Opal Denhams Beach

Performance Report

269 Beach Road
DENHAMS BEACH NSW 2536
Phone number: 02 4412 3400

**Commission ID:** 2801

**Provider name:** DPG Services Pty Ltd

**Site Audit date:** 17 December 2019 to 19 December 2019

# 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) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-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 6 February 2020.

# STANDARD 1 COMPLIANTConsumer 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

Overall sampled consumers confirmed 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.

For example:

* Consumers interviewed confirmed they are treated with respect with their identity, culture and diversity valued.
* Consumers interviewed confirmed they are encouraged to do things for themselves and that staff know what is important to them. Consumers said they are supported to maintain relationships that are important to them and to take the risks that enable them to live the best life they can.
* Consumers interviewed confirmed their personal privacy is respected including preserving dignity during personal care.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

* The Assessment Team found that there was consistency throughout staff interviews and care planning documents sampled, that demonstrates consumers were given choice, respect and valued as an individual.

The Quality Standard is considered to be compliant as 6 of the 6 specific requirements are 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

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 kept confidential.

# STANDARD 2 NON-COMPLIANTOngoing 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

Most sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers and representatives interviewed confirmed they are involved in care planning. Case conferences occur routinely to identify and review needs, goals and preferences.
* Most consumers interviewed confirmed they are informed about the outcomes of assessment and planning and said they have ready access to their care and services plan if they wish. However, one representative said they were not formally consulted before their consumer was commenced on a chemical restraint to manage behaviours of concern.

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 organisation has policies and procedures relating to care planning to ensure safe and effective care and services are provided. However, assessment and planning of the sampled consumers was inadequate and did not consistently identify and address their risks and specific needs. Although routine care plan reviews occur, they have not effectively addressed consumers’ specific needs. Most of the care and services plans sampled had gaps in relation to re-assessment and review of care when circumstances changed or when incidents impact on the needs, goals and preferences of the consumer.

The Quality Standard is assessed as non-compliant as 2 of the 5 specific requirements were non-compliant.

* Assessment and planning did not consistently address consumers’ risks such as falls, skin integrity, malnutrition and swallowing difficulties, depression, delirium and behaviours. The assessment and planning of two sampled respite consumers have not reflected the organisation’s policies and has placed them at risk. Care and services were not always reviewed of not effectively reviewed when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer. Important information regarding consumer’s specific needs and preferences were not consistently included in care plans.

## 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.

Assessment and planning did not consistently address risks for identified consumers in relation to falls, skin integrity, weight loss and swallowing difficulties, depression, delirium and behaviours. Assessment and planning had not occurred in relation to identified weight loss. Swallowing difficulties leading to medications not being regularly taken were not sufficiently monitored and managed. Assessments following repeated falls did not identify new interventions and falls assessments were not completed. Minimal intervention strategies were recorded despite a history of aggressive behaviours. Skin integrity was not adequately documented and nutrition and hydration needs not fully reviewed. Assessments had not identified risk of constipation despite this having occurred on occasions. Fluid input recording was incomplete. Depression screening was not undertaken despite evidence a consumer was depressed.

I have considered the approved provider’s submissions and acknowledge the improvement activities it has identified; however I consider that improvements are required to assessment and planning in relation to weight loss, falls, skin integrity, depression, swallowing difficulties, delirium and behaviours.

### 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 organisation demonstrates that 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.

While instances were identified where assessment and planning was not effective, I have considered this information under Standard 2 requirement 2(3)(a). I am satisfied that that advance care planning and end of life planning was occurring.

### 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.

An instance was identified where assessments following repeated falls did not identify new interventions, however I have considered that information under Standard 2 requirement 2(3)(a). An instance was identified where a consumer’s representative was not informed about the use of chemical restraint which I have considered under Standard 3 requirement (3)(a).

### Requirement 2(3)(e) Non-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.

The organisation was unable to demonstrate that it reviewed care and services, especially when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer. In particular, the identified weight loss of a consumer did not result in prompt review of their needs. Further, there was not effective review of a consumer following repeated falls.

I acknowledge the approved provider’s response and actions taken, however I have identified the need for improvements in relation to the matters specified above.

# STANDARD 3 NON-COMPLIANTPersonal 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

Some sampled consumers did not consider that they receive personal care and clinical care that is safe and right for them.

For example:

* Two consumers answered, “I think so”, when asked if they get the care they need. Another consumer said they do not always get the food they want, and another consumer said they receive the care they need “sometimes yes, sometimes no”. One consumer was asked about how staff manage their specific care needs/risks; their response reflected poorly on the provision of care.
* Consumers interviewed confirmed they have access to a doctor or other health professional when they need it. However, one consumer said they had only seen the doctor for the first time that same day but had been living at the service for over six weeks.
* One consumer said they feel down at times and said they do not think the staff care. Another consumer said they do not expect staff to give them the food they like as they have a lot of people to look after; this consumer has experienced significant weight loss.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

* The organisation has policies and procedures to provide guidance to staff about the provision of safe and effective personal and clinical care. Review of files indicate most of the sampled consumers have not received care that has optimised their health and wellbeing. High impact and high prevalence risks such as falls, malnutrition, behaviours and skin integrity have not been appropriately managed. Staff demonstrated adequate knowledge in relation to end of life care. Deterioration or changes to consumers’ condition are not consistently recognised or responded to in a timely manner. Staff interviewed confirmed information management systems are not always effective; review of care and service files confirmed this. Timely and appropriate referrals to other health professionals have not been consistent for consumers. Staff interviewed demonstrated adequate knowledge of infection control and antimicrobial stewardship.

The Quality Standard is assessed as Non-compliant as 5 of the 7 specific requirements were non-compliant.

* The service was unable to demonstrate the provision of care that reflects best practice, specifically in relation to risk such as falls and skin integrity. As a result, consumers have experienced poor outcomes. For example, two consumers have developed pressure injuries however they were not identified or reported until a later stage. Registered nurses interviewed did not demonstrate adequate knowledge of pressure injuries. One consumer’s behaviours were not adequately managed on admission and this has had a significant impact on another consumer’s wellbeing. The Assessment Team identified issues in relation to the identification and response to the deterioration and changes to consumers’ conditions, such as malnutrition and delirium.

### 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 organisation was unable to demonstrate that each consumer received safe and effective care. I have identified that skin integrity and wounds were not adequately monitored and pressure injuries not identified or reported until a later stage. Post fall assessments were not complete and new interventions not implemented despite repeated falls. Weight loss was not managed promptly. Swallowing difficulties leading to medications not being regularly taken were not sufficiently monitored and managed. Minimal intervention strategies were recorded despite a history of aggressive behaviours. Depression screening was not undertaken despite evidence a consumer was depressed. Signs of delirium were not managed effectively. A consumer was not adequately assessed following an incident and pain not managed. While there was information that the use of chemical restraint on a consumer was being monitored, there was no information to indicate the consumers representative was informed about the use of the restraint. Interviews with Registered Nurses indicated they did not have sufficient skill and knowledge to provide quality care and services, for example, by not being able to demonstrate adequate knowledge regarding best practice in relation to falls management and prevention.

I have considered the approved provider’s submissions and acknowledge the improvement activities it has identified; however I consider that improvements are required in the provision of care in relation to weight loss, falls, skin integrity, depression, swallowing difficulties, delirium and behaviours.

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

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

The organisation was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, particularly in relation to skin integrity, falls, weight loss, and behaviours. In addition to the issues I have identified regarding assessment and planning, and the provision of care, in relation to these matters, staff were not always able to identify risks to consumers or identified risks not shown in care planning documentation.

I have considered the approved provider’s submissions and acknowledge the improvement activities it has identified; however I consider that improvements are required in relation to effective management of high impact or high prevalence risks I have identified.

### 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.

I have not identified deficiencies specifically in relation to the care provided to consumers nearing the end of life.

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

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

The organisation was not able to demonstrate that deterioration or changes in a consumer’s status was responded to in a timely manner specifically in relation to weight loss and changes in skin integrity.

I have considered the approved provider’s submissions and acknowledge the improvement activities it has identified; however I consider that improvements are required in relation to deterioration or changes in a consumer’s status.

### Requirement 3(3)(e) Non-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.

The organisation was not able to demonstrate that information about the consumer’s condition, needs and preferences is adequately documented and communicated adequately, particularly in relation nutrition needs, falls risk and skin integrity. Staff interviewed stated handovers could be more detailed and do not occur at an appropriate time. Registered Nurses stated care staff are not allowed to document in progress notes and believe some gaps may exist because of this.

I have considered the approved provider’s submissions and acknowledge the improvement activities it has identified; however I consider that improvements are required in documentation and communication of the consumer’s condition, needs and preferences.

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

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

The organisation did not demonstrate timely and appropriate referrals, particularly in relation to a consumer with significant weight loss and a history of swallowing difficulties limiting his ability to take medications. I acknowledge that referrals were made during the Site Audit, together with the improvement activities identified by the approved provider. However, I consider that improvements are required to embed consistent practices in this regard.

### 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 COMPLIANTServices 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:

* Feedback from consumers interviewed indicated they are supported by staff to do the things they like to do. This includes maintaining links with community groups and attending community events. Consumers also advised they were able to continue with activities they enjoyed.
* Consumers interviewed said they are able to maintain friendships and family contact. Some consumers advised they utilised the telephone to maintain contact with family member who lived outside the region and were unable to visit.
* Feedback from consumers was mixed regarding the meals. Individual dislikes raised with the Assessment Team were referred to management to alert catering staff that these foods were not to be served to the consumer. However, positive comments regarding the quality and quantity of food served was also received.
* Management has systems in place to enable consumers to be consulted about the services being provided. There is a monthly meeting as well as a two monthly food focus meeting which provides a forum for consumers to discuss issues.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

* The service has introduced a ‘meaningful mates’ program. This program is aimed at providing consumers with a staff member who will visit and chat with them. One aim of the program is to enable consumers wherever possible to continue to live a meaningful life and be supported to maintain personal relationships to the level they wish.

The Quality Standard is considered to be compliant as 7 of the 7 specific requirements are 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 COMPLIANTOrganisation’s services 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

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

For example:

* Feedback from consumers indicated that they felt safe at the service. Some consumers provided the Assessment Team with specific examples of how staff supported them. This included being able to maintain links with the local community.
* Consumers interviewed confirmed that they feel at home and have been able to bring personal memorabilia to decorate and personalise their room. Consumers advised their visitors are made to feel welcome when visiting. The service has a number of small lounges in which consumers can entertain their visitors if they wish to do so.
* Feedback from consumers was positive about the cleanliness of the service. They also confirmed that any maintenance matters were attended promptly.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

* The service has two levels on a sloping block of land (ground floor and lower ground floor) in which consumers are accommodated. The service has a mix of twin shared and single rooms with ensuite bathrooms. The service has a number of small lounge areas on both levels of the service which can be used by consumers and their visitors. There are also activities areas in which consumers can engage in a variety of activities.
* Consumers interviewed said they thought the service was safe, clean and well maintained.

The Quality Standard is considered to be compliant as 3 of the 3 specific requirements are 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 COMPLIANTFeedback 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

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

For example:

* Consumers interviewed felt they could make complaints and felt safe to do so. They described how complaints were managed openly and resolved to their satisfaction.
* Consumers interviewed felt that changes were made at the service in response to complaints and feedback and resulted in continuous improvement.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

* The organisation employs an open disclosure approach to reviewing and acting on complaints. It welcomes and encourages the voice of the consumer so they can engage with consumers to ensure they are involved in the evaluation of care and services.

The Quality Standard is considered to be compliant as 4 of the 4 specific requirements are 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 NON-COMPLIANTHuman 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

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

For example:

* Consumers interviewed confirmed staff at the service are kind and caring.One consumer stated the staff are “pretty good” and they feel respected and safe.
* Consumers interviewed stated they feel the staff know what they are doing. One consumer stated that when they ask a question and the staff member does not know the answer, they get someone that does. They said staff are very friendly.
* All consumers interviewed said they are satisfied with the levels of staff available to provide them with care. They stated they do not have to wait long for someone to come when they use the call bell.

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.

* Staff were observed to be respectful and demonstrated they were knowledgeable in consumers individual needs and preferences. Management demonstrated systems to ensure that staff are trained and are monitored for their competence in their roles.
* Most staff interviewed stated they feel supported by management and are provided with education to compete their task and be compliant with the Quality Standards.

The Quality Standard is assessed as Non-compliant as one 1 of the 5 specific requirements was non-compliant.

Whilst the organisation has systems to ensure the workforce is sufficient and has current qualifications, they do not have the appropriate skills and knowledge to provide quality care and services. The Assessment Team found registered nurses lack an understanding of skin care, pain and falls management best practice principles and this impacts on consumers as stated in Standard 2 and 3.

## 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.

I have considered information about the competency of staff under Standard 7 requirement 7(3)(c)

### 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) Non-compliant

The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

The organisation has processes in place designed to enhance competency and ensure staff have the qualifications and knowledge to effectively perform their roles. However, the information identified in relation to deficiencies in assessment and planning, provision of care and management of high impact and high prevalence indicates these processes are not equipping staff, including Registered Nurses, with the ability to perform their roles. Interviews with Registered Nurses indicated they did not have sufficient skill and knowledge to provide quality care and services, for example, by not being able to demonstrate adequate knowledge regarding best practice in relation to falls management and prevention. Staff were not always able to identify risks to consumers or identified risks not shown in care planning documentation.

I have considered the approved provider’s submissions and acknowledge the improvement activities it has identified; however I consider that improvements are required to ensure the workforce is competent and has 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 COMPLIANTOrganisational 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

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

For example:

* All consumers interviewed confirmed that the service is well run, and that management communicate effectively with them.
* Consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services. Consumers are engaged at all levels of service delivery and development through participation in interview panels for staff recruitment, service committees and consumer satisfaction committees.
* Feedback from consumers is sought through meetings, surveys and feedback forms. Consumers confirmed that they are aware of how to provide feedback and that management address concerns in a timely manner.

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

* The organisation has effective governance systems in place to ensure that service management, the executive team and the Board are aware of any risks to consumers or areas that require improvement.

The Quality Standard is considered to be compliant as 5 of the 5 specific requirements are 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.

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

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

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 2**

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

The organisation demonstrates 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)(e)

The organisation demonstrates that 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**

##### Requirement 3(a)

The organisation demonstrates 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)

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

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

The organisation demonstrates that 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)

The organisation demonstrates that 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)

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

**Standard 7**

##### Requirement 7(3)(c)

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.