IRT William Beach Gardens

Performance Report

286 Kanahooka Road   
KANAHOOKA NSW 2530  
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**Commission ID:** 0406

**Provider name:** Illawarra Retirement Trust

**Site Audit date:** 21 June 2021 to 25 June 2021

**Date of Performance Report:** 4 August 2021

# Publication of report

This Performance Report **will 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** | **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 conducted 21 – 25 June 2021, 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 19 July 2021.
* the provider’s additional response received 2 August 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.

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.

The Assessment Team found that 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.

The Assessment Team interviewed consumers who said that they felt they are supported to form and maintain relationships with others and that their privacy is respected.

Consumers and representatives confirmed consumers are encouraged to do things for themselves and staff know what is important to them. Consumers and representatives spoke about consumers being able to make choices and that maintaining independence was important.

## 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 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.

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.

The Assessment Team found that most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Team interviewed consumers and representatives, consumers considered they receive safe and effective care and all representatives interviewed agreed with the consumer they represent.

The Assessment Team found that all consumers said they were receiving care and services in accordance with their goals, needs and preferences or that they did not identify any particular goals, needs or preferences in relation to their care. Comments from representatives generally reflected the same.

The Assessment Team found that three out of five consumers, and all representatives felt they can participate and contribute to the assessment and planning of care. All six representatives felt that care planning information is explained clearly in a way that makes sense to them. Four out of six representatives said they have access to care plans or do not require access as they receive all the information they require verbally or don’t want access to care plans. All representatives sampled said they are kept informed about any changes or any incidents that occur and are happy with the frequency of communication.

The Assessment Team spoke to management who acknowledged that they still have work to do to improve accessibility to care plans and are working on actively offering care plans rather than providing a copy when requested. The service provided evidence that this work has begun, but was not yet completed, at the time of the site audit.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

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.

The Assessment Team reviewed consumers personal and clinical care planning documentation, spoke with staff and management, and reviewed processes for review and analysis of clinical data.

The Assessment Team found in relation to restraint, regulatory requirements and best practice information provides guidance that restraint use should be minimised, and that restraint should be a last resort. This was evident for consumers sampled.

The Assessment Team interviewed consumers and representatives who said they have easy access to their GP and other health professional, as required.

The organisation has systems and processes to enable appropriate assessment and planning to support best outcomes for consumers however these were not always being followed by staff. The Assessment Team identified deficiencies in the documentation of wound care, with the required labelling of the wound absent or incomplete, a ruler was not always seen in the photographs and lighting was often poor; and universal precautions were not applied therefore putting the consumer at risk of infection being introduced to the wounds.

### 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 interviewed consumers and representatives and found that overall feedback was very positive. The Assessment Team found that strategies for wound management were implemented, however some wound photographs reviewed by the Assessment Team were missing labelling details and the majority of photographs showed hands near the wounds without wearing gloves.

The Assessment Team reviewed consumers care plans and found on review of two consumers with recent wounds, that practice is inconsistent with best practice. Consumers are put at risk of wound contamination due to the lack of infection control universal precautions, and misidentification of consumers wounds through the lack of recognised identification procedures.

Additional information was sought by the Commission in relation to wound management, pain management and monitoring and evaluation of food and fluids. This was as a result of information received through the Commission’s Complaints Team, where it was identified that a consumer’s pain was not managed appropriately and there was no evidence that a Medical Officer review had occurred despite the consumer’s severe pain or that the frequency of PRN pain medication administered was reviewed. There was no evidence of weekly weighs, analysis or dietician review despite low weight and weight loss.

The approved provider responded to the Assessment Teams report and agreed that for the residents identified, expected best practices for wound care and photography were not followed. The approved provider initiated focused face to face training on wound care practice. The approved provider also provided medical, pain and medication charts, however it was found that on a number of occasions, pain management was not effective. The approved provider acknowledged that food and fluid charts should have been reviewed after 7 days as per IRT’s Nutrition and Hydration Procedure and their best practice. I have relied on the approved providers ‘Response to the Assessment Teams Report’ and linked attachments, the ‘Plan for Continuous Improvement’ and the ‘Response – Request for Additional Information IRT William Beach’ in making my decision on compliance for this requirement. I acknowledge the actions that have been or are yet to be implemented by the provider, and the provider’s acknowledgment of improvements required for clinical documentation.

I find that the approved provider is not compliant with this requirement as it was not evident that the service demonstrated that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: is best practice; and is tailored to their needs; and optimises their health and well-being.

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

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

The Assessment Team found that staff could describe the high prevalence or high impact risks at the service. The service demonstrated in most cases effective management of those risks. The Assessment Team found that in most cases risks were updated in care planning documents and planned interventions to minimise risk were implemented. However, additional information was received through the Commissions Complaints Team which identified that not all high impact risks were identified or assessed to mitigate the risk of the incident occurring.

The Commission requested additional information from the approved provider to respond to the information that the Complaints Team had received in relation to the effective management of high impact or high prevalence risk that had been identified. It was identified that the high impact risks had not been managed effectively for a consumer prior to an incident that occurred.

The approved provider responded to the request for additional information and I have relied on the approved providers ‘Response to the Assessment Teams Report’ and the ‘Response – Request for Additional Information IRT William Beach’ in making my decision on compliance for this requirement. I acknowledge that interventions have been put in place following the incident, however risks had not been satisfactorily assessed or managed prior to the incident occurring for a consumer with comorbidities.

I find that the approved provider is not compliant with this requirement.

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

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

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

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

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

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

### 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.

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.

The Assessment Team found that most 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.

The Assessment Team interviewed consumers and representatives who said staff are able to recognise when consumers are feeling low and generally know what to do to support their spiritual and psychological well-being, needs, goals and preferences. All consumers and representatives provided positive feedback on how the service supports them to do things within and outside the service and to keep in touch with people who are important to them.

The Assessment Team found that for consumers sampled, representatives felt timely and appropriate referrals were made. Consumers interviewed confirmed they are provided with the equipment they need, and they are confident staff know how to use the equipment properly. There was evenly mixed feedback from consumers on the quality of the food. However, all consumers considered the food to be varied and of suitable quantity.

The Assessment Team found that the service demonstrates effective sharing of information about the consumer’s condition. Needs and preferences are communicated within the organisation, and with others where responsibility of care is shared.

## 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

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.

The Assessment Team found that overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The Assessment Team interviewed consumers and representatives who said that they felt happy with the living environment at the service and enjoyed being in the outdoor areas. Consumers and representatives spoke positively about staff and confirmed staff always welcome visitors.

Consumers and representatives confirmed they were able to move freely indoors and access the outdoors if they wish either independently or with staff assistance. The corridors were free of clutter to enable consumers independence and mobility.

The Assessment Team observed the service to be well lit and maintained at a comfortable temperature. The Assessment Team observed consumers had personalised their own rooms and some had brought some of their own furniture.

The organisation demonstrated it provides a safe, clean, well maintained and comfortable service environment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

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.

The Assessment Team found that overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

The Assessment Team interviewed consumers and representatives who felt they could make complaints and felt safe to do so. Representatives confirmed that some changes have been made at the service in response to complaints and feedback. Consumers interviewed said they were unaware of advocacy services but believed that family would assist if required.

The Assessment Team interviewed staff and found that care staff were unfamiliar with advocacy services, or translation services outside family members, staff or electronic media. All staff reported the need to record complaints or feedback, and either escalate or investigate the complaint based on their role in the service.

The Assessment Team found two complaints had not been entered into the complaints register. These were added when raised.

The Assessment Team found that information on advocacy services was hidden from view, and information on complaints process was outdated throughout the service. The service immediately rectified this when alerted. Service feedback forms and collection boxes were located in each cottage.

## 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 four of the five specific requirements have been assessed as Non-compliant.

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.

The Assessment Team found that most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The Assessment Team interviewed consumers and representatives who confirmed that staff are kind, caring and respectful, and were gentle when providing them with care. The Assessment Team observed all interactions between staff and consumers to be respectful and kind. Most consumers and representatives interviewed said staff are skilled enough to meet their care needs. However, two representatives who had submitted complaints to the service said they were not sure if staff had the skills to meet their loved ones’ care needs.

All consumers and representatives interviewed said there was not enough staff at the service and some identified how this affects the care of consumers. For example, staff are not able to be with consumers to ensure they do not fall, and consumers wait 20 minutes for call bells to be answered.

Management described the difficulty in attracting and retaining enough staff to ensure all shifts are filled in the master roster.

While the service is allocated appropriate staff hours per fortnight according to the acuity of consumers, the high level of unplanned leave and the difficultly recruiting suitable staff has led to staff shortages at the service. Management has identified the risks associated with staff shortages which include skin tears and unwitnessed falls. Although training and other measures have been implemented at the service to address these risks, the roster shows vacant shifts are high, there are unfilled shifts and staff work double shifts. All consumers and representatives interviewed said there was not enough staff at the service, and some said this affects the care of consumers.

## 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 interviewed consumers and representatives who said there were not enough staff at the service and some identified how this affects the care of consumers. Consumers advised the Assessment Team that they sometimes have to wait 20 minutes to be assisted to go to the toilet or to get out of bed when staff are required to transfer consumers. Consumers also advised the staff shortage has also impacted on cleaning where sometimes the carpet is not cleaned in the loungeroom and crumbs can be there for a couple of days.

The Assessment Team interviewed care staff who said although they ensure consumers receive the care they need, they do not take all their breaks, often do not leave work on time and do not have time to attend to all duties. Care staff said due to staff shortages documentation is not always completed, consumers are not provided with one to one emotional support they request, and morning showers are left till the afternoon making the afternoon shift harder. Care staff said laundry duties are left for the next shift to complete and tidying of consumer rooms is not completed due to staff shortages.

The Assessment Team reviewed the roster for the fortnight 31 May 2021 to 13 June 2021 inclusive. The roster showed 45 shifts were left vacant. There were 13 staff who worked double shifts during the fortnight, which included six staff who worked a double shift on Sunday 13 June 2021. The business manager and workforce coordinator confirmed that 45 vacant shifts across a fortnight was usual. The business manager said unplanned leave for the service is around 400 hours a fortnight.

The approved provider responded to the Assessment Team report and advised it has been difficult to recruit staff over the last year, however the numbers of applications have increased, and the service is looking at several initiatives to improve retention and increase the number of suitable applicants that the organisation employs. I have relied on the approved providers ‘Response to the Assessment Teams Report’ and linked attachments, including ‘Workforce Planning’ and the ‘Plan for Continuous Improvement’ in making my decision on compliance for this requirement. I acknowledge the challenges that the provider has faced with recruitment and their heightened level of advertising for qualified staff as listed in the ‘Workforce Planning’ document, however the levels of unfilled shifts, which the service described as usual does not demonstrate that the service is successfully planning to enable the workforce with the number and mix of members to deliver safe and quality care and services to consumers.

I find that the approved provider is not compliant with 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.

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).

The Assessment Team found that most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The Assessment Team interviewed consumer and representatives who confirmed they can speak directly to staff or management at the service and attend quarterly consumer and representative meetings to partner in improving the delivery of care and services to consumers.

The Assessment Team found that the organisation has effective risk management systems and a clinical governance framework in place. The service demonstrated the Board promotes a culture of safe, inclusive and quality care and is accountable for its delivery.

## 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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) 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 approved provider must demonstrate that:

* Wound care including photography is consistent with policy and is easily identifiable pertaining to the consumer.
* All staff have appropriate personal protective equipment when undertaking wound care.
* Wound management education is provided to staff.
* Consumers are provided with appropriate care in line with their assessed needs.
* Pain is managed and reviewed for effectiveness.
* Pain management is escalated to Medical Officer if ineffective.
* Nutrition and hydration procedures are followed as per Organisations’ best practice.

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

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

* Risks are identified, and assessments are updated in care plans to reflect high impact risks.
* Interventions are implemented to mitigate the risk reoccurring.
* Effective management of all risks are implemented, and incident reports and investigation is undertaken.

### 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 approved provider must demonstrate that:

* Shifts are filled by trained staff to provide safe and quality care to consumers.
* Personal care is provided to consumers in a timely manner.
* Unplanned leave is filled by experienced staff.