Meadowbank Grove Care Community

Performance Report

8 Sherbrooke Road   
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**Commission ID:** 2134

**Provider name:** DPG Services Pty Ltd

**Site Audit date:** 7 April 2021 to 9 April 2021

**Date of Performance Report:** 12 May 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) | 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 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 4 May 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 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. Sampled consumers have stated that whilst it was difficult during the COVID-19 pandemic, the service did keep them safe and has been proactive in ensuring they continue to see their family through window visits, video-link and telephone calls.

The service has systems in place which are designed to engage and include consumers and their family members in care and service planning, delivery and evaluation, as well as to provide each consumer with information that is current, accurate and timely.

Staff were observed to treat consumers respectfully while providing care and services and when speaking to consumers.

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 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/representatives consider that they feel like partners in the ongoing assessment and planning of consumers care and services.

For example:

* Consumers/representatives said they are kept informed of changes in the consumers condition or when an incident occurs and have direct input into assessments and care planning. All consumers/representatives said they are involved and have input into the care and services provided to the consumer.
* Overall consumers/representatives did know what a care plan was and/or were aware they can access the care plan. They all said they are informed of the outcomes of assessment and planning.
* Case conferences are held with consumers/representatives; they are attended regularly, and consumers sampled have records of case conferencing.

The organisation has a range of policies, procedures and processes to guide staff practice in relation to conducting assessments and developing care plans according to a schedule, these are consistently followed by staff. The review of assessments and care plans identified that consumers have care plans that are individualised and address specific risks to consumers health and wellbeing.

Care planning reflects partnership with consumers and/or their representatives.

When risks emerge, including behaviour management and the risk associated with infection is routinely escalated, investigated, reassessed and appropriate action is taken to prevent reoccurrence and further deterioration, including review of the care and service plan.

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

The Assessment Team found seven consumers prescribed psychotropic medication had not been identified as being chemically restrained. The service provided further information and was able to demonstrate that five of these consumers had a diagnosed mental health condition and were therefore not being chemically restrained with their medication. Two consumers were identified as being chemically restrained and their care plans did not meet the legislative requirements as per the Quality of Care Ammendement (Minimising the Use of Restraints ) Principles 2019. I have addressed this in Requirement 3(3)(a). The Asessment Team also identified concerns with care plans not identifying interventions to manage behavior however the Approved Provider, in their response, provided clarification on a number of issues in the report and demonstrated personalised strategies to manage each consumer was present in their care plan and consumers were well supported.

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

## Assessment of Standard 2 Requirements

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

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

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

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

The Assessment Team found the service demonstrated that consumers sampled have documented goals and preferences in relation to advanced care planning and end of life wishes, however, assessment and planning processes did not include all of the consumer’s current care needs and care plans did not identify individualised interventions to manage behaviour.

The Approved Provider, in their response, provided clarification on a number of issues in the report and demonstrated personalised strategies to manage behaviour were present in the consumer’s care plan and consumers were well supported.

The Assessment Team found assessment and care planning processes did not result in a dental care plan being developed following a dental extraction for one consumer. The approved provider argued that it was not necessary to establish a care plan for a consumer post dental extraction due to the short time span the treatment plan was required (approximately two days). The approved provider stated treatment interventions were recorded in the consumer’s progress notes and discussed verbally at handover with staff. I note there was no known adverse impacts for the consumer but I would urge the approved provider to reconsider this approach.

The assessment team identified that care plans for seven consumers did not address their use of psychotropic medication used as chemical retraint.

In their response, the approved provider was able to demonstrate that five of these consumers were diagnosed with a mental health condition and therefore the medication was not being used as a chemical restraint. The provider submitted a care plan for one of the consumers prescribed pychotropics medication as a chemical restraint which identified the use of chemical restraint. This care plan however did not included the behaviors relevant to the use of the restraint, the alternatives to restraint that have been used, and the information provided to the practitioner that informed the decision to prescribe the medication as per the Quality of Care Ammendement (Minimising the Use of Restraints ) Principles 2019.I have addressed this issue in Requirement 3(3)(a).

I find this requirement compliant.

### 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 consumers/representatives consider that consumers receive personal care and clinical care that is safe and right for them. Consumers interviewed said they get enough to drink, and the provision of care enhances their wellbeing. Consumers also said they have access to a medical officer when needed.

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

While the needs and preferences of consumers nearing the end of life have been met, consumers have not consistently received clinical care that is best practice and optimises their health and wellbeing. The Assessment team identified issues with pain and falls management, the use of chemical restraint and how the service manages consumer behaviour.

Pain assessment is not being conducted post fall in a accordance with the organisation’s policies to ensure consumers pain is being adequately monitored. All necessary vital and neurological observations were not taken post fall in a accordance with the organisation’s policies to ensure consumers are being adequately monitored. Lastly, care plans did not included the behaviors relevant to the use of the restraint, the alternatives to restraint that have been used, and the information provided to the practitioner that informed the decision to prescribe the medication as per the Quality of Care Ammendement (Minimising the Use of Restraints ) Principles 2019.

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

### Assessment of Standard 3 Requirements

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

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

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

### The Assessment team found two consumer sustained falls and in both instances vital or neurological observations were not taken for the required amount of time post fall as per the organisation’s policy. The Assessment team found that post fall pain assesments had also not been completed.

The approved provider in their response disputed these findings stating the observations had been completed. Having examined documentation provided by the approved provider in their response I find that all necessary vital observations were not taken for one of these consumers following a fall in early January 2021. Furthermore, the provider did not provide evidence of any vital or neurological observations taken for this consumer post fall in March 2021 which does not demonstrate best practice care was provided. The provider disagreed that this consumer’s pain was not assessed as progress notes state ‘nil signs of pain’ for the relevant dates in January but no further evidence was provided of any further pain assessment completed post either fall.

For another consumer who had an unwitnessed fall and sustained injury to her face in December 2020 the approved provider disagreed that vital or neurological observations were required every 15 minutes post fall in December 2020 ‘as the ambulance was already on its way’.The provider provided no further evidence of pain assessment for this consumer post transfer back to the service from hospital from falls in both December 2020 or January 2021.This consumer was recommended to be on a sleep chart which was only partially completed.

I note that in the Plan for Continuous Improvement submitted by the approved provider they have identified that post fall documentation including the documenting of vital and neurological observations needs improvement.

The Assessment team reported that another consumer’s pain was inadequately assessed and monitored. This consumer was receiving treatment for pain, was refusing this at times and being trialled on new medications. The Assessment team identified that pain assessment and monitoring was inadequate as there had been no follow-up of pain scores of 7 out 10 and pain assessment was sporadic. The approved provider provided a Pain Flow Chart which demonstrated that pain monitoring was not attended again after a rating of 7 out of 10 was obtained on 1 February 2021 but argued that pain monitoring was being done daily and recorded in the progress notes but provided no evidence to support this was provided.

The Assessment Team identified a consumer prescribed medication which could have been used as a chemical restraint. The Assessment Team were concerned that this medication was being used without adequate assessment of the consumer and alternatives to medication explored prior to its use. The approved provider in their response demonstrated that this consumer was receiving palliative care and this medication was prescribed for the management of pain and terminal agitation. I have accepted this explanation.

The evidence above demonstrates that pain assessment is not being conducted post fall in a accordance with the organisation’s policies to ensure consumers pain is being adequately monitored. I note that in the Plan for Continuous Improvement submitted by the approved provider they have identified that pain identification and required improvement.

The provider submitted a care plan for one of the consumers prescribed pychotropics medication as a chemical restraint which identified the use of chemical restraint. This care plan however did not included the behaviors relevant to the use of the restraint, the alternatives to restraint that have been used, and the information provided to the practitioner that informed the decision to prescribe the medication as per the Quality of Care Ammendement (Minimising the Use of Restraints ) Principles 2019. I note that in the Plan for Continuous Improvement submitted by the approved provider they have identified the use of chemical restraint needs to be relected in the care and services plan.

I find this requirement non-compliant.

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

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

The Assesment Team found care plans include information about some high impact and high prevalence risks for consumers however interventions are not adequate to minimise risk. For the consumers sampled, negative outcomes have been identified in relation to behaviour management and the use of chemical restraint is not documented in care plans. Falls prevention strategies do not reflect best practice and do not include consideration of postural hypotension, medication, nutritional status or continence management.

As discussed in Requirement 2(3)(b) I am satisfied that individualised behaviour strategies are in place to manage consumers behaviour. I have addressed the issue of chemical restraint not being documented in care plans and gaps identified in post falls management in Requirement 3(3)(a).

I find this requirement compliant.

### 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

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

For example:

* Consumers interviewed indicated they are supported to keep in touch with people who are important to them through visits, telephone calls, and through social outings.
* Consumers interviewed indicated they feel supported to do the things they want to do; they said they have the freedom to choose what to do and when to do it.
* The vast majority of consumers interviewed provided positive feedback about the food served at the service.

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.

* All consumers / representatives interviewed indicated that they were very happy with the lifestyle program provided. Regarding laundry and cleaning services, most consumers interviewed indicated that they were satisfied with the level of services provided.

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

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.

Overall sampled consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment.

For example:

Consumers interviewed confirmed they feel at home in the service and are happy with the living environment. They said they felt safe at the service and that the service is kept very clean and is well maintained.

Consumers interviewed indicated they are able to move freely about the service, both indoors and outdoors. They confirmed they have the furniture, fittings and equipment that is suitable for them and that it is safe, clean and well maintained.

The service has cleaning and maintenance programs and safety systems for the environment, furnishings, and equipment. The Assessment Team observed the environment, furnishing, fittings and equipment were safe, clean, well maintained and comfortable.

The Assessment Team found that three of three specific requirements were met.

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.

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

For example:

* All consumers/representatives interviewed said they feel comfortable and safe making complaints if needed and have been provided with information on complaints mechanisms, including external mechanisms.
* The service uses an open disclosure approach and staff are educated on what this means and how to manage complaints. There was evidence of its implementation in dealing with complaints, and consumers / representatives confirmed this approach.
* Complaints are actioned in line with organisational policy, and the service has ensured that identified concerns are used to implement actions / improvement measures to benefit all consumers in the service.
* The Assessment Team reviewed all lodged complaints (four) and a large number of compliments.

The Assessment Team found that four of four specific requirements were met.

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.

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

For example:

Consumers/representatives interviewed confirmed the staff are kind, caring and treat them with respect. They were satisfied staff are meeting consumers’ needs and said staff are responsive when answering the call bell. They said the staff know what they are doing and indicated the staff have the skills to meet their care needs.

The Assessment Team observed the staff interacting with the consumers in a kind, caring and respectful manner. There were observed to be adequate staff to care for the needs of consumers and respond to call bells in a timely manner.

The service plans its staffing according to consumer needs and feedback from consumers and staff. There are position descriptions and a recruitment process to ensure new employees have the qualifications and knowledge to effectively perform their roles. Staff are trained and equipped to provide safe and quality care and services and there are processes for the ongoing assessment, monitoring and review of the performance of all staff.

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

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).

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

For example:

Consumers interviewed stated they think the service is well run. Consumers confirmed they have the opportunity to attend consumer meetings, focus groups, and provide feedback and suggestions by other means. They said they feel comfortable talking with management and they are open to suggestions.

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

The organisation also demonstrated it has governance systems, a risk management plan and clinical governance framework in place for the delivery of safe and quality care and services.

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

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 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.*

# Ensure consumers are fully assessed and monitored post fall including pain assessment and vital and neurological observations undertaken.

* Ensure care plans for the use of chemical restraint comply with the Quality of Care Ammendement (Minimising the Use of Restraints ) Principles 2019.