Lady McCusker Home

Performance Report

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**Commission ID:** 7905

**Provider name:** Amana Living Incorporated

**Site Audit date:** 12 October 2021 to 14 October 2021

**Date of Performance Report:** 3 December 2021

# Performance report prepared by

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# 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-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) | 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 Commissioner’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 5 November 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

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. Consumers said they had been supported to make decisions about the care and services they receive, who is involved and maintain relationships of choice. In addition, consumers felt supported to take risks, to live their life according to their preference and do things of interest to them.

Care plans included personalised information regarding consumer likes and dislikes, culture and religion, interests and hobbies, life events, working life and important relationships. Staff were able to relay consumers’ preferences, interests, and personal life story. Staff interactions with consumers were observed to be respectful and considerate.

The service identified and considered the potential safety risks for consumers who undertake risky activities through relevant risk discussions and assessments.

Information provided to consumers is clear, timely and accurate, and the service ensures information is kept confidential and only staff with appropriate permissions can access information they require.

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 NON-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

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.

Overall sampled consumers considered they feel like partners in the ongoing assessment and planning of their care and services. All consumers interviewed confirmed that they or a person of their choosing, were involved in care planning and had a say in the delivery of care and services. Consumers felt staff were aware of their needs and preferences and these were generally met. In addition, interviewed representatives said they were informed about incidents and provided frequent updates regarding outcomes of assessment and planning.

Staff interviewed were knowledgeable about care planning and assessment processes, including re-assessment, and confirmed care planning and assessment documents were readily accessible, providing enough information to guide individualised care and services.

Care documentation viewed demonstrated that whilst assessments and care plans are reviewed regularly, including following changes in circumstances or incidents, assessments and care plans had not consistently been completed in accordance with the organisation’s 28-day admission process or used to inform care and services.

The service has monitoring processes in place such as clinical audits and 24-hour progress note reviews by Clinical Management and a range of policies and procedures, including admission checklist, to guide practice. These were found to be ineffective at ensuring the admission process is consistently being followed. In addition, the Assessment Team identified gaps in end-of-life documentation, however, noted no impact had been observed.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

The Assessment team found that the service did not demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, was conducted in accordance with the organisation’s 28-day admission process, nor was it used to inform care and services. As a result, consumers' needs had not been identified nor met.

On reviewing a sample of care plans the Assessment Team found that there were instances where general information provided rather than individualised information to guide consumer care. This was particularly prevalent in the areas of behaviour management. Gaps in documentation were also evidenced that did not provide detail of consumer care actions taken. In addition, there was insufficient detail pertaining to wound care, palliative care, speech pathology and lifestyle assessments.

The Approved Provider submitted information relating to the findings of the Assessment Team. It is acknowledged that some of this documentation did provide additional context to some of the sampled consumers. It has also been noted that the Approved Provider has made improvements in relation to this requirement since the last site audit. However, based on the evidence as seen by the Assessment Team there is still some improvements essential to meet this requirement, particularly in relation to the timeliness of care plans and behavioural management plans.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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

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.

Overall most sampled consumers considered that they receive personal care and clinical care that is safe and right for them. All consumers interviewed confirmed their pain was managed effectively, staff had responded to falls appropriately, and they have access to Medical Officers and/or Allied Health professionals as and when they need it.

The Assessment Team interviewed clinical and care staff at the service. Staff demonstrated knowledge of the sampled consumers’ personal and clinical needs and could relay individualised strategies for managing some high impact and high prevalence risks, such as wounds, falls and pain.

The Assessment Team viewed a range of policies and procedures relating to best practice care delivery, such as wound management, nutrition and hydration and restraint minimisation and staff confirmed they were easily accessible. The Assessment Team also viewed evidence the service has processes, such as daily progress notes reviews, three-monthly Resident of the Day reviews and monthly clinical governance meetings to identify, monitor, trend and analyse high impact and high prevalence risks for consumers.

Whilst the service demonstrated most consumers were receiving safe and effective personal and clinical care, the Assessment Team noted some consumers were not receiving care and services which optimises their mental state, wound care or insomnia. In addition, the service did not demonstrate that consumers receiving psychotropic medication as a form of chemical restraint is recognised.

The Quality Standard is assessed as Non-compliant as six of the seven specific requirements have been assessed as 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 the service did not demonstrate each consumer gets safe and effective care that optimises their health and well-being. For one sampled consumer, staff had not adequately used assessment and planning processes to identify mental health needs or provided care and services which optimises their mental state and emotional life. The Assessment Team also identified the service had not identified a pressure injury for one consumer in a timely manner and did not recognise chemical restraint in accordance with legislation. In addition, the service has policies and procedures to guide staff in the identification of risks to consumers’ health and well-being, and direct action in response to risks identified. However, the Assessment Team found that the service did not demonstrate the actions taken were consistently applied as per the policies and procedure.

Consumer examples showed that there was inadequate assessment and staff awareness of mental health and well-being for a consumer that failed to address their emotional needs. No interventions were tried to assist a consumer in sleeping better nor were staff aware of sleep patterns. In addition, wound management was poor in relation to a consumer pressure injury. Lastly, with regards to psychotropic medication, Management advised no consumer is currently subject to chemical restraint despite evidence to the contrary being seen by the Assessment Team. This included authorisations for restraint.

In contrast, the Assessment Team did observe that psychotropic medication had been administered as a last resort and staff interviewed demonstrated knowledge of best practice in relation to restrictive practices. In addition, all consumers and representatives interviewed confirmed consumers receive the personal and clinical care they need, and services are tailored to their needs. Three consumers who experience intermittent and ongoing pain confirmed staff are responsive to reports of pain and had initiated medical reviews and trialled alternative strategies. This was reflective in care documentation. Staff interviewed demonstrated knowledge of each consumer’s personal and clinical needs and could describe how care is tailored to need and optimises health and well-being.

The Approved Provider submitted information relating to the findings of the Assessment Team. It is acknowledged that some of this documentation did provide additional context to some of the sampled consumers. It has also been noted that the Approved Provider has made improvements in relation to this requirement since the last site audit. However, based on the evidence as seen by the Assessment Team there is still some improvements essential to meet this requirement, particularly in relation to wound care and mental health care.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

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

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

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

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

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

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

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

### 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 supports 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.

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. Consumers were observed engaged in meaningful activities including cultural and religious practices through online church services. In addition, consumers interviewed confirmed that they are supported to keep in touch with people who are important to them.

Consumers said they like the food and if they had any concerns about the meals they are able to provide feedback and suggestions.

The service has monthly Lifestyle Activity Programs in place, which supports consumer’s likes, preferences, and interests. The service evaluates their lifestyle program regularly with consumer input and feedback.

The service has processes to support each consumer’s emotional, spiritual and psychological well-being, however, the Assessment Team did note that there was not consistency of support for each consumer.

Dining areas observed at lunchtime showed the environment was calm, staff were attentive to consumers when assisting with their comfort and meals. Consumers appeared to be enjoying their meal experience.

Catering, care, and cleaning staff described how consumers’ specific catering needs and preferences are documented and how they ensure equipment required to provide services are cleaned and maintained.

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.*

The Assessment Team found whilst the service has processes to support each consumer’s emotional, spiritual and psychological well-being, at the time of the Site Audit the Assessment Team found, based on consumer/representative feedback that processes were not always applied and effective in supporting that consumer. Some consumers’ files viewed showed the consumers were not assessed on entry and in line with the organisation’s admission processes and have not been provided with emotional and psychological supports following admission.

In contrast, the service was able to provide understanding of this requirement in other related areas. The Occupational Therapy Assistant interviewed was able to describe how the assessment process involves identification of consumers’ needs/goals/preferences and is used to optimise their health and well-being. In addition, Management informed of the music therapy program in place at the service. For a lot of the consumers music resonates with them, providing a calm, relaxing environment. Consumers can either attend the once-a-month music event held in the main activity room or tune into their own personal music playlist which has been created to the individual’s music preferences.

Care staff interviewed were able to describe what was important to consumers and how they provide emotional and psychological support to the consumers, for example, such as reminiscing with the consumer about past experiences, or encouraging consumer to attend activities that may lift their spirits.

Consumers interviewed stated the service provides for emotional support if required, such as encouraging them to have meals in the dining room areas, so they can chat to other consumers, providing pastoral support. This was evidenced in some care plans showing information about emotional, spiritual or psychological well-being through the lifestyle planning and assessments. In addition, the service records attendance of consumers to identify participation and/or if a consumer is socially isolated.

The Approved Provider submitted information relating to the findings of the Assessment Team. This information did provide some context to the specific consumer cases sampled by the Assessment Team. Whilst there was an acknowledgement by the Approved Provider that there was one consumer care plan that required updating all other deficient plans, as noted by the Assessment Team, were satisfactorily evidenced by the Approved Provider response. This indicates there is not a systemic issue at the service in relation to providing emotional and psychological support to consumers. In addition, the majority of consumers felt that their emotional well-being was supported effectively. Also taken into consideration is the fact staff demonstrated in depth knowledge of the consumers’ emotional, spiritual and psychological well-being and the service has specialised programs to cater to consumer preferences.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that 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

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 feel they belong in the service and feel safe and comfortable in the service environment. Sampled consumers/representatives confirmed the service is welcoming and encouraged a sense of well-being and belonging. In addition, consumers interviewed said they feel safe living in the service, their family and visitors are made to feel welcome, and they have personalised their rooms to make it more homelike.

The Assessment Team observed the internal and external environment to be clean and well maintained. Cleaning staff were able to demonstrate they clean consumers’ rooms and public areas according to a schedule and laundering of consumer clothing, linen and towels is completed onsite with laundry staff familiar with consumers’ clothing.

The service demonstrated they effectively respond and manage maintenance issues and have processes in place to ensure the environment is clean and well maintained.

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 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

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.

Most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers/representatives were satisfied with actions taken following feedback.

Staff were able to describe how they support consumers and representatives to provide feedback and clinical staff were able to discuss the process for acting on any consumer’s concerns and were familiar with the open disclosure process.

Management described how the service monitors complaints and how this may contribute to improvements of the environment and to the delivery care and services for consumers.

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 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

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.

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. This was observed by the Assessment Team.

Management explained how the workforce is planned to ensure the number and mix of the workforce deployed enables the delivery and management of safe and quality care and services.

The service demonstrated the workforce is recruited, trained, equipped, and supported. The service has an initial induction process which includes buddy shifts, and competency assessments. Following induction, the service provides ongoing training to staff as part of the scheduled training. In addition, there is regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

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 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

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).

Most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services by ensuring the values and mission of the organisation are entrenched in the day-to-day delivery of services. In addition, the service has a clinical governance framework describing the reporting mechanisms to ensure Executive and the Board of Directors are kept abreast of performance activities of the service.

The organisation has a Clinical and Care Governance policy which describes the service’s intent to provide safe, high quality clinical care and services to consumers. This includes Working Parties, Focus Groups and Advisory Committees working on programs to enhance care and services.

The service has a range of policies and procedures to ensure effective governance. Systems and meetings are in place to ensure effective management of communication, open disclosure, information management, complaints and feedback and reducing the use of antibiotic usage. In addition, management indicated they have an open-door policy, for consumers and staff.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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) 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 2(3)(a)

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.

* Review care plans to ensure they are individualised and meaningful in terms of the appropriate care for consumers.
* Ensure that service policies and procedures are consistently followed.
* Ensure care plans and assessments are up to date.
* Progress continuous improvement plan as supplied to the Commission.

### 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.

* Review individual care plans, progress notes and other documentation to ensure that consumers are receiving the care that is right for them; focusing on mental health and insomnia.
* Explore multiple care avenues where some care initiatives are not successful.
* Progress continuous improvement plan as supplied to the Commission.
* Review practices in relation to chemical restraint and wound management to ensure best practice.