Wakefield Aged Care Service

Performance Report

23 Moorhouse Terrace
RIVERTON SA 5412
Phone number: 08 8847 2300

**Commission ID:** 6190

**Provider name:** Yorke and Northern Local Health Network Incorporated

**Site Audit date:** 30 August 2021 to 1 September 2021

**Date of Performance Report:** 29 November 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | 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** | **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:

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* 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 Approved Provider’s response to the Site Audit report dated 23 September 2021
* other relevant information held by the Commission, including internal referrals received.

# 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

Overall, consumers and representatives confirmed that consumers were treated with dignity and respect, could maintain their identity and make informed choices about their care and services. Consumers and representatives said that consumers were encouraged and supported to do things for themselves and provided with sufficient and appropriate information to assist in decision making. Consumers reported feeling supported to exercise choice and independence and said that staff know what is important to them as individuals. Consumers described the way their culture and diversity were valued, and said they felt supported to express their individuality without judgement. They said that the service respects consumers’ personal privacy and expressed satisfaction that care and services were undertaken in a way that affords them dignity and respects their privacy.

Staff described to the Assessment Team individual consumers’ preferences, culture, values and beliefs and were able to explain how those preferences influence how care is delivered. The Assessment Team spoke to one member of staff who stated they felt they could benefit from further cultural awareness training in order to better support consumers and this was raised with management during the visit who provided the Assessment Team with an overview of the in-house training provided to staff. In its response dated 23 September 2021, the Approved Provider also provided additional information in relation to the training provided to staff and also undertook to provide additional communication and direction to staff to remind them of the resources available to them.

The Assessment Team inspected consumer care documentation and found documentation included the consumers’ life story, spiritual preferences, hobbies, previous community connections, past careers and skills and any areas that were likely to cause sensitivity if discussed. The Assessment Team viewed dignity of risk forms in place for consumers to support them to take risks in an informed manner. The service was able to demonstrate how it supported consumers to take informed risks and that it had appropriate frameworks in place to seek consent from consumers and representatives when consumers made these decisions.

The Assessment Team observed the service provided information to consumers in multiple ways and noted that noticeboards, posters, and brochures placed throughout the service with current information that covered infection control precautions, internal and external complaints processes, access to advocacy services, meal services menus and activity programs.

The organisation had policies and procedures to guide staff, including privacy and confidentiality and consumers’ rights to take risks which includes examples of risk-taking activities, risk identification and management processes. Staff were observed closing doors to maintain consumer privacy and locking doors prior to leaving workstations and offices.

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

Overall, consumers and representatives expressed they felt like partners in the ongoing assessment and planning of consumer care and services. Consumers and representatives said they were involved in both initial and ongoing care planning, were informed of the outcomes of assessment and planning and updated promptly following incidents or changes in care needs.

Consumers and representatives reported consumers’ care plans included things they consider important to the consumer, such as preferences and wishes for end of life care.

Staff advised they had access to consumer care plans via the electronic care documentation system and staff could describe who was responsible for care plan reviews in line with the electronic records.

Management described the service’s assessment and care planning processes, which included regular individual reviews and evaluations for the consumer leading into three-monthly care plan reviews. The service also undertook consumer experience surveys to confirm with consumers their health care needs were being met. The March 2021 survey results showed that 100% of responding consumers stated they received the care they need.

The service demonstrated policies were in place to guide staff on advance care planning requirements, including resources available to support consumers and representatives, and use of validated assessment tools to identify consumers entering end of life pathways.

The service demonstrated assessment and planning based on ongoing partnership with the consumer and included other organisations and providers were involved in the care of the consumer.

The Assessment Team found care plans, available through an electronic care system, included assessment of risk and identified management strategies for consumers’ personal, clinical and lifestyle needs. The consumers’ vital health information and contact details were appropriately recorded on the first page.

The organisation had policies and procedures in relation to care planning, such as the Comprehensive Clinical Care for Aged Procedure, to guide staff through assessment - informing care plans, consumer choice and decision making and communication on care.

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-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

Overall, consumers and representatives considered consumers received personal and clinical care which met their needs and was tailored to the individual. Consumers expressed satisfaction that appropriate referrals occurred when needed and that the consumer had access to relevant health professionals as required.

Staff were able to demonstrate they had a clear understanding of infection control and antimicrobial stewardship principles and consumers confirmed they had observed staff undertaking infection control steps on a regular basis.

The service was able to demonstrate information about consumers’ conditions, needs and preferences were documented and communicated within the organisation, and with others where responsibility was shared. Consumers expressed satisfaction with the provision of clinical and personal care and staff could describe means in which information was shared in order to support understanding of the consumers’ needs, goals and preferences.

Staff described how they would support someone at the end of their life, discussed monitoring palliating consumers’ comfort through regular reviews of pain, repositioning, massage and hygiene care and described measures they would take to ensure consumer comfort. Staff described the infection control practices in place within the service and confirmed they had received training in infection control and handwashing competencies.

Care planning documentation demonstrated a range of monitoring tools and assessments used by the service and showed appropriate referrals to other health professionals in response to a change in consumers’ condition and/or health status.

The organisation had policies and procedures in relation to infection control, including outbreak management readily available for staff and there were provisions available for the management of outbreaks.

However, the service did not demonstrate effective management of risks associated with the care of each consumer; specifically, in relation to recognising and minimising the use of chemical restraints. The Assessment Team also identified that the service had not followed one consumer’s care plan in relation to the monitoring and management of the consumer’s high blood sugar levels (hyperglycaemia).

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

The Assessment Team brought forward information in the Site Audit report that found medications used in the case of three named consumers were not appropriately identified by the service as chemical restraints. The service had a Restraint Register in place to record and manage the use of chemical restraints across the service, however, two of these consumers had not been appropriately identified on the register as being in receipt of a chemical restraint, despite the medication being prescribed to manage behaviours.

The Assessment Team identified two named consumers in the Site Audit report who were prescribed medications for existing medical conditions but were also administered these medications to manage behaviours. The Site Audit report stated that as well as not being recorded on the restraint register, these two consumers did not have appropriate consumer or representative authorisations for the use of these medications for this purpose. In its written response, dated 27 September 2021, the Approved Provider brought forward evidence to show these two consumers had additional medical diagnosis that at times affected their behaviour and necessitated the use of the medications, however, were not intended, nor administered by the service to be used as a chemical restraint. I have considered the information brought forward by the Assessment Team in the Site Audit report and the additional evidence provided by the Approved Provider in its written response and accept the additional evidence and explanation that these two consumers were not administered medications as a chemical restraint.

A third named consumer was in receipt of medications to treat behaviours, this consumer was appropriately identified and recorded on the Restraint Register. However, between July and August 2021 the service had administered medication on eight occasions to manage behaviour and had not recorded on this consumer’s behaviour chart; evidence that non-chemical interventions and behaviour management strategies had been attempted with the consumer prior to service administering these medications.

In its written response, the Approved Provider has acknowledged the deficiencies raised in the Site Audit report in relation to the reduction, management, tracking and reporting associated with chemical restraint and advised it had commenced a review into the documentation and tracking of consumers in receipt of chemical restraint across the service.

The Assessment Team also identified one named consumer with a diabetes diagnosis and a care plan in place that directed thrice daily monitoring and the administration of insulin as required. From a review of this consumer’s care documents, the Assessment Team found that on seven out of twelve days of charting the service could not demonstrate that the consumer had received care in accordance with this plan. On four occasions, a high glucose level had been recorded by staff and not escalated accordingly.

In its written response, the Approved Provider acknowledged the issues identified in relation to adherence to the care plan in the instance of the one named consumer with a diabetes diagnosis. The Approved Provider undertook to provide further training to staff in relation to restrictive practices and further education in relation to diabetes management.

While I acknowledge the immediate and planned actions undertaken and committed to by the Approved provider, at the time of the Site Audit, it did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. While actions including education have been planned to rectify these deficits, this education is yet to be delivered and will require time to assess the effectiveness of education delivered. Therefore, 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 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

Consumers and representatives considered that consumers received safe and effective services and supports for daily living that are important for the consumer’s health and well-being and that enabled consumers to do the things they want to do. Consumers described how the service supported them with their spiritual, psychological and emotional needs, such as holding special religious events on the monthly activity calendar, or staff knowing their privacy preferences and respecting their wishes when they choose not to participate.

Consumers and representatives spoke positively regarding the meals offered at the service. They advised that the quality and quantity of meals cater for individual consumers’ needs and preferences and that they can request alternate meals if the menu isn’t to their liking or more food between meals when required.

Staff described what is important to individual consumers and how they support consumers’ needs, goals and preferences to promote independence and quality of life. Staff could describe ways in which they have supported consumers to maintain their independence and do things that are important to them, such as gardening, flower arrangements, reading, spending time with their loved ones and friends. Lifestyle staff described how the service involves consumers in planning activities through both written feedback from consumers and in person via monthly meetings.

Staff described the various systems in place that enabled them to share information about consumer preferences, including any changes that encompassed both meal and food preferences and general daily living needs.

Care planning documentation included information about consumers’ life history, individual interests and personal relationships consumers wished to maintain. Care planning documentation reflected the involvement of others in the provision of spiritual and lifestyle supports, including external services and input from representatives. Changes to consumers care and services needs were effectively communicated to relevant departments within the service, such as catering and allied health.

The Assessment Team observed communication being passed between staff members during staff handovers and staff accessing consumer information on the service’s electronic system during the Site Audit.

Staff said they had access to the equipment they needed to care for and to support consumers and the equipment was appropriately maintained. A review of maintenance documentation identified scheduled preventative and reactive maintenance, had been completed as planned and observations of the equipment and environment found it to be clean, functional and well maintained.

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

Overall, consumers and representatives felt that consumers belong in the service and felt safe and comfortable within the service environment. Consumers and representatives expressed their satisfaction with the furniture, fittings and equipment across the service and stated they felt the fixtures were safe, clean, well maintained and suitable for consumers and their families.

The Assessment Team observed features of the service that ensured consumers had a sense of belonging. Consumers’ rooms were observed to be personalised to make them more homelike. Communal and corridor areas were observed by the Assessment Team to be clean with plenty of space for consumers to move around and lounges, bookshelves and windows for natural lighting were also available in each wing. The sliding doors leading out to the outside patio were able to be easily opened by a push button, so consumers could move freely inside and outside.

The service environment was observed to be welcoming, with a reception and staff available to direct consumers and visitors to various areas of the service. Consumers were observed to move freely around communal areas of the service. During the Site Audit, the Assessment Team observed the furniture, fittings, and equipment to be safe and equipment was neatly stored and did not encroach on corridors and walking ways.

Staff described how the service’s environment and consumers’ rooms were cleaned and maintained, and cleaning trolleys were observed to be locked when not in use. Staff described the maintenance programs in place, including fire safety, gardening, and environmental inspection processes.

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

Consumers and representatives described how they provide feedback to the service and considered that they are encouraged and supported to give feedback and make complaints. Consumers described to the Assessment Team the ways they have provided feedback in the past, either directly to staff or in forums, such as monthly meetings; consumers expressed feeling comfortable in providing feedback to staff directly.

Staff had a shared understanding of the service’s complaints processes and how they could support consumers to raise concerns. Management described to the Assessment Team how they work directly with consumers to resolve issues as they are raised. Staff explained to the Assessment Team the training they had received regarding the service’s complaints processes and understood the principles of open disclosure; which included providing an apology when things went wrong. The Assessment Team observed feedback forms and a suggestion box in the main entrance foyer and identified that a copy of the feedback form was provided to consumers with the admission pack and was displayed in other locations throughout the service. Written material on how to make a complaint was found in pamphlets located in the main entrance foyer, in the Resident's Handbook provided to each consumer and via the services website.

The service was able to demonstrate appropriate actions taken in response to complaints and an open disclosure process is used when things go wrong*.* The service had feedback, complaints and open disclosure policies and procedures in place which guide management and staff in how to identify, manage, escalate, document, and resolve complaints.

Review of the complaints register identified the service manages complaints in line with organisational policies and procedures. The service captured open disclosure processes in all aspects of complaint handling, and ensured adequate information is provided to staff, consumers, and their representatives on the process.

The service was able to demonstrate that feedback and complaints were reviewed at a site and organisational level to improve the overall quality of care and services. Management advised that complaint trends were analysed each month and the nature of the trends was provided to a clinical governance committee for their consideration.

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

Consumers and representatives confirmed there were sufficient staff to meet consumers’ personal and clinical care needs. Consumers said staff were prompt to respond to their requests for assistance and were always kind and respectful during their engagement with them. Consumers and representatives said staff performed their duties effectively, were well equipped and suitably skilled to meet consumers’ individual needs. The Assessment Team observed staff interacting in a calm, caring and positive manner and were not observed to be rushing consumers.

Management advised that the service ensured a Registered Nurse was in attendance 24 hours a day, seven days a week and that when staff were unable to attend or complete their shift, their casual staff pool is utilised in the first instance before engaging any agency staff.

Staff confirmed they had received training in a wide variety of areas that included elder abuse and mandatory reporting, infection control, fire and emergency training and where necessary, training specific to their role, such as chemical safety and food handling. The Assessment Team observed training records for staff on a range of topics and a training schedule for staff that included mandatory annual training, including changes to legislation, such as the Serious Incident Response Scheme.

The Assessment Team inspected position descriptions that outlined the expectations of each respective role and the service had policies and procedures to guide staff in recruitment and onboarding. The service’s onboarding processes included a site orientation, mandatory training based on job roles, and buddy shifts. Following induction, the service provided ongoing training to staff as part of the scheduled training calendar. Staff were able to describe to the Assessment Team relevant training they had completed and reported feeling supported in their role.

The service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The service had formal process for undertaking performance appraisals twice yearly and formal processes in place for performance management.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

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

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

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives considered that the service was well run and that they felt like partners in the development and delivery of care and services. Consumers said they contributed to the service through feedback channels, such as meetings, surveys and other forums.

Staff described to the Assessment Team how they accessed information they needed, such as consumer care plans, progress notes, service policies, procedures, duty statements, staff communications and resources which they used to inform care delivery. The service had policies and procedures on how information should be stored, maintained, shared, and destroyed to ensure confidentiality was maintained.

The service was able to demonstrate the organisation’s governing body promoted safe and quality care. The organisation analysed clinical incidents, hazards and feedback from consumers, representatives and staff on a regular basis to identify opportunities for improvement. The organisation had a range of reporting mechanisms to ensure the Board was aware of undertakings within the service and remained accountable for the delivery of services. The Assessment Team reviewed meeting minutes that showed effective communication occurred across the service up to Board level.

The service had effective, organisation wide governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

Information relating to regulatory and organisation-wide changes were disseminated to staff through staff meetings, newsletters, email correspondence and memoranda.

Opportunities for continuous improvement were drawn from a variety of sources, including consumer and representative feedback and complaint mechanisms, regular analysis of clinical and incident data, and internal and external audits.

Management and staff had a shared understanding of processes regarding the identification and escalation of both risks and reportable incidents. Staff had received training on elder abuse and neglect and the Serious Incident Response Scheme. Clinical management advised clinical indicators were used as a measure, process, or outcome to assess clinical situations and identify if care delivery was appropriate or could be improved. Staff had a shared understanding of their reporting responsibilities in relation to the abuse and neglect of consumers.

During the Site Audit, the Assessment Team identified issues with the service’s management of chemical restraint and discussed this with Management at the time; I have explored this further in Standard 3 Requirement (3)(b). The organisation had been undertaking a review of its existing restrictive practice policy in response to the legislated changes that began on 1 July 2021. The organisation introduced their revised Restrictive Practice Procedure and Action Plan to the service during the Site Audit on 31 August 2021.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

# Areas for improvement

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

* Requirement 3(3)(b) – The Approved Provider ensures that effective processes in place to manage the high impact or high prevalence risk associated with the care of the consumers, particularly in relation to risks associated with the understanding and use of chemical restraint.