May Shaw Aminya

Performance Report

19 Cameron Street   
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**Commission ID:** 8023

**Provider name:** May Shaw Health Centre Inc

**Site Audit date:** 18 January 2021 to 20 January 2021

**Date of Performance Report:** 17 March 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | 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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 11 February 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.

* All sampled consumers said they are treated with dignity and respect and described in various ways, how staff make them feel valued and accepted.
* Consumers said the service protects the privacy and confidentiality of their information. They are satisfied that care and services, including personal care, are undertaken in a way that respects their privacy.

Consumers described in various ways. how staff provide them with personal privacy to meet their individual needs and preferences, including maintaining friendships and relationships.

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.

The service demonstrated that on-going assessment and planning occurs with each consumer. While it is currently stored in two locations, assessment and care planning documentation is in place that addresses consumer’s current needs, goals or preferences.

The service does have a process for developing advance care plans with consumers and consumers said they are satisfied that care is based on an on-going partnership with involvement from health care professionals.

Staff demonstrated an understanding of review and monitoring requirements following incidents such as falls and skin tears.

However, the service did not demonstrate that the outcomes of assessment and planning are documented in a care and services plan that is readily available to the consumer.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team’s report outlined some positive and some negative evidence in this Requirement. For example:

* Overall, four out of four consumers and two out of five representatives interviewed described receiving the care they need. A husband and wife new to the service described being assessed by staff on their entry to the service.
* Assessments and care plan reviews and updates are attended to by nursing staff and are supported and overseen by a clinical care manager, however with the new clinical software program being implemented, usual care plan reviews are behind schedule.
* Clinical staff said the assessment and care planning process occurs in consultation with consumers and/or representatives with input from medical and allied health professionals, as applicable. Staff said that most assessments and care plans are on the previous clinical software program. Staff said there is a process currently underway whereby all consumer assessments and care plans are being updated and uploaded into the new clinical software program.

The Approved Provider’s response outlined that in December 2020, four weeks prior to the site audit, the service had implemented a new electronic care planning system and was in a transition phase of information transfer between the two systems.

During this transition, care staff have access to both systems with the previous system being ‘read only’ and the new system being ‘live entry.’ Further, staff have been supported by an external clinical advisor to help them transfer material to the new system and train them to input assessment information as assessments occur into the new system.

The Approved Provider acknowledged that not all staff are proficient in using the new system and staff have different comfort levels with the use of information technology more generally.

The Approved Provider asserts that assessment and planning has been undertaken and while the information is stored between systems staff can still access the relevant information to inform care delivery.

Based on the evidence (summarised above) the service complies with this Requirement. While the information is in discrete locations, consumers new to the service confirmed that assessment and planning occurred and they were involved in this process.

### 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) Non-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.*

The Assessment Team found that the service did not meet this requirement. Although the service has a policy that states support plans will be made available to consumers when requested, and describes the process of providing copies, there was no evidence this was occurring.

Consumers and representatives were not aware they can request to access their care plan. All consumers and representatives sampled said they have not been offered a care plan to view.

Based on all the evidence (summarised above) the service does not comply with this Requirement as it has not demonstrated that care plans are readily available to consumers.

### 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, consumers and representatives interviewed described satisfaction that they get the care they need. Care planning documents demonstrated that consumers who require physical or chemical restraint are effectively assessed, monitored and reviewed according to regulatory requirements. Consumers receive pressure area care where required, and the service has systems and processes in place to monitor and act on consumers who have pain.

Representatives confirmed that staff communicate with them in relation to the consumer’s needs, goals and preferences when nearing the end of life. The service demonstrated it has processes in place to maximise consumer comfort and preserve dignity at this time.

The service has processes for recognising and responding to a deterioration in a consumer’s condition. Care documents evidenced that staff take action in accordance with these processes.

Consumers and representatives advised they are seen and treated by a range of health care providers such as medical practitioners, podiatrists, audiologists and physiotherapists. This aligns with feedback from staff and care planning documents.

Consumers and representatives interviewed said they were satisfied with the service’s precautions to prevent and control infectious outbreaks, such as COVID-19. The service demonstrated effective strategies and relevant policies and procedures to minimise infection related risks.

However, the service’s processes and procedures for managing high impact and high prevalence risks associated with consumer care are not always completed in line with best practice or the service’s guidelines.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

The Assessment Team’s report outlines consumers and representatives interviewed mostly stated they are satisfied with the care including management of high impact risks such as consumer falls. The service demonstrates monitoring systems for consumers who may experience high impact or high prevalence risks, such as unplanned weight loss and wandering.

However, the Assessment Team found deficits in how staff managed other high impact or high prevalence events, including

* Staff failing, on two separate occasions, to undertake neurological observations for a consumer living with dementia who had unwitnessed falls.
* Staff failing to alert medical practitioners to a consumer’s blood sugar level being consistently out of recommended parameters.
* Staff failing to follow a medical practitioner’s directive to monitor the blood pressure of a consumer.
* Staff failing, on three separate occasions, to review a consumer’s behaviour management plan after a reportable incident occurred.

The Approved Provider’s response acknowledges the service’s falls protocol has not been consistently followed.

While the Approved Provider has taken positive actions to minimise similar instances as those outlined above occurring to other consumers, they did not provide any evidence that staff did in fact, for example, undertake the neurological observations.

Based on the evidence (summarised above) the Approved Provider does not comply with this Requirement as the Approved Provider did not demonstrate that effective management of sampled consumers with complex clinical needs did occur.

### 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

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

For example:

* Consumers and most representatives stated that consumers are supported by the service to do the things they like to do.
* There is a range of activities provided by the facility. Consumers can participate in bus drives into the community although, with current limited seating capacity, consumers participate on a rotational basis.
* Consumers and representatives confirmed that they are supported to keep in touch through various means of communication. During the time of COVID-19 restrictions, forms of video communication were used to maintain contact.
* The majority of consumers confirmed they like the food with many positive comments relating to recent improvements. An activities calendar outlines a range of activities in which consumers can participate.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 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.

Most consumers and representatives interviewed said the environment is comfortable and welcoming. Observations confirm the environment encourages consumers to be independent and have a sense of belonging. Staff demonstrated how consumers with cognitive impairment are supported to live within the environment.

Consumers and representatives interviewed said the furniture, fixtures and equipment are clean and well maintained, and they feel safe when equipment is being used.

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.*

The Assessment Team’s report states the service is currently undergoing major refurbishment and noted deficits in the service’s emergency management planning and some paths of egress used by kitchen staff to have trip hazards.

The majority of consumers were satisfied with the communication from the service regarding the building works and expressed feeling safe at the service.

The Approved Provider’s response outlines the immediate actions taken during the site audit to address the Assessment Team’s observations. The response also outlines that the service has consulted with the local Tasmanian Fire Brigade and the emergency management company which advises May Shaw Aminya on evacuation plans throughout the refurbishment.

Based on the evidence (summarised above) the service meets this Requirement. The Approved Provider has consulted appropriately with specialised services in regard to safety. Building works are concluding in March 2021 and consumer feedback was generally positive.

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

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

# STANDARD 6 NON-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.

Consumers and representatives expressed satisfaction with their ability to provide feedback directly to the service or through the use of an external complaints body. Consumers said they felt comfortable raising their concerns.

Staff described how they use internal and external resources to support consumers, such as advocacy services. The Assessment Team observed external complaints information and feedback forms on display at the service.

The service did not demonstrate that feedback and complaints are actioned appropriately. Five of six representatives interviewed said that appropriate action is not taken in response to complaints and detailed their concerns to the Assessment Team. The service’s complaints register had no corresponding entries in relation to the concerns of the five representatives.

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

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

The Assessment Team interviewed a sample of six consumers and representatives, five of whom said that appropriate action is not taken in response to complaints and detailed their concerns to the Assessment Team. The Assessment Team found the service’s complaints register had no corresponding entries in relation to the five consumers and representatives who said no action had been taken in relation to their concerns.

The Approved Provider’s response accepts the findings of the Assessment Team.

Based on the evidence (summarised above) the service does not meet this Requirement.

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

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

The Assessment Team reviewed the service’s quality improvement plan activity log and noted there are no action items recorded that have resulted specifically from complaints or feedback through the service’s complaint system.

Management feedback during the assessment contact included that there were no trends in complaints and feedback. Management said that comments and complaints are regularly reviewed and fed into the service’s continuous improvement plan with further inputs including surveys and meeting discussions.

The Assessment Team identified continuous improvements were occurring, for example the service is undergoing a major refurbishment.

Consumers were also complimentary about improvements in the dining experience.

Based on the evidence (summarised above) the service complies with this Requirement as the Approved Provider demonstrated a continuous improvement approach and consumers noted improvements in the dining experience.

# 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.

Consumers and representatives were satisfied that staff have the knowledge and skills to effectively perform their roles. Staff interviewed were satisfied with the orientation and support provided to new employees. The service has a suite of policies relating to recruitment, induction and orientation to ensure staff meet relevant criteria and have the skills and knowledge for their role.

Staff provided feedback that they would like more support using the recently introduced electronic care management system.

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.*

The Assessment Team found the number and mix of members of the workforce has not been adequately considered and has not ensured the delivery of safe care and services. This was based on:

* Feedback from four consumers and representatives that there was not enough staff. Feedback included that staff appeared rushed; there was not enough staff to enable one consumer to have their shower at the preferred time of day or to assist another a consumer to be transferred out of their wheelchair.

The Approved Provider’s response outlines the service undertook a review of its workforce in mid-2020. It also notes that it has amalgamated two sites into one.

A Human Resource Consultant was engaged and the organisation now has a new team structure with clear roles, responsibilities and lines of reporting. The review includes a new roster and position descriptions for staff. The Approved Provider’s response asserts that the ‘distance’ between management and the workforce has been reduced and staff can be better supported to deliver care and services in line with their role.

The Approved Provider acknowledged staff may appear rushed in the short term as they adjust to the new roster and role accountabilities. The building refurbishment has also had some logistical impact.

Based on the evidence (summarised above) the service complies with this Requirement. The Approved Provider demonstrated that it took a considered approach workforce review and while two consumers had care delayed this does not translate to a broader failure to deliver safe and effective 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.*

The Assessment Team provided evidence in the form of feedback from staff that staff would like additional training in workplace health and safety, the introduction of the new electronic care management system, wounds and palliative care.

Consumers did not identify any areas where they felt staff needed more training.

All staff have completed mandatory training in 2020.

The Approved Provider’s response outlined that additional training in 2020 has largely been COVID 19 related with a secondary focus on the new electronic care management system. Further, in November 2020 the majority of staff received training in the Quality Management System.

Based on the evidence (summarised above) the service complies with this Requirement. While acknowledging staff may have different topics of training preference, deficits in wound management and palliative care were not evident and it is reasonable in a pandemic to focus on infection control training.

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

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

# STANDARD 8 NON-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).

Overall, sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example: A consumer reported attending resident meetings and feeling comfortable raising issues through this forum.

Management provided some examples of how the governing body and the management team promote a culture of safe, inclusive and quality care. For example, they provided examples of changes made in the last six months as a result of consumer feedback.

Management demonstrated that they have effective organisational governance systems in relation to continuous improvement, financial governance, workforce governance and regulatory compliance.

The service was also able to show an effective risk management system and clinical governance framework.

However, the service was not able to demonstrate effective governance systems were in place in relation to information management,

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Non-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.*

The Assessment Team found the service does not have effective governance systems in place in relation to information management and responding to complaints. In particular:

* Consumers are not aware they can access their care plans.
* Consumers were not satisfied with the actions taken by staff in relation to complaints and the recording of actions and whether consumers were satisfied with the outcome was incomplete.

The Approved Provider’s response accepts the findings of the Assessment Team, noting actions in place to address the Assessment Team’s report.

Based on the evidence (summarised above) the service does not comply this Requirement.

### Requirement 8(3)(d) Compliant

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

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

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

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

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report observations have been undertaken and that these reflect the service’s policy.

* Support consumers to understand the outcomes of any assessment or care planning relating to their health and wellbeing.
* Ensure consumers are aware they can access their documented care plan and that this is readily available on site for their information.
* Ensure a best practice approach to clinical delivery, specifically falls management, diabetes management and behaviour management.
* Monitor that staff delivery best practice clinical and if not delivered, demonstrate that appropriate action is taken.
* Establish a process to ensure that medical practitioners’ directives are understood, adhered to and effectively ‘handed over’ to other staff.
* Establish a best practice approach to management of complaints, ensure that appropriate action is taken in response to complaints.
* Establish effective organisation wide governance systems for information management and feedback and complaints.
* Ensure the governing body has oversight of clinical care and can identify and take action where systemic deficits are evident.