Helping Hand Aged Care - Parafield Gardens

Performance Report

437 Salisbury Highway   
PARAFIELD GARDENS SA 5107  
Phone number: 08 7285 3800

**Commission ID:** 6970

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

**Site Audit date:** 3 November 2020 to 5 November 2020

**Date of Performance Report:** 5 February 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **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** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | 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) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **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 10 December 2021.

# 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 Requirements (3)(c) and (3)(d) in relation to Standard 1 Consumer dignity and choice. However, based on the evidence in the Assessment Team’s report and the Approved Provider’s response, I find the service Compliant in Requirements (3)(c) and (3)(d) and have provided reasons in the relevant Requirements below.

Consumers interviewed confirmed they are treated with dignity and respect, can maintain their identity, make informed choices about care they receive and live the life they choose. Consumers confirmed their privacy is always respected and staff support their dignity during the provision of care. Consumers confirmed staff know what is important to them, including their cultures, people important to them and continuing to live the life they choose, including where risks are involved.

The service has systems to identify consumers’ unique individual needs, including consumers’ cultural and spiritual preferences. The service consults with consumers and their representatives they wish to be involved in decision making and record all choices and decisions, including who is important to the consumer in the consumers’ file and care plan. The service is supported by the wider organisation’s policies and procedures to support consumers in continuing to live the life they choose, and where risks are involved the service identifies and supports consumers to mitigate the risk.

Observations of staff practice show staff treating consumers with kindness and respect and maintaining consumers’ dignity and privacy while providing care and services. Consumer information was observed to be discussed and stored in a confidential manner. Observations show consumers are provided information in a variety of ways, including verbally, through group and individual meetings, newsletters, handbooks and noticeboards to ensure consumers have current information which they can understand.

## 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.*

The Assessment Team found the service did not demonstrate each consumer is supported in making decisions about when family, friends or others are involved in their care and the service does not document who and when the consumer wishes others to be involved in their care. Consumers interviewed were able to confirm staff consulted with them and supported consumers’ decisions but could not specifically recall consultation about who should be involved in their care.

The Approved Provider’s response disagreed with the Assessment Team’s findings and provided additional evidence, including policies and procedures which demonstrate consumers’ choice of who are to be contacted and involved in consumers’ care is identified, recorded and supported. The service following review of the Assessment Team’s report have reviewed processes for recording and gathering consumer choices and who they wish to be involved in making decisions and have identified areas to strengthen the existing consent forms completed by consumers and formalise the review process of these decisions.

The service has policies and procedures to consult and support consumers, and where consumers are unable their nominated legal decision maker, to make decisions about who the consumer wants to be involved in their care and who the service can contact and discuss the consumers’ care and services. On entry to the service, consumers’ choice and preference of people important to them, including those involved in care and decision making is identified and recorded in the care plan. The service reviews the care plan through case conferences and regular consultation when change or incidents occur, including and the consultation is recorded, including any changes the consumer or their representative chooses to make in relation to who to contact and who can make decisions.

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

### Requirement 1(3)(d) Compliant

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

The Assessment Team found the service did not demonstrate four consumers who choose to drink alcohol had documented risk assessments or sufficient information about the choice to drink alcohol recorded in the care plans. The service did not have four consumers who were drinking alcohol on the service’s risk register for monitoring.

The Approved Provider’s response disagreed with the Assessment Team’s findings and included additional information on the four consumers identified. The evidence confirmed one consumer does not drink alcohol and three have an occasional drink. The three consumers drinking alcohol had the intake considered and authorised by the medical officer on entry to the service. The preferences of the consumers are in their lifestyle plans and the consumer who does not drink but stores alcohol in their room to offer visitors now has this documented in the care plan. The service has supported consumer choice and staff are aware of the consumers’ choice to drink. The service had not identified any risks or adverse outcomes in the consumers’ current intake of alcohol taking into consideration their cognitive and physical health status and, therefore, the service in line with their policy and procedure were not required to record the consumers’ alcohol intake on the risk register.

The service has policies and procedures to guide the assessment and identification of risks consumers choose to take to live the best life they can. The service has a consultation process with consumers and a high risk register to monitor risks. A medical officer was involved in the assessment and consideration of any risks associated with the intake of alcohol and did not identify any risks and, therefore, no additional actions were required. The service has followed their process in supporting consumer choice and living the life they choose.

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

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

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

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

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

# STANDARD 2 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 care and are involved through participating in assessments. Consumers confirmed staff listen to them and their decisions and preferences about care are respected. Consumers and their representatives confirmed staff inform them of the outcomes of assessments, including any changes following incidents and they have access to the consumers’ care plan.

The service has a comprehensive assessment and planning system supported by the organisation’s policies, procedures and assessment guidelines. The electronic assessment and planning tool guides assessments to be completed when a consumer enters the service, when changes occur and are reviewed six-monthly. Charting and risk assessments are used following incidents or changes to identify risks and appropriate strategies to manage the risks. The service monitors assessments and care plans to ensure all are completed, current and effective.

Staff interviewed confirmed assessment processes, including communicating changes to consumers’ needs through incident reports, handovers and progress notes. Staff confirmed they consult and report incidents and changes to the consumers’ nominated representative. Staff and consumers files confirmed medical officers and other health professionals are involved in the assessment and planning of consumers’ care and their directives are reflected on care plans and communicated to those providing care.

## 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 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 Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found the service did not meet Requirement (3)(d) in relation to Standard 3 Personal care and clinical care. However, based on the evidence in the Assessment Team’s report and the Approved Provider’s response, I find the service Compliant in Requirement (3)(d) and have provided reasons in the relevant Requirement below.

Consumers and their representatives interviewed confirmed consumers receive safe and effective personal care and clinical care which is right for them. Consumers interviewed confirmed staff provide the care they require when they require it. Representatives confirmed they are informed of when incidents, including falls occur and are involved in making decisions about consumers’ clinical care. Consumers confirmed they have access to a medical officer when they need it.

Consumer clinical files confirmed incidents and changes, including falls, weight loss, wounds, behaviours and infections are recorded, monitored and investigated to ensure appropriate actions are implemented to manage. The service completes referrals when needed to specialists to review high risks associated with consumer care and clinical meetings, including discussion of high risks and incidents occur to identify trends and effective strategies to reduce and prevent risks.

The service has best practice guidelines and assessments to guide the delivery of consumers’ personal and clinical care and staff interviewed confirmed providing care in line with best practice. Staff interviewed provided examples of providing personal care to consumers in line with consumers’ care plans and current needs. Care plans for consumers nearing the end of life are reviewed and updated to ensure consumers’ comfort and dignity is supported. Staff interviewed confirmed they have access to infection control guidelines and have received training in relation managing infectious outbreaks. Clinical staff could describe practices to promote appropriate antibiotic use and the management of consumers’ infections.

### 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) Compliant

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

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

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

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

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

The Assessment Team found the service did not demonstrate a timely response to two consumers’ clinical deterioration in relation to medical officer reviews. Evidence included:

* One consumer was monitored appropriately following a fall and the service notified the medical officer following the fall requesting a review. However, the medical officer did not review for 22 hours. The consumer was sent to hospital in consultation with the medical officer when the ongoing clinical monitoring identified an increase in blood pressure.
* One consumer was monitored following signs of infection and deterioration, including a fall, the service notified the medical officer and requested a review. However, the medical officer did not review the consumer for 33 hours following the identification of signs of deterioration. The consumer was commenced on appropriate medications following a review by the medical officer. However, ongoing clinical monitoring identified a further deterioration and the consumer was transferred to hospital in consultation with the medical officer for review.

The Approved Provider’s response disagreed with the Assessment Team’s findings and provided evidence of the time line of deterioration and the clinical monitoring, assessment and observations completed for the two consumers. The service has policies and procedures to guide staff in monitoring, assessing and responding to consumers following incidents or signs of deterioration. The evidence provided shows the staff had completed all clinical assessment, including contacting and referral to medical officers in line with the policy. The staff responded appropriately and in line with policy and procedures when the clinical monitoring and observations showed ongoing signs or change in the deterioration, including an increase in blood pressure for one consumer and an increase in shortness of breath for another. The staff responded appropriately to the deterioration by transferring the consumers to hospital in consultation with the consumer and their medical officer.

The service has policies and procedures to direct staff in identifying and responding to deterioration in consumers’ health. The evidence in the Assessment Team’s report and the Approved Provider’s response supports the finding the service identified changes in the two consumers’ health following incidents and implemented appropriate and timely clinical monitoring and assessment of the consumers’ condition. The staff reported the changes to the medical officer in line with procedure and medical officer reviews of the consumers did occur. The staff took appropriate and timely response to further signs of deterioration by transferring the consumers to hospital for further review. The staff took reasonable and timely action in line with the service’s procedures and records of all assessments and monitoring of the consumers’ condition was documented.

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# 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 their representatives interviewed confirmed consumers receive the services and supports for daily living which are important to their health and well being and enable them to do the things they want. Consumers interviewed confirmed staff encourage their independence and provide support them emotionally when they need it and always make their friends and families feel welcome. Consumers confirmed they attend a variety of activities within and outside the service.

The service has an effective system to identify and provide social activities and engagement to consumers at the service which are appropriate and in line with consumer preferences. The service reviews the activity schedule regularly, includes activities of interest to consumers and reflects consumers’ diversity, needs and preferences. Consumers are referred to external service providers when required including for spiritual and social support.

Consumers’ care planning documentation viewed, in addition to visual cues on display in consumers’ rooms and doors, showed consumers’ needs, preferences and goals, including what is important to them, was documented, communicated to staff and informs how services are provided. Staff interviewed described what is important to consumers, their needs and preferences. Staff provided examples of how they assist and support consumers to do the things they like and participate in the community, as well as provide emotional and psychological support when required.

Consumers confirmed they are provided quality meals which are suitable to their preferences and needs and are offered alternatives and are supported to provide feedback about meals. The service has records of consumers’ dietary needs and preferences accessible to staff preparing and delivering meals and drinks.

## 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 and their representatives interviewed confirmed they feel safe, welcome and at home in the service and have access to indoor and outdoor areas which they enjoy. Consumers confirmed they can easily navigate the service, personalise their rooms and the environment and equipment are clean and suitable for their needs.

The service has systems to ensure the environment is clean and well maintained. The service has scheduled and reactive maintenance and cleaning programs, including the use of external contractors to perform equipment and safety servicing and monitoring.

Staff interviewed confirmed processes for reporting and requesting maintenance and cleaning. Observations of the environment and equipment showed they service environment is clean and well maintained.

## 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 encouraged and supported and feel safe to give feedback and make complaints and appropriate action is taken. Consumers and their representatives confirmed they have access to a variety of processes to provide feedback and raise complaints, including verbally, through meetings, clinical reviews and surveys. Consumers and their representatives confirmed staff and management take appropriate action and improvements were made when concerns were raised.

The service has an effective feedback and complaints system supported by the organisation’s Consumer Engagement and Feedback Policy. All feedback is captured, recorded, actioned and outcomes monitored. The service actively uses its feedback system to identify areas for continuous improvement.

The service rates its complaints to identify trends, indicate response and action and identify party responsible for follow up and action. All complaints are reported and discussed at both a service and organisational level. Where things go wrong the service uses open disclosure as part of the complaint resolution process.

## 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 the service not met in Requirement (3)(a) in relation to Standard 7 Human resources. Based on the evidence in the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with Requirement (3)(a) and have provided reasons for my decision in the relevant Requirement below.

Consumers and their representatives interviewed confirmed staff are kind, caring and respectful of each consumers’ unique identify and needs and said staff “understand who I am as a person”. Consumers and their representatives confirmed staff are skilled and knowledgeable and know what they are doing and deliver care and services which supports the consumers’ choices and preferences. However, the majority of consumers and representatives interviewed were not satisfied staff responded to call bells and consumer needs in a timely manner.

The service has systems supported by the wider organisation to recruit and train staff who are qualified and experienced to perform their roles. The service monitors staff performance, police clearances, professional registrations and licences from entering the workforce and regularly to ensure up-to-date information is recorded. The service has a staff training program, including monitoring the competency of staff relevant to their roles. The service completes regular and as required staff performance reviews and feedback and monitoring processes identify areas for additional staff training.

The service has a planned approach to rostering and allocating numbers and skill mix of staff, including using feedback and consumers’ changing needs to review on an ongoing basis. However, at the time of the Site Audit the service did not demonstrate it had taken timely action to ensure sufficient number of staffs were provided to deliver care in line with consumers’ needs and to respond to consumers’ requests for assistance in a timely manner.

Staff interviewed confirmed training and performance reviews occur regularly and they are provided information to direct them in performing their roles. However, staff interviewed confirmed they are busy and at times this impacts the delivery of care to consumers. Observation of staff practice showed staff were kind and caring in their interactions with consumers and provided care in line with induvial consumer needs.

## 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 Assessment Team found the service does not ensure adequate number of staff to deliver safe and quality care to consumers. Evidence included:

* Five of eight consumers and two of three representatives interviewed were not satisfied staff responded to consumers’ call bells when consumers needed assistance.
* Two consumers interviewed provided examples of how slow staff response to their call bells has resulted in incontinent episodes, leaving them embarrassed and upset.
* Complaint records show ongoing complaints about staff not responding to the call bell in a timely manner have not been resolved.
* Call bell data confirms staff do not respond to consumers’ call bells within the 10-minute expectation and call bell response times are often in excess of 20 minutes.
* Clinical staff interviewed confirmed difficulty completing medication administration rounds within the time frames.
* Care staff interviewed confirmed heavy workloads which result in staff not having time to provide personal care in line with consumers’ preferences.
* Two vacant care staff shifts had not been replaced in the two weeks prior to the Site Audit.
* The service has a call bell escalation process which escalates unanswered calls to nursing staff and then management. The service completes reports for call bell response times and a monthly report on percentages over the expected 10-minute response time is completed. However, the service does not have a process to identify trends or follow up individual extended response times.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team at the Site Audit and have implemented the following actions and improvements to address the deficits:

* Prior to the Site Audit, the service implemented actions following feedback from staff and consumers, including additional care staff shift of four hours in the mornings and regularly allocating additional hours in response to additional consumer needs.
* The service has implemented a call bell response review and project, including identification of trends in call bell data and consultation and follow up with staff. As a result, the service has reduced average call bell response times and a completed a consumer survey indicating majority of consumers are now satisfied with call bell response times.

At the time of the Site Audit, the service did not demonstrate it had sufficient numbers of staff to ensure the delivery of safe and effective care in line with consumers’ needs. The majority of consumers and representatives were not satisfied there were enough staff to respond to consumers’ call bells and provide assistance in a timely manner. Two consumers provided examples of extended waits for staff assistance resulting in incontinent episodes. Call bell data confirmed at times consumers call bells were not responded to in a timely manner. The service had identified through feedback issues in relation to staff response to call bells and staff numbers prior to the Site Audit and had commenced actions to address. The service has since completed further actions to address the deficits, including improved staff response to call bells. However, at the time of the Site Audit the service did not demonstrate it met this Requirement.

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

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

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

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

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

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

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

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

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

# STANDARD 8 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.

Consumers and their representatives interviewed confirmed they feel the service is well run and they can partner in improving delivery of care and services. Consumers and their representatives confirmed being supported to be involved in development and feedback about the service through meetings, care reviews and majority confirmed where feedback and complaints were raised they were actioned to improve services.

The service is supported by the wider organisation’s governance systems and the oversight of a Board who is accountable for the delivery of quality care and services. The organisation has a range of committees to oversee governance systems, including risks management and clinical governance. The committees report to the Board and where required system improvements are implemented and supported.

The service demonstrated they effectively implement the organisation’s governance systems, including information management, continuous improvement, feedback and complaints, financial governance, workforce governance and regulatory compliance, including meeting reporting requirements.

The service has effective risk management systems to identify and respond to high-impact risks associated with the care of consumers and incident reports are collated and reported and risk registers maintained to ensure ongoing monitoring. The service provides training and has processes for staff to identify and respond to elder abuse and monitoring of incidents results in appropriate action, including reporting of assaults.

The clinical governance framework is effectively implemented at the service and policies and procedures to support the minimisation of restraint, antimicrobial stewardship and the use of open disclosure when things go wrong. Staff and management are aware of the policies and have access to the relevant guidelines.

## 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 7 Requirement (3)(a): Ensure sufficient staff numbers at the service to deliver safe and quality care to consumers in line with consumers’ needs. Ensure effective monitoring systems are in place to identify and action areas for improvement in staffing allocations and rosters, including through monitoring of call bell response data.