypoglycaemia and behaviours. For example, staff identified three consumers that they had implemented interventions to restrict their movement in bed to prevent falls from occurring; however, this had not been approved by management and necessary assessments had not been conducted prior to these practices being used. Also, the service was unable to demonstrate that each consumer taking psychotropic medications had an appropriate supporting diagnosis.

The service was unable to demonstrate that deterioration or change in consumers’ condition had been recognised and responded to in a timely manner. For example, one consumer’s increase in pain was recognised in a timely manner however the response by the registered nurse was not within a reasonable time frame. Although staff that were interviewed said they would complete a review of unmet needs if a consumer was displaying increased behaviours, this was not evident when reviewing consumers’ files.

Although the service has a number of communication methods that staff can use, information about consumers’ needs and preferences has not consistently been communicated within the organisation or documented which has had an impact on some consumers. The service was able to demonstrate that some consumers had timely and appropriate referrals to other individuals and organisations/ providers of care and services, but this was not consistent with each consumer.

The organisation demonstrated they have a suite of policies and procedures underpinning the delivery of care, however review of care and services and interviews with staff confirm these are not always followed.

#### Requirements:

##### **Standard 3 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(b) Not Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Met**

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

##### **Standard 3 Requirement 3(d) Not Met**

The organisation demonstrates 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.

##### **Standard 3 Requirement 3(e) Not Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(f) Not Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Met**

The organisation demonstrates 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: Services and supports for daily living Not Met

#### 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.

#### Summary of Assessment of Standard 4:

#### The Assessment Team found five out of the seven requirements under Standard 4 were met.

The organisation was unable to fully demonstrate an understanding and application of this Standard. In particular to the sharing of information about the consumer’s condition, needs and preferences are communicated and consistent timely referral to other services. There is policy, processes and practices to guide and inform staff about the consumer’s condition, need and preferences, and with others where responsibility for care is shared. However, these are not always effective. A consumer representativesaid their consumer was not referred to hospital until they requested it. A review of care plans showed information is not always current.

HammondCare Miranda is purpose built to provide care to consumers living with moderate to severe symptoms of dementia. Consumers said they are satisfied their spiritual and emotional needs are met. 79% of consumers/ representatives interviewed agreed or strongly agreed that consumers are encouraged to do as much as possible for themselves. The service and organisation demonstrated it has a comprehensive model of care and service delivery which incorporates supporting the consumer’s emotional, spiritual and psychological well-being. Consumers said overall, they enjoy activities and events within the service and enjoy outings or when family come in and take them out. However, some consumers and consumer representatives, particularly in high care, said in interview there were not enough activities and consumers were “sitting around bored.”

100% of consumers/ representatives interviewed said consumers mostly or always like the food. There are systems in place to identify food allergies, likes and dislikes and manage specialised diets. Staff were seen asking consumers whether they liked the food and encouraging them to eat or offering alternative meals as and when required. Consumers said overall, they are satisfied with the choice available with one consumer saying the food is too good as they have put on weight.

The service and organisation have systems and processes in place to manage the safety of equipment and the maintenance of the environment overall. A tracking system is in place to ensure preventative maintenance is completed as per set schedule.

#### Requirements:

##### **Standard 4 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(b) Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(d) Not Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Not Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Not Met

#### 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.

#### Summary of Assessment of Standard 5:

The Assessment Team found that the organisation demonstrated that two of the three requirements in relation to Standard 5 were not met.

100% of consumers and representatives interviewed said they feel safe and at home at the service either most of the time or always. The service was observed to be welcoming. Consumers’ rooms were observed to be decorated with memorabilia, photographs and other personal items. The layout of the service enables consumers to move around freely within the cottages, with suitable furniture, fittings and signage to help consumers navigate the service. Consumers have free access to clean outdoor areas with communal areas and benches. There are paths and handrails that enable free movement around the cottages.

Consumers did not raise any concern about the service furnishings or equipment. The service has a system in place for maintenance of equipment and furnishings, and how it identifies and manages environmental risks to consumers. Staff interviewed demonstrated and understanding of those systems and processes.

Consumers indicated that maintenance and laundry services are delivered appropriately.

Management regularly secures formal and informal feedback from staff, consumers and representatives, and conducts meetings to discuss it, address concerns and work towards continuous improvement.

#### However, the organization did not demonstrate that the service environment is clean. Observations from the Assessment Team, feedback received from consumers / representatives and staff, indicated cleaning gaps at the service that need to be addressed by the service.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

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

##### **Standard 5 Requirement 3(b) Not Met**

The organisation demonstrates that the service environment:

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

##### **Standard 5 Requirement 3(c) Not Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found that consumers and representatives feel encouraged and supported to give feedback and make complaints and has met all four of the requirements under this Standard.

Consumers and representatives interviewed said that were comfortable raising any concerns they had with staff or management. They gave examples of issues they had raised with the service and how they were resolved. Consumers said they were aware of the complaints process and how to make a complaint.

89% of consumers and representatives randomly sampled said staff follow up when they raise things with them either most of the time or always.

The service supports consumers to provide feedback through internal and external complaint forms and provides information through the resident welcome pack and consumers / representatives meetings regarding how to make a complaint.

Management takes appropriate action in response to complaints and an open disclosure process is used when things go wrong. Staff could explain what they are required to do when feedback or complaints are made, and records indicate they have been provided with training to support consumers provide feedback.

A feedback and complaints register is maintained by the service and identified that complaints are actioned promptly and escalated when necessary. The service’s plan for continuous improvement identified that feedback and complaints were used to improve the quality of care. Complaints are reviewed, trended and reported to the board for any actions to be followed up.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found that the organisation demonstrated that four of the five requirements in relation to Standard 7 were met.

Feedback from consumers and representatives indicated that staff are kind, caring and respectful and mindful of each consumers identity, culture and diversity. Also, that staff are well trained and know what they are doing. 100% of consumers and representatives confirmed they get the care they need and that staff are kind and caring either most of the time or always.

The organisation was able to demonstrate that staff are recruited and trained to undertake care or ancillary service roles through the organisation’s own registered training organisation as well as external organizations. Competencies are undertaken for key tasks such as medications to ensure staff fully understand all the requirements. The organisation undertakes appraisals to monitor staff performance on a regular basis.

However, the organisation failed to demonstrate that the number of staff deployed are able to effectively provide quality care and services. For example:

* Consumers and their representatives advised that staff were very busy which was also confirmed in observations by the Assessment Team during the site audit. Consumers and representatives advised this resulted in delays in the provision of care, completing cleaning tasks, and impacted on the ability of staff to provide meaningful interactions with the consumers. This was also confirmed in interviews with staff.
* Representatives commented that although staff were very nice and tried very hard there was sometimes a problem with the scope of duties allocated to them.
* Staff interviewed advised that staffing levels are not adequate to complete all the range of tasks allocated.

#### Requirements:

##### **Standard 7 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Met**

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

##### **Standard 7 Requirement 3(d) Met**

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

##### **Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Not Met

#### 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.

#### Summary of Assessment of Standard 8:

#### The Assessment Team found two out of the five requirements under Standard 8 were met.

HammondCare showed it understands this requirement under the New Standards but was unable to demonstrate that it was being applied at HammondCare Miranda. The service could not demonstrate consumers at HammondCare Miranda have been actively partnered or involved in the development, evaluation and review of their care plans, or in the delivery of their care. As described under Standard 2 Requirement 3(c) gaps were identified during this performance assessment in relation to consumers’ current needs, goals and preferences being identified. Care staff had a poor understanding as to how to involve consumers in the care planning partnership. The organisation is overall, unable to demonstrate its information systems are consistently applied or effective in identifying issues as they arise.

The service initially identified none of their consumers were chemically or physically restrained. However, a large number of consumers are prescribed and being administered psychotropics. The organisation’s psychotropic tool or tracking sheet was seen to be ineffective in managing current information concerning the use of such medications within the service. Care staff were not clear as to how to use this tool. Monitoring of this tool did not identify staff were using it effectively. Staff demonstrated a poor understanding of applying the *“Quality of Care Amendment (Minimising the Use of Restraint) Principles 2019”.* Monitoring of the use of restraint within the service did not identify the use of a physical restraint (pillow and wedges and bed pushed up against the wall).

Significant and consistent concerns were raised by a large number of consumers and representatives about the sufficiency of staff. This was confirmed by staff who believe the impact is on their ability to have more meaningful engagement with consumers. Consumers and representatives also expressed their frustration that the more quality interactions were not happening because staff were too rushed or busy completing tasks.

#### Requirements:

##### **Standard 8 Requirement 3(a) Not Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

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

##### **Standard 8 Requirement 3(c) Not Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(d) Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Not Met**

The organisation demonstrates that 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.