Horton House and Warmington Lodge

Performance Report

41 Castor Street
YASS NSW 2582
Phone number: 02 6226 3090

**Commission ID:** 2784

**Provider name:** Yass Valley Aged Care Limited

**Site Audit date:** 7 September 2020 to 9 September 2020

**Date of Performance Report:** 9 October 2020

# 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) | Non-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** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 6 October 2020

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Consumers and representatives interviewed confirmed that most of the time consumers are treated with dignity and respect and that consumer privacy is respected.
* Consumers interviewed generally confirmed they are supported to exercise choice and independence and staff interviewed were able to describe how they support consumers to make decisions about their care and services. Care plans reviewed provided information about consumer’s preferences and decisions regarding care and services.
* Most consumers and representatives interviewed confirmed that the service provides them with information that is clear and easy to understand, and that this helps them to exercise choice.
* Staff interviewed spoke about consumers respectfully, and about their identity, culture and diversity.
* When staff were asked about specific consumers, most were able to talk about their background and demonstrated they are generally familiar with these consumers.
* The service demonstrated they support consumers to undertake activities that are important to their background and lifestyle.
* Staff interviewed were able to describe how they respect consumer’s privacy and ensure personal information is kept confidential, and the Assessment Team observed staff practices that respected consumer privacy and personal information.

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

## 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.*

# STANDARD 2 COMPLIANTOngoing 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

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

Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers and representatives interviewed confirmed they are regularly included in the care planning and assessment processes. A care plan review occurs every three months or as needed for each consumer. Care management discuss any changes or concerns with the consumer and their representative if appropriate.
* Most consumers and representatives interviewed advised they have participated in advance care planning conversations since entering the service. While one consumer was unsure if they had completed an advance care plan, they said they do not feel they require that discussion at the moment. All consumers and representatives said if their wishes changed about the advance care plan or end of life planning, they could comfortably raise this with the service and feel their choices are respected.
* Representatives interviewed advised they have never asked for a copy of their consumer’s care plan but were confident they would obtain one if they asked. This was confirmed by management.
* Care planning documents demonstrate comprehensive assessment and planning for the consumer’s sampled. Care plans demonstrate alignment with consumer needs, goals and preferences, documented care and evidence of regular assessment and review in accordance to the service’s processes. The service demonstrated evidence of regular three-monthly care planning reviews or as needed or if a consumer’s need changes.

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

## 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-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

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

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Sampled consumers felt that they receive the care they need and that the care they receive is safe and is tailored to their specific needs and preferences.
* Most representatives felt their consumers received the care they need. However, some representatives felt behavioural support strategies were not always being used effectively for consumers. All representatives said overall the care is safe and tailored to the individual's needs.
* All consumers interviewed confirmed that they have access to a doctor or health professional when they need it. Consumer’s recognised some reviews had not occurred recently; however, said they felt a review with their GP was not required.

The Assessment Team found that assessment and care planning was found to be individualised and reflect each consumer’s preferences with the assistance of their representative as necessary. Regular three-monthly care plan reviews are undertaken by the care management team with involvement from the RNs and care staff. Case conferences have not occurred as frequently due to COVID-19 restrictions and care management have identified barriers in delivering these. However, representatives are involved through phone contact and offered a copy of the consumers care plan to be sent electronically for review and then discuss the care needs over the phone. Advance care planning discussions commence on entry to the service or when consumers are ready to have these discussions.

The Assessment Team found that five of seven specific requirements were met.

* Regarding pressure area care, nutrition management, wound management and documentation of these clinical and personal care needs, the Assessment Team found that these care needs were not always delivered in accordance to the consumer’s care plan or per best practice guidance. The service has processes in place to monitor and guide staff regarding these tasks to meet the consumers clinical and personal care daily. However, the Assessment Team recognised limitations within the delivery and documentation of these care and services.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that for the consumers sampled, care planning documents and progress notes did not consistently demonstrate that consumers receive safe and effective care that is best practice, tailored to their needs, and optimised their health and wellbeing. The service has processes in place to monitor and guide staff regarding the tasks required to meet consumers clinical and personal care daily. However, these processes were not always being followed for the consumers sampled, for pressure area care, nutrition and hydration management, behaviour support and wound management.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team. They did not dispute the findings of the team about staff not following procedures for the management of pressure area care, nutrition and hydration management, behaviour support and wound management. I accept that while there are documented strategies to improve nutrition that were in care plans at the time of the assessment, the Approved Provider did not provide any information to confirm that appropriate escalation occurred for sampled consumers or that the strategies were adequately evaluated for effectiveness. I acknowledge improvements made since the site audit to raise staff awareness of correct procedure, however the information provided does not support that the service was compliant at the time of the assessment.

I am of the view that the approved provider does not comply with this requirement as they did not demonstrate that consumers receive safe and effective personal care and clinical care.

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

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

The Assessment Team found that the service demonstrated improvements to care planning, monitoring and trending of high impact and high prevalence clinical and personal care risks for consumers. However, the Assessment Team identified gaps in the monitoring and effective management of pressure injuries including pressure area care and prevention, wound management, and nutrition and hydration management. While the service has processes to monitor and trend these risks, evidence does not support that all incidents have effective risk management strategies implemented in a timely manner.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team. They did not dispute the findings of the team. Documentation submitted did not demonstrate that interventions identified in care plan’s such as music therapy and to assess for other causes of behaviour such as pain are implemented consistently. Documentation does not support safe and timely escalation and evaluation of challenging behaviours when they occur. While I accept that staff have been instructed in how to use the electronic case management system with drop down menus, and recording of interventions has improved, no evidence was provided by Approved Provider that these records of occurrences of challenging behaviours and interventions that have been applied, have been evaluated to determine effectiveness. While there was one further pain check submitted which indicated moderate pain, another wasn’t completed till 1 month later, after the site audit. With moderate pain and challenging behaviours, I would have expected greater frequency of monitoring and evaluation to determine if pain and challenging behaviours are related.

I acknowledge that the Approved Provider has changed the psychotropic authority form after the site audit for the sampled consumer, to include the correct diagnosis. I also acknowledge the improvements described by the Approved Provider that have occurred since the date of the site audit to address the management of pain and challenging behaviours, however this did not demonstrate that they were compliant with this requirement at the time of the audit.

I am of the view that the approved provider does not comply with this requirement as they did not demonstrate that they are effectively managing 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.*

### 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 COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers interviewed confirmed they are able to do the things they like to do and are supported by the service to do this.
* Consumers identified the people who are important to them and described the ways they are supported to keep in touch with these people.
* Consumers said they enjoyed the food at the service and felt there was sufficient quantity and variety of food available.
* Consumer preferences for services and supports for daily living were consistent with the information provided in interviews with staff and the information documented in consumers’ care plans.
* Consumers with varying levels of mobility were observed moving about the service, with staff providing support as required, and they were observed to be engaged in activities of their choosing.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers considered that they have a sense of belonging in the service and feel safe and comfortable in the service environment.

For example:

* Consumers confirmed they felt safe in the environment and that they felt at home. Consumers said they liked the sun coming into their rooms, they appreciated being able to bring their own furniture into their rooms and they liked the layout of the service.
* Consumers said they thought the service was very clean and well maintained and that they often observed cleaners around the service throughout the day.
* The service was observed by the Assessment Team to be clean, with comfortable furniture available in both consumer rooms and in communal areas. Consumer rooms contained personalised wall hangings, bed coverings and other personal items.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Most consumers and representatives interviewed said if they had a complaint, they would go directly to the service’s CEO and felt that their feedback would be addressed in a timely manner.
* Consumers, representatives and staff felt management were approachable and would listen to their concerns.
* Consumers and representatives who had raised a complaint or provided feedback to the service were satisfied with the action taken in response.
* While most consumers were not aware of advocacy services or other methods of raising and resolving complaints, all said they felt comfortable raising their complaints with the service.
* Interviews with staff and documents reviewed, demonstrated review of feedback and complaints, and that consumer feedback is used to improve the quality of care and services.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 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

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

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Most consumers and representatives interviewed said that there is sufficient staffing to provide the care consumers need.
* Consumers and representatives interviewed confirmed that staff are kind, caring and gentle with providing care, and the Assessment Team observed staff interactions with consumers to be kind, caring and respectful.
* Consumers and representatives interviewed said that staff are generally competent and skilled to meet consumer needs, and most did not identify areas where staff require additional training.
* Staff could describe how they would request additional training and said that this would be supported. The service has a comprehensive orientation program and processes for identifying staff training needs and feeding these into the training schedule.
* All staff completed a performance review in 2019, and the service has implemented a new process to spread the completion of performance reviews throughout the year. While not all staff have had a performance review in 2020, the service has taken steps to ensure that those overdue are completed in the coming weeks

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

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

For example:

* Consumers interviewed generally felt they were engaged in the development, delivery and evaluation of care and services. Most consumers interviewed said they would talk to service management, mainly the CEO, if they ever had any feedback or complaints regarding care and services.
* The service’s Board is actively involved in the service and engages with consumers, and generally promotes a culture of safe, inclusive and quality care and services.
* The service demonstrated that it has effective governance systems and risk management systems including to identify and respond to abuse and neglect of consumers and support consumers to live the best life they can.
* The organisation provided a documented clinical governance framework including antimicrobial stewardship, minimising the use of restraint and open disclosure.

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

## 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) Non-compliant

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

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

The Assessment Team found that the service has processes in relation to risk management systems and practices, however some discrepancies were identified in policies for effective management of high impact and high prevalence risks. Particularly in the policies regarding pressure injury management, wound management, unplanned weight loss and falls management. While the policies recognise the risks and prevention strategies, the policies do not demonstrate effective management processes to respond to, and escalate, high impact /high prevalence risks.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team. They did not dispute the findings of the Assessment Team. They provided examples of changes made since the site audit to the Preventing Pressure Injury, Wound Management and Falls Management/Risk taking policies to reflect the feedback from the Assessment Team during the site audit. I acknowledge that the definition for consecutive and significant in relation to the unplanned weight loss policy are included in the policy reviewed by the Assessment Team.

While improvements have been made since the time of the site audit I am not persuaded that the information supplied by the Approved Provider demonstrates that at the time of the site audit, that they were compliant with this requirement. As changes have been made since the site audit, the Approved Provider needs time to implement the new policies to demonstrate they’re effective. I am of the view that the approved provider does not comply with this requirement as it does not demonstrate effective risk management systems.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 3(3)(a)

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

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

The approved provider must demonstrate that:

* care planning documents and progress notes consistently show that consumers receive safe and effective care that is best practice, tailored to their needs, and optimised their health and wellbeing.
* processes to monitor and guide staff regarding the tasks required to meet consumers clinical and personal care daily are always being followed for pressure area care, nutrition and hydration management, behaviour support and wound management.

### Requirement 3(3)(b)

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

The approved provider must demonstrate that:

* they address the identified gaps in the monitoring and effective management of pressure injuries including pressure area care and prevention, wound management, and nutrition and hydration management.
* they implement the service’s processes to monitor and trend these risks, as well as all incidents having effective risk management strategies applied in a timely manner.

### Requirement 8(3)(d)

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

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

The approved provider must demonstrate that:

* policies for effective management of high impact and high prevalence risks regarding pressure injury management, wound management, unplanned weight loss and falls management recognise the risks and prevention strategies as well as demonstrating effective management processes to respond to, and escalate, high impact /high prevalence risks.
* staff have been educated in the revised policies and can describe examples of how they have applied these policies.