Strathearn House

Performance Report

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**Commission ID:** 1028

**Provider name:** HammondCare

**Site Audit date:** 3 November 2020 to 6 November 2020

**Date of Performance Report:** 21 December 2020

# 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) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **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 1 December 2020.

# 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 from the four cottages: Middlebrook, Glenbawn, Kingdon and Barrington considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

All consumers and representatives interviewed confirmed they are treated with respect and are valued by staff. Consumers and representatives said, staff speak in a calm manner. Consumers said they make choices in their daily living without being told what to do by staff, for example, a consumer said, “when staff ask me to get up in the mornings I don’t always want to, I stay in bed longer, it’s my choice and that’s ok”.

Most consumers interviewed said the cottage feels like their home, they can make themselves a cup of tea or coffee, read available books from the library, stay in their rooms or roam in the communal areas inside and outside when they choose.

Another consumer , said, “I need to keep active, I enjoy walking around the cottage and I enjoy walking outside when my sister visits me”, he also said, “staff know it is important I speak to my wife when I’m worried because family is very important to me, the staff call her on the telephone whenever I ask them to”.

Another consumer said he helps set the dining table and washes and dries the dishes when he can.

Another consumer said, “Absolutely staff treat me with respect, they treat me as I like to be treated, I tell them what I like and don’t like, they know I am from Scone, my daughter lives in town and staff know what’s important to me, most of the time I can talk to anyone here”.

All consumers interviewed said their privacy is respected. One consumer interviewed resides in Glenbawn, and said she can do most things on her own. When assistance is required for personal care, the staff attend to her in a respectful manner, ensuring the bedroom door is closed. Conversations about her care are not held in a communal areas and kept to the privacy of her room. The staff were observed to always speak respectfully to the consumers and representatives when engaging and providing personal care and services.

Staff interviewed demonstrated knowledge of the consumers’ background and preferences and this was consistent in care documentation regarding choiceand maintaining 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-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

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.

Whilst most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services:

 For example:

* Consumers interviewed confirmed that they are involved in care planning to some extent.
* Representatives interviewed confirmed that they have access to their care and services plan if they wish;

The Assessment Team identified examples when reviewing documentation of care provided to consumers. The Assessment Team also identified examples where assessment and planning is not always informing the delivery of consumer’s needs, goals and preferences.

The Quality Standard is assessed as non-compliant as one of the five specific requirements have been assessed as non-compliant. A decision on non-compliant in one or more requirements results in a decision of non-compliant for the Quality Standard.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

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

The Assessment Team found that whilst the service has schedules to guide staff in completing assessments on entry that assist in the development of care plans, the process is not always followed. Consumers files reviewed show assessments are not always completed in relation to the service’s schedule. Risk assessments are sometimes completed but the information is not always used to manage risk.

In their response the Approved Provider submitted information to address the issues raised by the Assessment Team. The Approved Provider advised that since the site audit they have conducted a full review of the named consumers to ensure that their care needs are being met and this is clearly documented in their individual care plans. This has involved discussions with each consumer and / or their representative to ensure they address their current care needs. The Approved Provider has advised that until they are confident this issue is resolved the Quality, Safety & Risk (QSR) Officer will review the files of all new residents shortly after admission to monitor that assessments are being completed according to the schedule. The approved Provider has also submitted a Quick Training Guide for staff on Pressure Area Care to address issues raised in the Site Audit report.

While I am satisfied that the Approved Provider has taken steps to address the issues raised by the Assessment Team since the site audit and does not dispute the findings of the Assessment Team, I am not persuaded that they have provided information which supports the compliance with this requirement at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that it adequately ensures that assessment and planning,including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

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

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

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 NON-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

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.

Whilst most consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers interviewed confirmed that they get the care they need.
* Consumers and their representatives interviewed confirmed that they have access to a doctor or other health professional when they need it.

In reviewing clinical files and observing consumers, the Assessment Team were led to consider that each consumer does not always receive effective personal care and clinical care tailored to their needs and that optimises their health and well-being, in relation to pain management.

The Quality Standard is assessed as non-compliant as one of the seven specific requirements have been assessed as non-compliant. A decision on non-compliant in one or more requirements results in a decision of non-compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that each consumer is not always receiving personal and clinical care that is best practice, tailored to their needs and optimises their health and wellbeing especially in relation to pain management. Most consumers interviewed thought they get the care they need while some representatives were dissatisfied with the care received by their consumer. Progress notes and other documents did not reflect safe, effective care for each consumer which is tailored to their specific needs and preferences. The Assessment Team identified issues with falls management and how the service is identifying, monitoring and managing pain for the sampled consumers, including medication management issues. Staff practice is not consistent with the documented guidance for staff. Staff interviewed were able to identify areas of concern for the sampled consumers which was consistent with their care plan. The Assessment Team were satisfied that the service is appropriately managing psychotropic medication and restraint and skin integrity at the service for the sampled consumers.

In their response the Approved Provider submitted information to address the issues raised by the Assessment Team. The Approved Provider has conducted an investigation into the named consumer’s fall, monitoring and subsequent transfer to hospital and committed to meeting with the consumer and representative fortnightly to ensure that needs and care are provided in line with both the organisations and their expectations. The Approved Provider has implemented a ‘Critical Incident Review – Fall with Fracture’ Form for the independent Quality Safety and Risk team to complete for any fall that results in a fracture. This will help them to ensure appropriate action is taken at the time of the fall, and appropriate care and interventions (including pain management) are assessed and monitored following return from the hospital- Critical Incident Review – Fall with Fracture Form.

The Approved Provider has also immediately commenced a range of training programs for all staff in relation to pain management. This has included: A Quick Training Guide on Pain which outlines the non-verbal signs of pain and has questions to assist with staff knowledge. So far this has been completed by 50 staff. This is discussed and followed up at weekly cottage meetings, where discussion on the many ways a resident may express pain and actions that should be taken are reinforced.

The Approved Provider have implemented a scheduled monthly task within their electronic care plan program to prompt and remind staff to complete a pain assessment for all residents on regular or PRN schedule 8 medication, with pain care plans reviewed for residents with an identified care need of pain to ensure accuracy and in identifying and managing the individual’s pain.

The Approved Provider has met with the pharmacy in relation to medication supply to ensure there are no further issues with the supply of medication. This will also be clearly monitored in the medication advisory committee meetings. And a quality improvement activity has been developed in relation to pain management to ensure the ongoing monitoring of all of the above.

While I am satisfied that the Approved Provider has implemented training and interventions to address the issues raised by the Assessment Team since the site audit and does not dispute the findings of the Assessment Team. At the time of the site audit, the Approved Provider did not demonstrate effective personal and clinical care was provided to consumers particularly in regard to falls and pain management.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that it adequately ensures that consumers get safe and effective personal and clinical care.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and 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.

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

For example:

* From the consumers interviewed most confirmed they are supported by the service to do the things they like to do. For those consumers, whose representatives were interviewed they said their loved one’s dementia prevents them from participating in some activities the service provides. However, staff continue to keep them informed and the consumers and representatives are always invited to participate in activities. For example: pastoral care services, church services and memorials, and festive celebration held at the service.
* Mostly all consumers and representatives interviewed said they are encouraged and able to keep in touch with people, either their families, friends and/or with others in the community including organisations.
* Consumers and representatives interviewed said they enjoy the food at the service and that there is always plenty to go around. There are options available and consumers can make cups of tea or coffee as they please using the communal kitchen.
* Consumers are supported to engage in lifestyle interests and activities that they enjoy. The service has recently increased their life engagement activities to suit consumers needs seven days a week.
* The connection to the community or to make alternative arrangements during the COVID-19 pandemic has been addressed by management. Community members, friends, families and representatives can visit the service at designated times and for periods of time. Staff confirmed they are still accessing the service’s bus to facilitate trips for consumers from each cottage.

Whilst not all consumers were observed to be participating in activities available. It is acknowledged consumers are living in their home and activities such as assisting with meals, laundry and folding clothes, cleaning dishes are all part of the activities available at the service. Not all activities are required to be scheduled on the calendar as they can change depending on what the needs are for the consumer each day.

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 Assessment 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:

* Feedback from consumers indicated that they felt safe whilst living in the service.
* Some consumers liked having their own room and bathroom and the ability to potter in their room when they wanted to do so. Other consumers advised they were able to go for walks if they wished to do so and did not feel restricted. This included being able to move freely about the grounds.
* The service environment provides both private and communal space to cater for consumers personal and social needs.
* The service consists of four cottages which each accommodate 16 consumers. Each cottage functions as part of a household model which includes meals being prepared in each of the cottage kitchens. Consumers can access food or make themselves a snack in the kitchen if they wish to do so.

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

For example:

* Sampled consumers said they are comfortable to raise concerns and believe staff and management would act immediately on issues raised.
* Most sampled consumers consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives said they are offered opportunity to raise concerns at family care conferences or meetings.
* Consumers and representatives interviewed said they understand the process to give feedback and/or make a complaint. They are familiar with the options available, for examples, speaking directly to staff, raising it with management, or raising their concern or query at the consumer representative meetings. There is a ‘Tell Us About It’ brochure available at each cottage for consumers and representatives submit.
* Management described how complaints are being documented, trended and analysed to improve care and services provided. Improvements have been made regarding complaints’ management.

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 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

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

For example:

* Feedback from consumers indicated they felt staff were kind and caring in their interactions. This was also supported by comments from representatives.
* Positive feedback was received from consumers regarding staff members knowledge and competency to effectively perform their roles. Consumers said they generally felt confident staff knew what they needed to do and felt that they were not waiting too long if they needed assistance from staff.

The Assessment Team noted following reviews of meeting minutes and care files that some members of the workforce do not have the appropriate skills and knowledge to perform their roles effectively. Actions undertaken by staff in managing a consumer following a fall and subsequent management of consumers pain do not reflect appropriate management.

The Quality Standard is assessed as non-compliant as one of the five specific requirements have been assessed as non-compliant. A decision on non-compliant in one or more requirements results in a decision of non-compliant for the Quality Standard.

## 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) Non-compliant

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

The Assessment Team found that actions undertaken by staff in managing a consumer following a fall and in identifying and managing consumers pain does not reflect that staff have the appropriate qualifications and knowledge to effectively perform their roles.

In their response, the Approved Provider submitted information to address the issues raised by the Assessment Team. The Approved Provider stated that it is committed to rectifying this issue immediately (as outlined in standard 3 above) and has implemented a range of training activities in relation to improving staff knowledge. The Approved Provider has also advised that the staff member who transported the named consumer to hospital via the organisation bus has undertaken counselling and performance management and this staff member has also committed to undertaking further training in relation to clinical decision making and falls management.

While I am satisfied that the Approved Provider has implemented training and interventions to address the issues raised by the Assessment Team since the site audit and acknowledges the findings of the Assessment Team, at the time of the site audit, it was evident that some members of the workforce do not have the appropriate skills and knowledge to perform their roles effectively, particularly in regards to falls and pain management.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that the workforce is adequately 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 and representatives generally reported that they felt the service was well run.
* The head of residential care advised although there is no formal involvement by consumers in board or committee discussions informal consultation is undertaken with consumers and representatives. This occurs through their involvement in surveys and in discussion surrounding their care and the development of the new menu.

The organisation 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 organisation provides oversight across a range of management systems as part of the organisational governance program. This includes undertaking audits and surveys to monitor the performance of individual services within the group. The service provides information to senior management across a range of clinical indicators to enable management to monitor any trends. This in turn enables management to develop and implement strategies to minimise risks to consumers.

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.*

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

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

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

# Areas for improvement

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

### Requirement 2(3)(a)

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

Required improvements

The Approved Provider must demonstrate that:

* Staff follow the documented guidance for assessments upon consumers entry to the service and when developing care plans; and
* consumers assessments are completed to align with the services schedule; and
* the information in risk assessments is used to manage risks associated with care of consumers at the service.

### 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*

Required improvements

The Approved Provider must demonstrate that:

* Each consumer gets personal and clinical care that is safe and effective that is best practice, tailored to their needs and optimises their health and wellbeing especially in relation to pain management strategies; and
* documented guidance processes for pain management and medication management is followed by all staff; and
* the actions noted in the Approved Provider’s response are implemented and reviewed including but not limited to pain management education and training for staff.

### Requirement 7(3)(c)

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

Required improvements

The Approved Provider must demonstrate that:

* The actions noted in the Approved Provider’s response are implemented, monitored and reviewed; and
* staff undertake competencies and training provided to ensure that the workforce is competent, and that staff have the knowledge and qualifications to effectively perform their roles.