Juniper Pilgrim

Performance Report

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**Commission ID:** 7144

**Provider name:** Uniting Church Homes

**Site Audit date:** 2 June 2021 to 3 June 2021

**Date of Performance Report:** 10 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) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-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** | **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 performance 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 30 June 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.

Consumers considered they are treated with dignity and respect, can maintain their identity and live the life they choose. Consumers said they are supported and encouraged to do things for themselves and provided examples of how their privacy is maintained, how their culture, values and diversity is respected, and how they are supported to exercise choice, take risks and maintain relationships.

Staff spoke about consumers’ life history, beliefs and preferences, and provided examples of how they are considered to ensure care and services are culturally safe. Staff explained how they maintain consumers’ privacy, and support consumers to exercise choice and take risks. Staff were observed to be considerate of consumers’ privacy and interacting with consumers in a kind and respectful manner.

Policies and procedures have been implemented to guide staff in supporting consumers’ cultural needs, diversity, dignity of risk and choice.

Documentation, observations and interviews with consumers, representatives and staff, demonstrated consumers are provided information to assist in making choices regarding meals, activities, events and their personal and clinical care.

Based on this evidence, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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.

Consumers confirmed they felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives said the service works with them to develop a safe and effective care plan, and they are informed about the outcomes of assessment and planning.

Staff demonstrated an understanding of assessment and planning processes and described how reporting and documenting consumer behaviours, incidents, health conditions, clinical issues and preferences informs the delivery of safe and effective care and services.

Documentation showed comprehensive assessment and planning that includes consumer needs, goals and preferences, advance care and end of life planning, and risks to consumer health and well-being. Care plans were reflective of the consumer and inclusive of those involved in the care of the consumer, including relevant health specialists.

Documentation showed care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact the needs, goals and preferences of a consumer.

Based on this evidence, I find the service to be compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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.

The Assessment Team recommended the service did not meet Requirements (3)(a) and (3)(d). I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service non-compliant with Requirement (3)(a) and (3)(d). I have provided reasons for my findings under the specific Requirements below.

While the service demonstrated it had effectively managed some risks, those relating to pressure injuries of one consumer had not been effectively managed in line with best practice or their care plan. Furthermore, the service did not adequately monitor and assess a consumer who showed signs of deterioration.

Staff described strategies they use as alternatives to restrictive practices and explained strategies implemented to manage a consumer’s behaviour prior to administering as needed (PRN) psychotropic medication, however, the service could not demonstrate consent was informed or the consumer was monitored in line with the service’s procedures, as it was not documented.

In relation to all other Requirements in this Standard, the Assessment Team found most consumers and representatives considered consumers get personal care and clinical care that is safe and right for them. Most consumers and representatives confirmed consumers have regular input from other professionals when they need it.

Staff demonstrated knowledge of consumers’ personal and clinical needs, could relay individualised strategies for managing some high-impact or high‑prevalence risks and described some strategies for maximising comfort and dignity during palliative care.

Interviews with staff and documentation showed systems are in place to minimise infection related risks including processes for prevention, control and appropriate use of antibiotics.

Sampled care plans captured the needs, goals and preferences of consumers, including those nearing end of life, and demonstrated that effective strategies are documented for the management of some high-impact or high-prevalence risks. With the exception of one consumer who showed signs of deterioration, care planning documents showed referrals were made to other providers of care and services in a timely manner.

Based on this evidence, I find the service to be compliant with Requirements (3)(b), (3)(c), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### 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 were not satisfied the service demonstrated that each consumer gets safe and effective clinical care, specifically in relation to management of wounds and chemical restraint, that is best practice, tailored to their needs and optimises their health and well-being. The Assessment Team provided the following evidence relevant to my finding:

Wound management

Evidence shows a consumer’s stage two pressure injury was not managed in line with best practice or their pressure injury treatment plan:

* The consumer’s care plan states they have a history of developing pressure injuries and details preventative strategies which include repositioning every two to three hours. The repositioning chart shows this has not occurred.
* Care staff identified a stage two pressure injury, however, a Registered Nurse (RN) did not review, assess or dress this wound for five days after its initial identification.
* While the consumer had a change in their skin integrity and had developed a stage two pressure injury, a Skin Integrity Assessment was not completed until eight days after the pressure injury was identified.
* The consumer’s wound management plan specified the dressing was to be changed every three days, however, on occasions, the dressing was changed a day late.

Chemical restraint

Evidence shows as needed (PRN) psychotropic medication administered to one consumer was not managed in line with best practice or the service’s Use of Restrictive Practice (Restraint) procedure and Restraint Minimisation and Use Policy.

* Management and most staff said there are no consumers being chemically restrained, however, one staff member considered PRN Diazepam administered to the consumer is used as a chemical restraint.
* Care planning documentation and Therapeutic Goods Administration (TGA) information showed PRN Diazepam administered to the consumer was not supported by their diagnosis and was prescribed to manage aggressive behaviours. As a result, it falls within the meaning of chemical restraint as per the *Quality of Care Principals 2014*.
* The Use of Restrictive Practice (Restraint) procedure defines chemical restraint as ‘when no medically identified condition is being treated, where the treatment is not necessary for a condition or to over treat a condition’ and states ‘it is a medication given primarily to control a person’s behaviour, not to treat a mental illness or physical condition’.
* While the representative confirmed they were involved in medication prescription processes and were aware the consumer is administered PRN Diazepam, the service could not demonstrate consent was informed or reviewed annually or more often as clinically indicated, as it was not documented as per the service’s Restraint Minimisation and Use Policy.
* The service’s Use of Restrictive Practice (Restraint) procedure requires a consumer to be monitored at least 28 times during the first 24 hours after the administration of psychotropic medication. Documentation showed each time PRN Diazepam was administered to the consumer, monitoring was only undertaken one time during the first 24 hours.

With regard to chemical restraint, the provider accepts the Assessment Team’s findings, and the provider’s response includes actions that have been taken to rectify issues identified by the Assessment Team.

Regarding wound management, the provider did not agree with the Assessment Team’s findings and asserts the preventative repositioning tasks were undertaken. The provider’s response includes progress notes to support this claim, however, I find this evidence corroborates the Assessment Team’s findings that the consumer was not being repositioned every two to three hours in line with the preventative strategies.

I acknowledge the service’s actions and improvements identified by the Assessment Team, however, in coming to my finding, I have relied upon documentary evidence which demonstrated that at the time of the Site Audit, the service did not ensure each consumer received safe and effective clinical care that is best practice, tailored to their needs and optimises their health and well-being. I have considered that a consumer’s stage two pressure injury was not reviewed, assessed and dressed until five days after it was identified, and a Skin Integrity Assessment was not undertaken until eight days after it was identified. Additionally, the consumer was not being repositioned every two to three hours in line with preventative strategies and best practice. I have also considered that while a representative was aware of PRN Diazepam being administered to one consumer, the service could not demonstrate that consent was informed, or the consumer was monitored in line with the service’s procedures, as it was not documented.

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

### 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) Non-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 were not satisfied the service adequately monitored and assessed a consumer who showed signs of deterioration. The Assessment Team provided the following evidence relevant to my finding:

* Documentation showed the consumer’s weight remained stable in months prior to January 2021.
* Documentation showed some weight loss was noted by a General Practitioner (GP) during a consult in February 2021, which resulted in a recommendation for the service to monitor the consumer’s weight going forward. The GP did not specify how often this should occur.
* The consumer lost a significant amount of weight in a six week period after the GP’s consult in February 2021. Despite the GP’s recommendation, documentation showed the consumer was not weighed during this period and food intake charting ceased. During this six week period, progress notes did not refer to the consumer’s weight loss or include useful information explaining why the rapid weight loss has occurred, including whether they were refusing or eating food.
* After the significant weight loss was identified a four day food record was not completed in accordance with the Weight Monitoring and Unplanned Weight Loss procedure.
* The Weight Monitoring and Unplanned Weight Loss procedure states sudden weight loss requires immediate medical attention, however, documentation showed the consumer was not reviewed by a GP until seven days after the sudden weight loss was identified.
* An end-of-life treatment choices assessment was undertaken during early April 2021, one day prior to the consumer’s passing. There was no indication an assessment of this nature was completed prior to or during the stage that the consumer was experiencing physical deterioration.
* Staff stated the consumer refused to be weighed and acknowledged they did not notice any weight loss. Management conceded there are deficits in weight and food intake charting and acknowledged staff should have identified the consumer’s deteriorating condition at an earlier stage.

The provider did not agree with the Assessment Team’s findings in its entirety and asserts that during the six week period of significant weight loss, the consumer was reviewed by a GP on four occasions and staff documented the consumer’s decline, including their food intake and refusal to be weighed. The provider’s response includes progress notes to support their claim, however, I find this evidence corroborates the Assessment Team’s findings that the consumer was not adequately monitored and assessed during a period of significant and sudden weight loss.

The provider also accepts there is an opportunity for improvement to ensure staff appropriately document on relevant charts available in the electronic care system and the provider’s response includes actions that have been taken to rectify issues identified by the Assessment Team.

I acknowledge the service’s actions and improvements identified by the Assessment Team, however, in coming to my finding, I have relied upon documentary evidence which demonstrated that at the time of the Site Audit, the service did not recognise and respond to a consumer’s physical deterioration in a timely manner. Specifically, a consumer’s sudden and significant weight loss over a six week period was not recognised, as the consumer’s weight was not regularly monitored following a GP request. The service did not respond to the consumer’s physical deterioration in a timely manner, as the consumer was not reviewed by a GP until seven days after the sudden and significant weight loss was identified.

Based on the above evidence, I find the service non-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.

All consumers felt the service supports them to do the things they want to do, and which are important for their health and well-being. For example:

* eight consumers provided examples of the support they receive to enable them to do the things they want to do.
* one consumer said staff regularly check in with them and provided an example of how their emotional, spiritual and psychological well-being is supported.
* consumers and representatives confirmed consumers are supported to participate in their community, build and maintain social relationships and do things of interest to them.
* three consumers provided examples of how their condition, needs and preferences are communicated within the organisation, and with others where responsibility is shared.
* consumers were satisfied with the meals provided and confirmed there are alternative options available if they do not like what is on the menu.
* consumers are satisfied with equipment used to manage their safety and comfort.

Staff explained how care and services are planned to meet consumers’ individual needs and provided examples of how consumers’ independence is maintained, and their spiritual, social and emotional needs are met. Catering, lifestyle and Allied Health staff demonstrated an understanding of consumers’ needs and preferences and described how this information is communicated and recorded. Staff reported they have access to the essential equipment they require.

The following observations were made:

* consumers were participating in various internal and external lifestyle activities.
* consumers were visited by family and/or friends.
* staff were engaging with consumers in a friendly manner.
* photographs of consumers appearing to enjoy various activities.
* equipment appeared clean and well-maintained.

Care plans were found to document consumers’ needs and preferences, including their family history, religious/spiritual needs, interests and dietary requirements. Consumer files showed timely and appropriate referrals to individuals, organisations and providers of other care and services for the provision of lifestyle support.

Lifestyle documentation shows group activities are diverse and individualised activity options are available.

Based on the above evidence, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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.

All consumers interviewed felt they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* the service is welcoming, accessible, clean and well-maintained, and they enjoy the communal areas.
* they feel safe and the furniture and equipment they use is clean and well‑maintained.
* they are encouraged to personalise their rooms and have items of importance around them.

Staff demonstrated how they ensure the service environment and equipment is safe, including the process for actioning and prioritising internal and external maintenance and conducting regular inspections.

The environment was observed to be clean, safe and welcoming. Consumers were moving freely with outdoor courtyards well used and safe, with appropriate seating and shading areas, and furniture. Furniture, fittings and equipment appeared to be safe, clean, well maintained and suitable for consumers.

Based on the above evidence, I find the service compliant with all Requirements in Standard 5 Organisation’s 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.

Consumers consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken to address feedback and complaints. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they can provide feedback and complaints about consumers’ care and services in various ways and feel comfortable doing so.
* when they provide feedback, they are provided with regular updates throughout the resolution process and are consulted to ensure the outcome is satisfactory.
* their feedback and complaints have resulted in satisfactory changes and an apology is offered when appropriate.

Staff described how they assist consumers in making a complaint and providing feedback, including those with cognitive impairment or poor communication. Staff described open disclosure principals and explained it is important to apologise to consumers when things go wrong.

Information relating to advocacy services and internal and external complaints processes were observed in communal areas. A suggestion box and feedback forms were observed to be easily accessible by consumers, representatives and staff.

Complaints data showed complaints are documented, managed and resolved in accordance with the open disclosure and complaints policies. Complaints and feedback are analysed monthly and informs the plan for continuous improvement.

Based on the evidence above, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

## 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 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 compliant as five of the five specific Requirements have been assessed as compliant.

Most consumers consider they get quality care and services when they need them, from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* the numbers and mix of staff are satisfactory to support consumers’ care and services in a timely manner.
* staff are kind, respectful and positive, and take the time to get to know consumers’ preferences.
* staff are competent and are recruited, trained, equipped and supported to meet the needs and preferences of consumers.

Staff considered they have adequate numbers of staff to provide care and services in accordance with consumers’ needs and preferences.

Interviews with staff and management, and documentation showed competencies and training are monitored, with staff appraisal conducted biannually. Staff performance is monitored through various channels and when poor performance is identified, performance management processes are implemented.

Management stated call bell response times are reviewed monthly. Staff confirmed they receive a request to explain call bell responses exceeding 10 minutes as part of this review process.

Staff were observed to be calm, kind, caring and appropriate in their engagement with consumers.

Based on the above evidence, I find the service compliant with all Requirements in Standard 7 Human resources.

## 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 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 consider the organisation is well run and they can partner in improving the delivery of care and services. Representatives confirmed they participate in care plan review processes and consider they receive enough information to inform choices about the care and services provided to consumers.

Documentation showed the organisation’s governing body is accountable for and promotes a culture of safe, inclusive and quality care and services by overseeing enterprise risk management including, potential risks and mitigation strategies, ensuring adequate policies and processes are in place, and reviewing findings from internal audits.

Interviews with staff and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, regulatory compliance, financial governance and feedback and complaints. There are systems and practices are in place to ensure effective management of high-impact or high-prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.

The organisation’s clinical governance framework guides clinical care, which staff could evidence through examples of open disclosure, minimising the use of restraint and antimicrobial stewardship.

Based on the above evidence, I find the service compliant with all Requirements in Standard 8 Organisational governance.

## 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.

Standard 3 Requirement (3)(a)

* Ensure representatives of consumers’ prescribed psychotropic medication give informed consent to administer the medication.
* Ensure informed consent for the administration of psychotropic medication is regularly reviewed and documented.
* Ensure regular monitoring of consumers after the administration of psychotropic medication.
* Ensure wound management is assessed and monitored in line with best practice and consumer care plans.

Standard 3 Requirement (3)(d)

* Ensure effective systems and processes are in place for the identification and escalation of deterioration.