Uniting Starrett Lodge Hamlyn Terrace

Performance Report

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**Commission ID:** 0541

**Provider name:** The Uniting Church in Australia Property Trust (NSW)

**Site Audit date:** 22 February 2022 to 24 February 2022

**Date of Performance Report:** 23 March 2022

# Performance report prepared by

E Woodley, delegate of the Aged Care Quality and Safety Commissioner.

# 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) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **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** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the Site Audit report received 21 March 2022.

# 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 Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers and representatives interviewed by the Assessment Team considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. All consumers expressed their satisfaction with the way staff make the consumer feel respected and valued as an individual. Consumers said staff are very respectful to them and many provided highly positive feedback about the attitude of staff. Consumers said staff respect their privacy and knock before coming into their bedrooms.

Staff spoke respectfully about consumers and were observed offering consumers choices in relation to care and services. It was demonstrated that consumers are supported to take risks to enable them to lead the best life they can, however risk assessments for lifestyle activities have not been completed and documented in their care plan. Consumers are supported and encouraged to make choices about day-to-day care and these choices respected.

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, consumers and representatives interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of the consumer’s care and services. Consumers and representatives confirmed they are involved in the care planning process, including through the annual case conferences, face-to-face discussions, and phone conversations with the registered nurses. They said a copy of the care plan is available to them.

The representatives interviewed said they have discussions with the registered nurses when their consumer’s health needs change or when an incident occurs. They said ongoing discussions may involve the use of specialists or allied therapist to assess and assist in the ongoing care of the consumer.

Consumers and representatives interviewed said advance care planning is discussed when the consumer first enters the service and as required. Documentation reviewed by the Assessment Team shows initial, ongoing assessments and care plans are in place to ensure the consumer’s currents needs, goals and preferences are met. A review by the Assessment Team identified the needs, goals and preferences of consumers and the risks associated with their care are discussed, documented and reviewed when required.

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.*

### 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 consumers’ experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care and service records and interviewing consumers, representatives and staff about safe and quality care and service delivery. The Assessment Team also examined other relevant documents.

Overall, consumers and representatives interviewed by the Assessment Team considered consumers receive personal care and clinical care which is safe and right for them. Most consumers spoke highly of the clinical care they receive.

For the consumers sampled, the Assessment Team identified that pain and restrictive practice management has been assessed and monitored in accordance with organisational policies and procedures and best practice guidelines and legislation. The organisation has a policy and procedure to guide staff in recognising and responding to consumers deterioration or change in condition. Review of consumers care and service documents and interviews with staff shows this is managed.

Review of organisational policies, procedures, resources and interviews with staff show there is support available for consumers nearing end of life. For one consumer who was nearing end of life, review of their care and services records showed their comfort and dignity were maintained.

Review of documentation and interviews with consumers, representatives and staff showed information about the condition, needs and preferences of consumers is communicated among staff and with others where responsibility for care is shared. It also showed consumers are referred to appropriate services and specialists in a timely manner and in response to the needs of the consumers.

The service demonstrated there is effective management of standard and transmission-based precautions in place to prevent and control infections. Staff were generally knowledgeable regarding antimicrobial stewardship.

Although the feedback from consumers and representatives was very positive in relation to the care the consumers receive, the Assessment Team identified deficits in wound management for a sampled consumer. The Assessment Team identified deficits in the management of high impact and high prevalence risks associated with the care of some consumers. This includes consumers diabetes management and blood pressure monitoring.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have 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 identified that for consumers sampled, pain management and restrictive practice legislation is being effectively managed, and the feedback from consumers and representatives was very positive in relation to the care the consumers receive. However, the Assessment Team identified deficits in a consumer’s wound management and maintenance of skin integrity. Documentation reviewed and discussions with senior management show the organisation’s policies, procedures and best practice guidelines are not being followed regarding the wound management for a consumer.

In their response, the approved provider identified continuous improvement actions implemented since the Site Audit to improve wound management practices and maintenance of skin integrity. This includes re-issuing the organisation’s policy regarding wound management and skin integrity to ensure staff are familiar with this, educating staff with best practice guidance, and increased clinical oversight and compliance checks for wound management. For the consumer identified in the Site Audit report, the approved provider’s response demonstrates the consumer’s care planning documentation has been updated, and staff are reminded at daily huddles of the consumer’s wound management requirements. The service has further engaged the consumer, their representative and the consumer’s medical officer in the management of the consumer’s care.

At the time of the Site Audit, the service did not demonstrate that for one consumer wound management and maintenance of skin integrity was best practice, tailored to their needs and optimised their health and well-being.

I find this requirement is Non-compliant.

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

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

Although the feedback from most consumers and representatives was very positive in relation to the care the consumers receive, the Assessment Team identified deficits in the management of high impact and high prevalence risks associated with the care of some sampled consumers. This includes consumers diabetes management and blood pressure monitoring. For one consumer, monitoring of their blood glucose levels (BGLs) was not consistent at a time of high risk when the consumer’s insulin dosage has been increased. The Assessment Team found there was no current insulin management directive in place for this consumer to guide staff practice in monitoring of the BGLs. For another consumer, high blood pressure was not recognised, reported, monitored, or escalated on two occasions when the blood pressure was at extreme risk. For these consumers, medical directives and the organisation’s policies/procedures were not consistently followed.

For the two consumers identified in the Site Audit report, the approved provider’s response demonstrates further investigation was undertaken by the service, and the consumers’ care was reviewed to ensure more effective management of the associated high impact risks.

In their response, the approved provider identified continuous improvement actions implemented since the Site Audit to ensure effective management of high impact and high prevalence risks for consumers. This includes staff education and training, alerts and directives added to the electronic care planning system, and increased clinical oversight. The approved provider’s response identifies that an audit has been conducted on all consumers with high impact or high prevalence risks to review care plans and monitor on a regular basis.

At the time of the Site Audit, for two consumers the service did not demonstrate effective management of the high impact or high prevalence risks associated with their care.

I find this requirement is Non-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 supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

Consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers identified the people who are important to them and described the ways they are supported to keep in touch with these people.

Consumer feedback regarding the meals provided at the service was not consistently positive in relation to the quality of the meals. Some consumers indicated dissatisfaction with the quality of the meals. However, consumers and management advised a new menu is being implemented in March 2022 which the consumers have been able to contribute their preferences and feedback to.

Consumer preferences for services and supports for daily living were consistent with the information provided in interviews with staff and the information documented in consumers’ care plans.

Consumers with varying levels of mobility were observed moving about the service, with staff providing support as required, and most consumers were observed to be engaged in activities of their choosing. The service has a range of lifestyle supports and services available for consumers which includes options for consumers with varying levels of functional, cognitive, and visual abilities.

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.

Consumers interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The Assessment Team found the service has a welcoming environment, is clean and well maintained. Consumers were observed to be moving around their households using a range of mobility assistive equipment, including wheelchairs and wheeled walkers.

The service has processes in place to ensure furniture, fittings and equipment are safe, clean and well maintained. This includes cleaning and maintenance schedules. Consumers said they felt their equipment was suitable for their needs, and staff across all areas of the service said they have enough equipment to undertake their role and meet the needs of consumers.

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 Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers interviewed generally felt that changes were made at the service in response to complaints and feedback. The continuous improvement plan reflected this. Consumers were also able to describe different ways they could provide feedback and complaints.

The service ensures consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Staff demonstrated they were aware of advocacy and interpreter services to assist consumers to raise and seek resolution of their concerns.

The service provided documentation such as complaint logs, reports and minutes of resident meetings that demonstrated consumer feedback and complaints are captured, analysed, and resolved. There is a policy for open disclosure and management provided examples of when it has been practiced. Most staff interviewed stated they had received education on open disclosure and understood what it meant.

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.

All consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable and capable. Consumers interviewed said most staff are kind, gentle and caring and are respectful of who they are as individuals. This was also observed by the Assessment Team throughout the Site Audit. Consumers and their representatives said they feel confident that staff are skilled to meet consumer’s care needs.

The service generally demonstrated it has systems for recruitment of staff to ensure they employ staff who are skilled and meet the requirements of their job roles. There are processes for regular training in core skills which are job specific.

The service has a performance review system for staff, and demonstrated that regular assessment, monitoring and review of each member of the workforce is undertaken when due, and as required.

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 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

Overall, consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers were able to describe how they are encouraged and supported to participate in the development, delivery and evaluation of care and services through consumer meetings, food forums, feedback and complaint mechanisms, surveys, service design input, individual planning and assessment and feedback opportunities.

The service demonstrated that it’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Overall, the organisation demonstrated it has effective governance systems to support the safe delivery of quality care for consumers.

The organisation has effective risk management systems and practices in place to ensure the identification and response to abuse and neglect of a consumer is managed appropriately. However, the Assessment Team identified staff practices for the management of high impact or high prevalence risks associated with diabetes and wound management and blood pressure monitoring for some consumers is not being effectively managed.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

The service demonstrated it has effective risk management systems and practices in place to identify and respond to abuse and neglect of consumers. Care plans reviewed, and staff and consumers interviewed by the Assessment Team, demonstrated the service supports consumers to live the best life they can. However, the Assessment Team identified deficits in the management of high impact and high prevalence risks associated with the care of some consumers. This includes consumers diabetes management, blood pressure monitoring and wound management. The Assessment Team identified registered nurse practices are not consistent with some consumers identified risk, medical directives, and the organisation’s policies and procedures have not been consistently followed.

In their response, the approved provider identified improvements to clinical risk management systems and practices implemented since the Site Audit. The response identifies the approved provider is working with the service to implement a clinical case management model to deliver best practice, person-centred care and to ensure registered nurses are accountable for clinical decision making. The approved provider’s response also identifies that staff have been re-educated on the organisation’s risk management and clinical best practice procedures, and has plans for increased clinical oversight to ensure compliance with these.

While the organisation has risk management systems and practices, these were not consistently or effectively implemented at the service in regard to managing high impact or high prevalence risks associated with the care of consumers.

I find this requirement is Non-compliant.

### 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.*

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Prevention and management of consumer wounds is in line with the organisation’s policies and optimises consumer’s health and well-being. This includes that wounds are appropriately assessed, managed, and monitored.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively managed. This includes in relation to diabetes management and escalation of the consumer’s condition when appropriate.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(d)

*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.*

The approved provider must demonstrate:

* The service has implemented effective risk management systems and practices to manage the high impact or high prevalence risks associated with the care of consumers.
* The service has implemented all continuous improvement actions identified in their response.