Helping Hand Aged Care - Lealholme Port Pirie

Performance Report

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

**Commission ID:** 6173

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

**Assessment Contact - Site date:** 17 February 2021 to 18 February 2021

**Date of Performance Report:** 5 May 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider’s response to the Assessment Contact - Site report received 16 March 2021
* the Performance Assessment Report for the Site Audit conducted 13 to 15 October 2020.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as Non-compliant as one of the seven specific Requirements had been assessed as Non-compliant. All other Requirements in this Standard were not assessed at this Assessment Contact.

The purpose of this Assessment Contact was to assess the service’s performance in relation to Requirement (3)(b) in this Standard. This Requirement was found to be Non-compliant following a Site Audit conducted on 13 to 15 October 2020 where it was found the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of two consumers, specifically in relation to pain and diabetes management.

The Assessment Team have recommended Requirement (3)(b) in this Standard as not met. The Approved Provider submitted a response to the Assessment Team’s report and have also developed a continuous improvement plan and education plan to address the issues identified by the Assessment Team.

Based on the Assessment Team’s report and the Approved Provider’s response I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Lealholme Port Pirie, Non-Compliant with Standard 3 Requirement (3)(b). I have provided reasons for my finding in the specific Requirement below.

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

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

This Requirement was found to be Non-compliant on 14 January 2021 following a Site Audit conducted on 13 to 15 October 2020 where it was found the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of two consumers, specifically in relation to pain and diabetes management.

The Assessment Team found the service had implemented improvements to address the deficiencies identified at the Site Audit, including (but not limited to) undertaking an audit of diabetic management plans, providing staff with diabetes education and ensuring consumers living with diabetes are reviewed at the weekly high risk resident meeting. The Assessment Team reviewed two consumer files which indicated each consumer had an individualised diabetic management plan and demonstrated that staff identify and respond to risks associated with this condition, including blood glucose readings outside desirable ranges. However, at this Assessment Contact, the Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks, mostly in relation to one consumer’s clinical risks associated with nutrition and hydration, infection identification and management, wound/pressure injury management and pain management. The Assessment Team provided the following information and evidence relevant to my finding:

* A consumer (Consumer A) was unwell for at least nine days before the consumer was effectively reviewed by the medical officer with interventions prescribed for the changes in the consumer’s health condition. Progress notes indicate signs that Consumer A was unwell included reduced oral intake, increased pain, an abnormal urinalysis indicating infection on day three of the nine days, nausea and vomiting and elevated blood pressure. Consumer A was subsequently transferred to hospital where they were treated for urosepsis (an infection in the blood developed as a complication of a urinary tract infection) and dehydration.
	+ While the consumer was commenced on antibiotic therapy prior to this nine-day period, the antibiotic was to treat the wound infection not the urinary tract infection.
	+ Consumer A was commenced on a different antibiotic nine days after initial signs of feeling unwell. However, documentation is not clear if the antibiotic was prescribed for the wound or urinary tract infection.
	+ Clinical staff took at least four days to arrange a blood test after the doctor commenced the consumer on the second/different course of antibiotics and directed staff to obtain bloods for pathology testing.
* Progress notes indicate Consumer A was not reviewed by a medical officer for four days after registered nursing staff reported to the medical officer that the consumer had been experiencing ongoing pain.
	+ Pain charting before, during and after this period did not identify actions taken by clinical staff on 16 occasions when they had assessed the pain interventions used as ‘effective for a short duration’ or ‘partially effective’. There were also 20 pain chart entries which did not have score rating of pain.
* Progress notes indicate Consumer A’s dietary requirements were not updated following a dietitian review during a hospital admission. Consumer A subsequently had an incident of choking after being provided a ‘normal’ diet rather than a ‘soft’ diet as recommended by the dietitian.
* While Consumer A was reviewed by a dietitian following weight loss, progress notes and medication charts indicate the dietitian’s recommendations were not effectively implemented or actioned by clinical staff. Consumer A sustained significant weight loss in a 12-month period and continued to lose weight following dietitian reviews.
* Wound charting for Consumer A’s wounds for an approximate three-week period did not have consistent wound assessment information, including measurements, wound and surrounding skin characteristics and pain. However, wound photographs did indicate the wounds to be healing.
* The service was unable to provide evidence of completed neurological observations for Consumer A following an unwitnessed fall, in accordance with the service’s falls protocol.
* The service’s weekly clinical resident risk meeting did not identify the clinical changes to Consumer A’s health status, including during the period the consumer was significantly unwell with several indicators of changes to health which resulted in an eventual diagnosis of urosepsis and dehydration.
* Consumer A’s representative was not satisfied clinical staff acted in a timely manner in response to Consumer A’s clinical health status or that a medical review was sought in a timely manner in response Consumer A not being responsive. The representative indicated they had to argue to get the medical officer to review Consumer A.
* Three consumers (including Consumer A) did not have documentation to support the implementation of pressure area care strategies in accordance with their assessed needs. Additionally, two consumers who required two-hourly position changes, were observed by the Assessment Team to be in the same position for greater than two hours.

The Approved Provider submitted a response to the Assessment Team’s report and have included actions taken to address the deficiencies identified by the Assessment Team, including a continuous improvement plan and education plan. However, the Approved Provider has also asserted statements made by the Assessment Team are not reflective of the evidence presented. The Approved Provider has submitted further information and clarification to some evidence in the Assessment Team’s report. I have considered the Approved Provider’s response and assertions that evidentiary thresholds in relation to some findings are insufficient. I have considered the following information and evidence from the Approved Provider’s response relevant to my finding:

* In relation to Consumer A’s representative dissatisfaction with staff seeking a medical officer review in a timely manner, there is no evidence in progress notes that Consumer A’s representative required them to argue with someone to get a medical officer review. Additionally, the Approved Provider asserts the representative was not onsite at the time the representative informed the Assessment Team they had to argue with staff and presented the visitor log as evidence of the representative was not onsite.
* Several progress notes indicate Consumer A’s representative is regularly informed about changes to Consumer A’s care.
* Consumer A’s deterioration and care was managed appropriately prior to the hospital admission where the consumer was diagnosed and treated for urosepsis and dehydration as evidence by progress notes which demonstrate actions taken on the day of the hospital transfer. The Approved Provider asserts the Assessment Team have made their finding in relation to Consumer A not being reviewed by the medical officer in a timely manner based on the eventual outcome for Consumer A, that being the death of Consumer A.
* In relation to the medical officer not reviewing Consumer A’s pain for at least four days after they were requested to review by clinical staff, while the medical officer did not physically review the consumer, the medical officer did contact the pharmacist to ensure an ‘as required’ pain relief medication could be administered crushed. Medication records indicate the consumer was not having the maximum four doses of this medication in a 24-hour period in these four days which indicates Consumer A’s pain was well managed. Progress notes indicate this medication was administered with desired effect on at least three occasions during this four-day period. However, the Approved Provider does acknowledge there is opportunity for education and training with staff in relation to pain assessment and documentation.
* In relation to the clinical risk meeting not identifying Consumer A’s deterioration, the Approved Provider acknowledges this process requires improvement.
* In relation to Consumer A’s weight loss, the Approved Provider asserts appropriate referral and escalation of malnutrition risk occurred.
* The Approved Provider acknowledges there were gaps in the care of Consumer A in relation to the nine-day period the Assessment Team found clinical staff did not seek effective medical review. The Approved Provider acknowledged Consumer A’s urinalysis completed on day three of the nine-day period identified an abnormal result which resulted in Consumer A’s deterioration and subsequent hospital admission. The Approved Provider found that while clinical staff contacted the medical officer on the day of the abnormal urinalysis reading, this was not followed-up when other symptoms presented, such as vomiting, decreased appetite and ongoing pain.
* While pressure area care charts for Consumer A did not demonstrate two-hourly pressure area care, the consumer had a pressure relieving mattress and therefore does not require two-hourly pressure area care.
* The Approved Provider acknowledges wound charting for Consumer A’s wounds were not always completed. However, the Approved Provider had initiated an improvement prior to the Assessment Contact to address this issue and highlights the Assessment Team identified Consumer A’s wounds were healing.
* The Approved Provider acknowledges the neurological observations for Consumer A following a fall cannot be located. However, the registered nurse responsible for completing the neurological observations asserts the observations were completed but the document was not uploaded correctly into the service’s electronic care system.
* In relation to two consumers who require two-hourly position changes and were observed to be in the same position for greater than two hours, the Approved Provider provided evidence of two-hourly pressure area care chart indicating a change for one consumer and for the other consumer the Assessment Team did not consider the consumer’s refusal and change of position for meal service.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I have considered the Approved Provider’s information and evidence to clarify some of the Assessment Team’s findings, including if sufficient evidence has been presented to support the Assessment Team’s finding. I have also considered the actions and improvements implemented by the service to rectify the deficiencies identified by the Assessment Team. However, in coming to my finding I have relied upon evidence which indicates clinical staff have not effectively managed the high impact or high prevalence risks associated with the care of each consumer and have specifically relied up findings and evidence in relation to Consumer A’s infection management, choking risk and pain management.

The diagnosis list provided by the Approved Provider includes that Consumer A has frequent urinary tract infections and this was a known risk for Consumer A. Progress notes indicate Consumer A commenced presenting with signs and symptoms of a possible urinary tract infection and staff conducted a urinalysis which returned an abnormal result. However, clinical staff did not effectively follow-up this urinalysis result until a week later when the medical officer commenced antibiotics, a considerable time delay based on the signs and symptoms and the consumer’s history of urinary tract infections. Additionally, on the day the medical officer commenced antibiotics, they also requested bloods for pathology testing which were not actioned until four days later, when the consumer was admitted to hospital with urosepsis and dehydration. The Approved Provider has acknowledged Consumer A’s abnormal urinalysis result was not followed-up when other symptoms presented, such as vomiting, decreased appetite and ongoing pain, which resulted in Consumer A’s deterioration and subsequent hospital admission.

In relation to pain management, I have considered Consumer A’s pain charting indicates several interventions for the management of pain were either effective for a short-duration or partiality effective. While the Approved Provider asserts that the medication chart presenting not all maximum doses of ‘as required’ medication has been used, this indicates effective pain management, I consider the pain chart completed during this period indicates pain management interventions were not effective for Consumer A. I have considered registered nursing staff reported to the medical officer that there was a requirement to review the pain management regime, however, this was not effectively completed in a timely manner nor were clinical staff effectively monitoring Consumer A’s pain during a period where the pain appeared to be increasing in frequency and severity and interventions were found to be partially effective or only effective for a short duration.

* In relation to the service’s weekly clinical resident risk meeting I have considered clinical staff have not effectively used this monitoring processes to identify the clinical changes to Consumer A’s health status.

In relation to Consumer A’s risk of choking, I find the service did not action a change in diet as directed by a dietitian in a timely manner which presented an unmanaged risk until the consumer had an incident of choking, at which time, the recommended and suitable diet was implemented.

In relation to Consumer A’s weight loss, the Approved Provider asserts appropriate referral and escalation of malnutrition risk occurred. I have considered clinical staff have ensured the consumer was reviewed by the dietitian, but progress notes and medication charts indicate recommendations were not always implemented effectively.

In relation to pressure area care charts and wound charts not being completed for Consumer A, I find this evidence does not support that risks associated with wounds and pressure injuries have not been effectively managed. I find the evidence presented does not necessarily indicate the consumer was not provided with appropropriate pressure area care, considering the consumer’s wound photographs were indicative of healing. I have also considered while Consumer A’s wound charts were not completed, and best practice commands that these wound charts should include all relevant assessment information, based on the wounds healing it does not indicate the wounds were not being effectively managed. I have also considered that while neurological observations were unable to located due to a documentation error, evidence does not indicate the consumer had any adverse outcomes resulting from the fall which were not identified or effectively monitored or managed.

In relation to Consumer A’s representative dissatisfaction with staff seeking a medical officer review in a timely manner, the Approved Provider asserts the representative was not onsite during the period prior to the second hospital admission and did not argue with staff to obtain a medical review. The Approved Provider submitted the visitor log dated 31 December 2020 and 1 January 2021, but this does not correlate with the progress notes presented by the Approved Provider which indicates there was no argument organise the medical review on 5 February 2021. I have also considered evidence presented by the Approved Provider that Consumer A’s representative is regularly communicated, including recent discussions and open dialogue with the Chief Executive Officer which has been welcomed, accepted and appreciated. However, I have also considered the representative’s views at this point cannot be discounted based on the circumstances one month prior to this period, where clinical staff did not act or respond in a timely manner to consumer’s abnormal urinalysis result and several days of signs and symptoms of infection which resulted in a hospital admission for treatment of urosepsis and dehydration.

In relation to two consumers who require two-hourly position changes and were observed to be in the same position for greater than two hours, I have considered that the Approved Provider provided evidence of two-hourly pressure area care charts indicating a change for one consumer and for the other consumer evidence indicates the consumer’s refusal and did change position for meal service.

I acknowledge the Approved Provider’s actions to rectify the deficiencies identified by the Assessment Team, including the development of a plan for continuous improvement and education plan. However, I find at the time of the Assessment Contact, the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of Consumer A. I have considered clinical staff ought to have been aware of the consumer’s history and susceptibility of urinary tract infections and taken appropriate actions to respond to an abnormal urinalysis and ongoing signs and symptoms of being unwell for several days. I have also considered clinical staff did not ensure blood pathology was undertaken in a timely manner at the medical officer’s request and at a time the consumer was acutely unwell. I find a risk was presented which clinical staff did not effectively manage which ultimately impacted on the consumer’s health and well-being, with the Approved Provider acknowledging it resulted in Consumer A’s deterioration and subsequent hospital admission for treatment of urosepsis and dehydration. I have also considered Consumer A’s pain charting which indicated their ongoing risk of pain was not effectively managed by the pain interventions being used by staff. I have considered several entries on the pain chart where the intervention is deemed partially effective or effective for a short duration. In context of Consumer A’s deteriorating health status, I find staff have not effectively monitored or managed the consumer’s pain, even though pain interventions were being used. I have also considered Consumer A returned to the service following hospital admission with a new risk of choking which was not identified and managed until the consumer suffered a choking incident.

For the reasons detailed above I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Lealholme Port Pirie, Non-Compliant with Standard 3 Requirement (3)(b).

# STANDARD 7 NON-COMPLIANTHuman 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 has been assessed as Non-compliant.

The purpose of this Assessment Contact was to assess the service’s performance in relation to Requirement (3)(e) in this Standard. This Requirement was found to be Non-compliant following a Site Audit conducted on 13 to 15 October 2020 where it was found the service did not demonstrate completed staff performance reviews in accordance with the organisation’s policy or schedule or that the service had appropriately reviewed and managed a staff with performance issues and had not considered previous performance issues when reviewing recent reports of similar issues.

The Assessment Team also assessed Requirement (3)(a) at this Assessment Contact and found the service was unable to demonstrate the workforce has sufficient numbers and skill mix of staff to provide safe and quality care and services. Requirements (3)(b), (3)(c) and (3)(d) in this Standard were not assessed at this Assessment Contact.

The Assessment Team have recommended Requirement (3)(a) in this Standard as not met and Requirement (3)(e) in this Standard as met. The Approved Provider submitted a response to the Assessment Team’s report and have also developed a continuous improvement plan and education plan to address the issues identified by the Assessment Team.

Based on the Assessment Team’s report and the Approved Provider’s response I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Lealholme Port Pirie, Non-Compliant with Standard 7 Requirement (3)(a) and Compliant with Standard 7 Requirement (3)(e). I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

*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.*

The Assessment Team found the service was unable to demonstrate the workforce has sufficient numbers and skill mix of staff to provide safe and quality care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* Six of 16 consumers/representatives interviewed are not satisfied with staff response times to answering call bells. Examples include:
	+ Two consumers indicated the lengthy wait for their call bells to be answered has resulted in them experiencing episodes of incontinence which has made them feel uncomfortable and embarrassed.
		- Call bell records for one consumer indicated there were 44 calls bells over 10 minutes in a one month duration, with the longest wait time approximately 30 minutes.
		- Call bell records for the other consumer indicated five call bells over 10 minutes in a one month duration, with the longest wait time approximately 60 minutes.
	+ A representative interviewed indicated their consumer (which is one of the consumers mentioned above) mobilises independently due to staff not answering the call bell or responding to the sensor mat in a timely manner which increases the consumer’s risk of falls.
	+ One consumer indicated they must at times wait a long time for staff to assist with continence care and repositioning.
	+ One consumer indicated they require staff assistance to move but must wait at times for long periods for staff answer their call bell and as a result feels sore.
* Thirteen clinical and care staff interviewed indicated they do not have enough time to complete their duties during designated shifts, including providing care, such as toileting and repositioning.
* Management were unable to demonstrate how they monitor unfilled shifts, including actions taken in relation to several hours of unfilled care staff shifts in an approximate four-week period.
* Management were unable to demonstrate an effective process for monitoring call bell response times. Call bell data reports indicate a significant number of call bells exceeding 10 minutes, however, management were unable to demonstrate how this information is used to monitor and manage staffing levels.

The Approved Provider submitted a response to the Assessment Team’s report and have included actions taken to address the deficiencies identified by the Assessment Team, including a continuous improvement plan and education plan. However, the Approved Provider has also asserted statements made by the Assessment Team are not reflective of the evidence presented. The Approved Provider has submitted further information and clarification to some evidence in the Assessment Team’s report. I have considered the Approved Provider’s response and assertions that evidentiary thresholds in relation to some findings are insufficient. I have considered the following information and evidence from the Approved Provider’s response relevant to my finding:

* The Assessment Team’s consumer/representative interview sample is inadequate to support their findings and many of the consumers interviewed had a diagnosis of dementia.
* In relation to the two consumers who indicated they are incontinent at times due to waiting for their call bells to be answered, the Approved Provider asserts both consumers have dementia and poor recall.
* There is no organisational key performance indicator (KPI) of answering call bells within 10 minutes and at the Site Audit it was reported the KPI was 14 minutes and no issues were presented in relation to call bell response times. Additionally, the call bell data may not reflect the time care was provided but rather the time which the call bell was cancelled.
* For the four consumers interviewed who indicated they are negatively impacted by lengthy waits for staff to answer their call bell, the Approved Provider asserts most call bells are answered within a reasonable timeframe, with these four consumers’ call bells used 784 times in a one-month period with 79 of these calls not answered within 10 minutes.
	+ The Approved Provider acknowledges there is an opportunity to develop and define procedures for analysis and reporting of call bell data, including the development of an organisational KPI.
* The Approved Provider asserts management did demonstrate on the day of the Assessment Contact how unfilled shifts are monitored, however, the service has a culture of staff using sick leave at late notice with November and December 2020, and January 2021 having an increased number of hours of unfilled shifts which also incorporated higher than normal planned leave. A comprehensive recruitment and rostering strategy have been developed to address these issues.
* Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I have considered the Approved Provider’s information and evidence to clarify some of the Assessment Team’s findings, including if sufficient evidence has been presented to support the Assessment Team’s findings. I have also considered the actions and improvements implemented to rectify the deficiencies identified by the Assessment Team. In coming to my finding I have relied upon evidence which indicates the service has not demonstrated there are sufficient numbers of staff to ensure consumers are provided with care in a timely manner or in accordance with their needs and preferences.

I have considered six consumer/representatives have indicated call bells are not always answered in a timely manner which is impacting on consumers’ dignity and comfort. While the Approved Provider asserts many of these consumers have dementia and poor recall, I consider these consumers’ lived experiences cannot be dismissed based on their diagnosis of dementia. In considering this evidence I have also considered call bell response times indicate these consumers have had to wait over 10 minutes on more than one occasion in a one month period and I have also considered in this context the significant number of staff indicating they are unable to always respond and meet consumers’ care needs.

I acknowledge the four consumers who are dissatisfied with call bell response times have a significant number of recorded call bell uses in an approximate one-month period, however, there were still a notable number of call bells not answered within 10 minutes. While the service does not have a specified KPI for call response times, I have considered that the service did not have process to monitor or follow-up call bell response times to understand if call bell wait times are impacting consumers or to understand consumers’ lived experienced. In these cases where consumers are living with dementia and the Approved Provider does not consider their feedback valid based on their health condition, it is paramount the service has a process to monitor and follow-up call bell response times. I acknowledge the service are working toward implementing and monitoring a system, however, on the day of the Assessment Contact, the service was unable to demonstrate effective monitoring and follow-up of call bells.

For the reasons detailed above I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Lealholme Port Pirie, Non-Compliant with Standard 7 Requirement (3)(a).

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

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

This Requirement was found to be Non-compliant following a Site Audit conducted on 13 to 15 October 2020 where it was found the service did not demonstrate completed staff performance reviews in accordance with the organisation’s policy/schedule or that 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. Actions and improvements to address these issues include (but are not limited to):

* A monthly report is completed in relation to staff appraisals with times allocated for staff completion.
* Documentation indicates staff performance appraisals are up-to-date.

The Assessment Team presented the following information and evidence relevant to my finding:

* Management were able to describe the process to manage staff underperformance in accordance with the service’s policy.
* Senior clinical staff described how they observe and monitor care staff and the actions they would take if performance was not at the expected standard.

In coming to my finding I have considered that the service has now rectified their overdue staff performance reviews and are now complying with the organisation’s policy.

For the reasons detailed above I find Helping Hand Aged Care Inc, in relation to Helping Hand Aged Care – Lealholme Port Pirie, Compliant with Standard 7 Requirement (3)(e).

# 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.

The service has a plan for continuous improvement to address the deficiencies identified by the Assessment Team. The service should seek to ensure the following:

* **In relation to Standard 3 Requirement (3)(b):**
	+ Clinical staff consider risks holistically for consumers with multiple co-morbidities and declining health when providing care.
	+ Clinical staff consider consumers’ risk associated with their care when identifying abnormal observations or test results.
	+ Clinical staff closely monitor consumers presenting with sign and symptoms of being unwell, with appropriate documentation to support effective assessment, monitoring and evaluation of risks associated with care, including pain.
	+ Clinical staff monitor the application and implementation of health specialist directives, such as the dietitian and medical officer to ensure risks are effectively managed.
	+ Wound documentation, neurological observations and pressure area care charting is completed to support effective management of risks.
* **In relation to Standard 7 Requirement (3)(a):**
	+ Ensure there are sufficient staff to meet consumers’ needs. Seek to understand consumer experience in relation to staffing levels and skill mix.