Helping Hand Aged Care - Halliday Street Residential Care Facility

Performance Report

15 Halliday Street   
PORT PIRIE SA 5540  
Phone number: 08 8633 3233

**Commission ID:** 6173

**Provider name:** Helping Hand Aged Care Inc

**Site Audit date:** 13 October 2020 to 15 October 2020

**Date of Performance Report:** 14 January 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** | **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** | **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) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-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) | Non-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 9 November 2020.

# STANDARD 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

The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

The Assessment Team found the service did not meet Requirement (3)(f) in relation to Standard 1 Consumer dignity and choice. I have found the service Compliant in this Requirement and have provided reasons below.

Consumers interviewed confirmed they are treated with dignity and respect and the service encourages them to exercise choice about the care and services they receive. Consumers confirmed staff know what is important to each consumer including their culture and unique life backgrounds. Consumers stated the service supports them to maintain connected to people important to them and involves the people they choose in decisions about care and services. Consumers confirmed staff support their privacy and dignity and maintain their information in a confidential manner.

Staff were observed supporting each consumers’ individual preferences and interests and were respectful, including maintaining consumers’ privacy and dignity. Staff interviewed were familiar with consumers’ backgrounds and provided examples of how they support consumers unique needs including those from culturally diverse backgrounds. Staff provided examples of tools implemented to assist in supporting the consumers privacy, respecting and understanding cultural backgrounds and life histories, including life history stories, cultural resource kits and common phrases and a card to leave on consumers bed to inform them if staff have been into their room while the consumer was not there.

The service is supported by the wider organisation through comprehensive policies, procedures, training and assessment tools to ensure the service is guided in effectively supporting consumers dignity and choice and cultural safety. The organisation and the service actively participate and partner in programs to support a consumer centred approach and implement improved services to support consumers from diverse backgrounds with unique needs.

## 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.*

The Assessment Team found the service did not meet this Requirement as they observed one door to a room containing consumer information unlocked and accessible.

The service acknowledged the door required a key and not all staff had a key resulting in the door being left unlocked on occasions. The service immediately rectified the deficit and have placed a key code lock on the door which all staff can unlock. The approved provider’s response confirmed the door now has a lock accessible to all staff and the issue has been resolved.

The Assessment Team found all consumers interviewed were satisfied their privacy is respected and their personal information is kept confidential. All other doors were observed to be locked and information was observed to be stored confidentially and communicated confidentially by staff.

The service has taken appropriate action to address the deficit and consumers interviewed were satisfied their privacy and confidentiality was maintained and respected by the service.

For the reasons summarised above, I find the service Compliant with this Requirement.

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Consumers and their representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of consumers’ care and services. Consumers confirmed they are informed of the outcomes of assessments and plans and have access to consumers care plans if they wish.

The service has a comprehensive assessment and planning system and tools supported through the wider organisation which reviews and monitors the effectiveness of the system to identify improvements. Assessment processes including consideration of risks commence prior to a consumer entering the service or on the day of entry. All risks identified through the assessment process both at entry and on an ongoing basis are reviewed and escalated to clinical team to ensure appropriate strategies and management plans are implemented.

Staff are informed of the outcomes of assessment and planning through access to consumers’ care plans and verbal and written handover processes. Staff interviewed confirmed the assessment process, including on entry to the service, regular reviews and reassessment and reassessment when incidents or changes occur. Staff provided examples of how they involve and partner the consumer or the consumers’ representative in the assessment process, including informing them of any changes or incidents.

Consumer assessments and care plans viewed showed all assessments are current and completed in consultation with the consumer and the goals, preferences and risks of the consumer are clearly documented in a care plan to inform care. Consumers advanced care directives are recorded, and end of life wishes discussed and recorded in the care plan. Tools, including assessments, risk assessments, charts and incident reports are all completed to assist in the planning and monitoring of the effectiveness of care plans when changes or incidents occur.

Care plans show specialists, including medical officers, physiotherapists, dietitians, speech pathologists and podiatrists are involved in the assessment and planning of consumer care and their directives are recorded in the care plan.

## 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) 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.*

# 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

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

The Assessment Team found Requirements (3)(b) and (e) were not met in relation to Standard 3 Personal care and clinical care. I have found the service Non-compliant with Requirement (3)(b) and Compliant with Requirement (3)(e) and have provided reasons below in the relevant Requirements.

Consumers and their representatives interviewed confirmed consumers receive personal and clinical care which is safe and right for them. Consumers confirmed they have access to medical officers and other health professionals when they need them. Representatives interviewed are satisfied the service provides appropriate care for consumers, including at the end of life and the service keeps representatives informed and updated on any changes in the consumer’s condition. Some consumers said at times they have to wait for staff to assist them with personal care or toileting.

The service has systems in place to guide staff in the assessment, management and delivery of personal and clinical care, including access to best practice guidelines and assessment tools. Consumer files viewed show clinical incidents are reported, investigated and discussed at meetings and through monthly reports to identify trends. Consumers changes are identified, and referrals are made to specialists where required to assist in the management of consumers’ changed needs.

Staff interviewed demonstrated an understanding of each consumers’ personal and clinical care needs and confirmed they have time to deliver safe and quality care. Consumer files show appropriate end of life care is provided and consumers who are unwell have their needs met and staff confirmed how they manage unwell and dying consumers to ensure comfort is maximised.

The service did not effectively manage the high impact risks of two consumers in relation to diabetes and pain.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

### 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 the service did not demonstrate it effectively managed the high impact risks associated with the care of two consumers. Evidence included:

* One consumer complained of pain following a fall and the pain was not monitored or assessed appropriately. The consumer over a period of approximately four weeks complained of and displayed signs and symptoms of pain, including calling out, yelling, refusing care and verbal and physical agitation. The pain was not monitored or appropriately assessed during this period. A seven-day pain assessment was implemented approximately two months following the fall and approximately a month after ongoing complaints and signs and symptoms of pain. However, the pain charting was not appropriate to assess a consumer with cognitive impairment and did not identify the consumer as having pain. Staff acknowledged the deficits in pain assessment for that time period, however stated the consumer now has their pain managed.
* One consumer did not have their known risk of high blood glucose levels associated with unstable diabetes managed effectively. The consumer had an elevated blood glucose level of 33.3 mmol/L which was not monitored appropriately or in line with the consumer’s diabetic management plan and the medical officer was not informed. The following day the consumer was found in a deteriorated state and the blood glucose level was elevated at 33.3 mmol/L resulting in a transfer to hospital and requiring end of life care.

The approved provider’s response acknowledges the deficits in the management of the two consumers’ high impact risks identified by the Assessment Team and provides evidence of actions taken to address the deficits both prior to the Site Audit and following the Site Audit. Evidence included:

* The service acknowledged the deficits in pain management and assessment of one consumer identified by the Assessment Team and following the Site Audit have implemented the following improvements:
  + Additional guidance for staff on using the pain charts for consumers with cognitive impairment
  + All consumers are to have a pain review commenced following falls
  + Implemented audits of pain management to monitor
* The service identified the deficits in staff not managing the consumer’s elevated blood glucose levels immediately and completed and incident form, used open disclosure, completed a full investigation through interviews with staff, review of policies and review of the consumer’s file. The service then implemented actions and improvements prior to the Site Audit as a result of the investigation including:
  + Staff meeting to discuss staff responsibilities and accountabilities
  + Weekly ‘high risk resident meetings’ including discussing blood glucose reportable ranges
  + Staff training and on diabetes and planned ongoing training
  + Review of diabetic consumers by the medical officer
  + Full review of insulin dependent consumers’ management plans and assessments
  + Internal dietetics taken over all referrals and reviews of diabetic consumers

The service has undertaken appropriate review and actions following deficits in the management of consumers’ high impact risks being identified. The improvements and actions in relation to diabetic management had been commenced prior to the Site Audit. However, the deficit in staff practice of not monitoring and actioning a consumer’s elevated blood glucose levels appropriately or in line with the diabetic management plan had a significant and severe impact to the consumer requiring hospitalisation and end of life care. One consumer had complaints and signs and symptoms of pain following a fall and then again over a significant period of time which were documented. However, the service did not appropriately assess or monitor the pain to ensure the pain was managed to reduce the agitation, behaviours and pain impacting the consumer. The service’s internal monitoring had not identified the deficits in pain assessment and monitoring. The deficits identified significantly impacted the wellbeing of two consumers and demonstrate the service is not effectively identifying, monitoring or managing high impact risks associated with each consumer. The improvements and actions taken by the service to address the deficits were in progress at the time of the Site Audit.

For the reasons summarised above, I find the service Non-compliant in this Requirement.

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

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

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

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

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

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

The Assessment Team found the service did not meet this Requirement as they were unable to demonstrate information about one consumer’s skin and wound care requirements were documented and communicated to those providing care. The Assessment Team observed the consumer had appropriate wound care and skin care in place during the site audit and staff interviewed could confirm the consumer’s skin and wound care needs and routine.

The approved provider’s response acknowledged the wound and skin care directives and chart were not provided to the Assessment Team by the staff when requested. However, the service has provided a documented treatment chart with directives on managing the wound and skin care and a recorded log of when staff have attended to the treatment including dates prior to the Site Audit.

The evidence demonstrates the service at the time of the Site Audit had information about the consumer’s wound and skin care documented and appropriately communicated to staff providing the care.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

### 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.*

# 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

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

Consumers and representatives interviewed confirmed consumers are referred to appropriate individuals for provision of other care and services, including physiotherapist to assist with mobility and independence, volunteers for social support and pastoral care for spiritual support. Consumers and their representatives confirmed family visits and maintaining relationships with visitors is supported and important for consumers. A majority of the consumers stated staff are too busy to provide social support. One consumer provided an example of being supported to start a garden at the service.

Lifestyle staff demonstrated a range of activities are held at the service, including music, exercise, religious services and special events. The activities outside the service have had to be adjusted to internal activities due to the restrictions of COVID-19 and this has impacted consumers accessing the community. Equipment provided to consumers was observed to be safe, clean and well maintained.

Majority of consumers and their representatives confirmed the meals at the service are of good quality and there is a variety and alternatives to meet the consumers’ needs. One consumer prefers their family to bring in culturally specific food to cater to their needs. Consumers’ dietary needs and preferences are recorded and available to the staff preparing and delivering meals to consumers.

## 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

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

Consumers interviewed confirmed the service is clean and well maintained and they feel safe and at home living at the service. Consumers said they are able to decorate their rooms family and visitors are made to feel welcome. Consumers confirmed they have access to indoor and outdoor living areas.

Observations of the environment show the service is appropriately furnished and decorated and is clean and well maintained. The memory support unit has access to outdoor areas and is decorated and designed appropriately for consumers living with dementia. One dining area was observed to have worn flooring which management said had been identified and a request for replacing the floors had been made.

Staff interviewed, and maintenance and cleaning records confirmed there are processes in place to ensure regular and as required cleaning and maintenance of the service environment and equipment. The service has safety processes in place including inspections and meetings to ensure a safe environment.

## 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

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

Consumers and their representatives interviewed confirmed they are supported and encouraged to provide feedback and make complaints when they need to. Consumers confirmed they felt comfortable raising complaints with staff and management and were confident appropriate actions were taken. Consumers said they attend the ‘resident meetings’ where they are able to provide feedback and raise any issues. Consumers and their representatives provided examples of where improvements and changes were made as a result of their feedback.

One representative was not satisfied the service had made improvements following raising a complaint, management were able to describe the actions taken. However, the complaint was not logged. However, the complaints log showed other complaints are recorded, actioned, monitored and evaluated in consultation with the complainant.

Observations and staff interviewed confirmed a variety of ways consumers can provide feedback, including verbally to staff, using complaints forms, meetings and surveys. Staff provided examples of how they support and respond appropriately to consumers who raise concerns.

## 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 NON-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

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

The Assessment Team found Requirements (3)(c) and (e) were not met in relation to Standard 3 Personal care and clinical care. I have found the service Compliant with Requirement (3)(c) and Non-compliant with Requirement (3)(e) and have provided reasons below in the relevant Requirements.

Consumers and representatives interviewed confirmed staff interactions with consumers are kind, caring and respectful. However, consumers and representatives reported while appropriate care is provided by staff, the staff are very busy and rushed. Consumers provided examples where they don’t always receive staff assistance in a timely manner as staff are busy, including for toileting, application of creams or assisting with preferred activities. Call bell monitoring confirms at times staff do not respond to consumers bells in a timely manner.

The service has a planned approach to staffing mix and numbers when allocating staff shifts which is based on consumer needs. However, the service does not always replace vacant staff shifts. Staff confirmed shifts are at times not filled and this causes them to be busy and unable to spend quality time with the consumers.

The service has a recruitment and training process to ensure staff qualifications, skills and police certificates are completed on commencement of employment and on a regular ongoing basis. Training includes annual training and additional training where required and competency of staff skills. However, review and monitoring of staff performance is not completed regularly in line with the schedule and staff with identified performance issues are not reviewed appropriately to identify trends.

## 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.*

The Assessment Team found this Requirement not met as one staff was not competent in relation to performing their role. The staff member had three allegations of rough handling of consumers over five years and the service did not identify or consider the previous allegations when investigating and reviewing the staff’s performance following a recent similar allegation.

The approved provider’s response acknowledges the service did not follow the organisation’s processes and procedures when managing this staff members performance. The service has implemented actions and improvements, including training for leaders and management and increased organisational level support at the service for monitoring and managing staff performance.

I find the deficit identified by the Assessment Team more relevant to Standard 7 Requirement (3)(e) as the issue relates to the service not appropriately reviewing the performance of a staff, including not considering previous performance issues. I have included evidence from Requirement (3)(c) in my reasoning for a finding of Non-compliance in Requirement (3)(e).

Based on the evidence in the Assessment Team’s report being more relevant in another Requirement I find the service Compliant in Requirement (3)(c).

### 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) Non-compliant

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

The Assessment Team found the service did not demonstrate regular reviews and monitoring of the performance of each member of the workforce is undertaken. The service has a process and schedule for regular performance review and as required review when performance issues arise. However, the service has not followed the procedure or schedule. Evidence included:

* The service has not completed regular performance reviews as scheduled for 48 of 74 staff.
* The service did not effectively or appropriately review one staff’s performance, including review and consideration of previous performance issues following an allegation of rough handling of a consumer.

The approved provider’s response acknowledges the deficits identified in the Assessment Team’s report and has implemented actions and improvements to address the deficits including:

* The service has commenced a schedule for all overdue staff performance appraisals to be completed.
* The administration team leader has undertaken dedicated training on the monitoring and reporting of performance appraisal status and system.
* A monthly report of the status of staff performance appraisals will commence.
* Increased organisational support at site for performance management.
* A review of the staff disciplinary process at an organisational level has occurred and additional training and implantation of new processes is planned.

The organisation has a staff performance review and monitoring system including managing issues with staff performance. However, at the time of the Site Audit the service had not completed staff performance reviews in line with the organisation policy or schedule. The service had not appropriately reviewed and managed a staff with performance issues and had not considered previous performance issues when reviewing recent reports of similar issues.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

# STANDARD 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

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

The service is supported through the wider organisation’s governance systems and Board who are informed of the service’s outcomes through reports and a range of committees and is accountable for the delivery of care. The organisation’s strategic plan approved by the Board promotes a culture of safe, inclusive and quality care and services and includes organisation wide improvement projects. The organisational policies, procedures, guidelines and tools direct the delivery of care and services. Consumers confirmed they are involved in the development and evaluation of care and services through meetings, surveys and feedback processes.

The service demonstrated effective governance systems in relation to managing information, complaints, continuous improvement activities and ensuring the regulatory responsibilities are understood and met. The organisation has a comprehensive workforce governance system and deficits identified in the service not appropriately monitoring staff performance have been relevantly discussed in Standard 7.

The organisation has a comprehensive risk management framework supported by policies and procedures and reporting systems. The service completes audits, reviews incident reports, complaints and reportable incidents and has regular meetings to identify a variety of risks and evaluate the effectiveness of actions taken to manage. The service demonstrated systems to appropriately identify and respond to elder abuse and maintains appropriate records of reporting.

The service is supported through the organisation’s systems to ensure an effective infection control management program is in place to manage infections and outbreaks and ensure antimicrobial stewardship is promoted.

## 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.*

### 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.

* Standard 3 Requirement (3)(b): Ensure each consumers’ high impact risks are monitored effectively and appropriately managed when changes occur.
* Standard 7 Requirement (3)(e): Ensure staff performance is regularly reviewed and when issues in staff performance are identified appropriate review, including consideration of previous performance issues is completed.