Warrigal Care Albion Park Rail

Performance Report

2 Pine Street   
ALBION PARK RAIL NSW 2527  
Phone number: 02 4230 8150

**Commission ID:** 0291

**Provider name:** Warrigal Care

**Site Audit date:** 11 February 2020 to 13 February 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | 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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-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) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 17 March 2020

# STANDARD 1 NON-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 sampled consumers confirmed 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:

* Consumers interviewed confirmed that they are treated with respect saying staff give them time, are kind and know their needs.
* Consumers interviewed confirmed that they are encouraged to do things for themselves saying they have choice in what they do every day and that staff know them well and know what is important to them. Examples included being respected by staff, having choices with activities they enjoy and going out if and when they liked.
* Most consumers interviewed confirmed that their personal privacy is respected however there were instances where the Assessment Team observed staff entering rooms without knocking.

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.

* Consumers interviewed confirmed the service supports them to spend time with people who are important to them and say staff go out of their way to make them feel welcome.

While the organisation has policies and procedures in place to address activities that may be of risk, and conversations are being held with consumers to ensure they understand the risks involved with their chosen activity, these actions and agreements are not being documented or reviewed as per the policy.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

### Requirement 1(3)(b) Compliant

Care and services are culturally safe.

### Requirement 1(3)(c) Compliant

Each consumer is supported to exercise choice and independence, including to:

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and

make connections with others and maintain relationships of choice, including intimate relationships.

### Requirement 1(3)(d) Non-compliant

Each consumer is supported to take risks to enable them to live the best life they can.

The assessment team found that while the service has the Dignity of Risk Policy and Procedure in place, and conversations are being held with consumers to ensure they understand the risks involved with their chosen activity, these actions and agreements are not being documented or reviewed.

In their response, the approved provider submitted information for actions taken since the site audit regarding sampled consumers. While I acknowledge that this confirms conversations about risk with sampled consumers is now documented, these actions do not constitute compliance at the time of the assessment of performance.

The approved provider does not comply with this requirement as the organisation did not adequately show for the sampled consumers at time of the performance assessment, how they are 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-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

Most consumers and representatives interviewed confirmed that they feel like partners in the ongoing assessment and planning of the consumer’s care and services.

For example:

* Consumers and representatives said they are involved in the care planning process and have input into the care provided to them.
* Consumers confirmed they are informed about the outcomes of assessment and planning and can access a copy of the care plan if they wish.
* Representatives of the consumers interviewed said they are kept well informed about their family members’ care needs and service requirements.

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 assessments and care plans in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use consumer care plans and review them on an ongoing basis.

* The Assessment Team found that care plans developed upon entry to the service generally reflect current needs, goals and preferences for the consumer. There was limited information to support that ongoing assessment and review of care plans reflected the changing needs of the consumers’ health and wellbeing.
* For several consumers sampled with high prevalence and high impact risks, significant shortfalls were identified in the care plans to reflect that relevant risk assessments were being undertaken, responded to, and monitored.
* Gaps in assessment and care planning were identified in the areas of pain management, falls risk, nutrition and hydration and emotional wellbeing.

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

## 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 overall, assessment and planning did not consistently demonstrate consideration of risks to the consumer’s health and well-being, nor inform the delivery of safe and effective care and services. There was insufficient consideration given to the impact of risks to the consumer, to ensure the delivery of safe and effective care and services.

In their response, the approved provider submitted information about sampled consumers in relation to how it is including consideration of risks in informing the safe and effective care and services. This included a dignity of risk assessment, pain monitoring charts, education for staff relating to assessment and planning, dietician report and palliative care review. Care plans and care plan evaluations which pertain to the period prior to the assessment of performance were not provided. The information did not confirm how a delay in the escalation of deterioration for a sampled consumer’s weight or monitoring of low mood were considered in assessment and planning for this sampled consumer. While the information confirms that risks are now considered for the sampled consumers in assessment and planning it did not confirm that this was occurring at the time of the assessment of performance.

The approved provider does not comply with this requirement as the organisation did not demonstrate that assessment and planning include consideration of risks to sampled consumers health and well-being and informs the delivery of safe and effective care and services at the time of the assessment of performance.

### 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) Non-compliant

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

The assessment team found that while it is apparent that some care and services are reviewed, this is not consistently undertaken for the majority of sampled consumers. Current needs, goals and preferences are not addressed for all consumers.

In their response the approved provider submitted pain monitoring records for one of the sampled consumers. While this indicates pain is monitored at the service, this did not demonstrate adequate frequency and appropriate evaluation. While the response indicated that a pain assessment was undertaken, and the care plan updated, neither document was provided to substantiate this. No evidence was provided for the remaining consumers.

While the approved provider has a process to review care plans regularly it was unable to demonstrate that care and services for the sampled consumers was appropriately reviewed in relation to pain management. The approved provider does not comply with this requirement as it doesn’t demonstrate that it reviews care and services for effectiveness when circumstances change.

# 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

Most consumers and representatives said the consumer receives personal and clinical care that is safe and right for them, and the consumer has access to a doctor when they need one. However, for some consumers, clinical gaps were identified by the Assessment Team. Overall consumers and representatives receive the personal and clinical care they need and want.

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 and service records were reviewed, staff were asked about how they ensure the delivery of safe and effective care for consumers, and observations were made of consumers and staff practices. The team also examined relevant documents.

For some of the consumers sampled it has been demonstrated that they get safe and effective clinical care that is best practice, is tailored to their needs, and/or that optimises their health and well-being, for some it has not.

The key issues identified in personal and clinical care were in the areas of pain management, continence and wound management, emotional wellbeing, and risk assessment.

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 found that consumers are not consistently receiving personal and clinical care that is based on best practice in the areas of pain management, wound care, continence and mobility, nor is tailored to their needs, and/or that optimises their health and well-being.

In their response, the approved provider submitted information about some of the issues raised by the assessment team about the care and services for sampled consumers. While they were able to confirm that a pain assessment had occurred for a sampled consumer prior to the assessment of performance, there was no information provided which confirms that pain had been proactively monitored or interventions evaluated for efficacy. No information was provided which confirms whether the person attending to wound care for a sampled consumer was appropriately qualified to do so. While I acknowledge the actions taken by the service since the date of the assessment of performance to address the issues raised by the assessment team, I am not persuaded that the service was compliant with this requirement at the time of the assessment.

The approved provider does not comply with this requirement as the organisation did not have an effective process to ensure each consumer gets safe and effective clinical care that is best practice and 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 found that while management uses information to effectively manage high impact and high prevalence risks for the sampled consumers, interventions implemented by clinical and care staff did not reflect consideration of the risks to these consumers, nor demonstrate any adjustment to their practice to reduce the risk to health, safety and wellbeing.

In their response, the approved provider did not dispute the findings of the assessment team. I acknowledge that the approved provider has stated that care and services for sampled consumers is being reviewed following the assessment of performance.

The approved provider does not comply with this requirement as the organisation did not demonstrate an effective process for the management of risks to consumers associated with falls and managing challenging behaviours.

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

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

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

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

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

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

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

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

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

Minimisation of infection related risks through implementing:

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

For example:

* Consumers and representatives interviewed confirmed that they are supported by the service to do the things they like to do and are supported to keep in touch with people who are important to them.
* This included participation in activities within and outside of the service and developing and maintaining friendships of choice.
* Feedback from consumers interviewed included that meals provided are of a suitable quality, variety, and quantity and are provided in a safe, pleasant environment. Consumers said they enjoyed the meals provided and all said they are consulted about their dietary needs, meal preferences and are able to have choice and provide feedback on menu options.

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

The service demonstrates effective services and supports for daily living are in line with consumer’s assessed needs, goals and preferences to enable consumers to maintain their best possible level of independence and function. Lifestyle staff can demonstrate how consumers receive services and supports that meet their emotional needs, goals and preferences

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 NON-COMPLIANT Organisation’s services environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

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

For example:

* Consumers interviewed confirmed that they feel safe at the service. They said the staff are kind and they are satisfied with the care they receive. Consumers felt satisfied that the staff have the skills and knowledge required to look after them and said that staff know them and what they need.
* Consumers interviewed stated that they were happy living at the service. They confirmed that their visitors are made to feel welcome and gave examples of how staff help to welcome their visitors. For example, ensuring they have enough seating and offering to make a cup of tea for them. Consumers said there are plenty of areas they can meet with privacy and comfort and observations by the Assessment Team were that the café was very popular. However, one of the lounges directly outside consumers rooms have been converted into storage and the general environment appeared cluttered due to a lack of storage within the facility.
* Consumers confirmed that the service is always kept clean and well maintained however the Assessment Team received complaints in relation to the cleaning standard from two consumers/representatives who said the “cleaning has deteriorated”.
* Consumers spoke positively about the staff and confirmed that they keep the environment in their room and in the communal areas clean and tidy. However, observations by the Assessment Team were of some equipment items with a build-up of dirt and stains.

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

The service demonstrates that consumers’ opinions are not sought in relation to how space in the service environment is used. Observations of the environment demonstrated equipment stored in corridors and common areas and ongoing management of malodour is under assessment. The Assessment Team also received complaints from consumer/representatives in relation to cleanliness.

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

The service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

The assessment team found that consumers’ opinions are not sought in relation to how space in the service environment is used. Observations of the environment demonstrated equipment stored in corridors and common areas and management stated storage was an issue. Ongoing management of malodour is under assessment and the Assessment Team received complaints from consumer/representatives in relation to cleanliness.

In their response, the approved provider submitted information about the issues raised by the assessment team. The approved provider has stated that they have taken actions since the date of the assessment performance to remedy some of these issues such as malodour and cleaning schedules. Additional actions relating to appropriate storage of items out of view of consumers is proposed for the future. The service has committed to seek the opinions of residents in the Property Improvement projects framework and associated works.

While I acknowledge the changes that have occurred since the date of the assessment of performance and those proposed for future, at the time of the assessment of performance, the approved provider did not comply with this requirement as the organisation did not demonstrate that the service environment is clean, safe and well maintained.

### 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

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

For example:

* Most consumers / representatives interviewed reported to feel comfortable approaching staff and management to discuss any concerns, without fear of reprisals.
* Most consumers / representatives interviewed indicated that management listens to them and that efforts are always made to address concerns raised.
* One representative indicated that whilst it was not an issue for him or his family member, he had received feedback from other consumers that they did not wanted to complain for fear of reprisal. Another representative stated that he was not happy with the outcome of his complaint and had it escalated to “the department”.

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

* The service has an open-door policy and actively encourages staff, consumers and their representatives to voice their concerns. The service demonstrated an Open disclosure approach to complaints, and uses feedback provided to drive their continuous improvement plans.

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-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

Overall interviewed consumers indicated that they get quality care and services from people who are knowledgeable, capable and caring.

For example:

* All consumers interviewed confirmed staff at the service are kind and caring. One consumer said staff are “wonderful” and another that “they do the best they can for residents”.
* All consumers interviewed confirmed staff know what they are doing, and they are confident in their skills when using the equipment to provide care. One consumer said that staff were very gentle and respectful when showering her.
* Overall consumers and representatives stated that the service is understaffed and were able to provide examples of how this negatively impacted on their care and wellbeing.
* Feedback from consumers, representatives and staff, as well as the observations and documentation reviewed, identified staffing levels and call bell response times to be an issue.

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

* Overall, consumers stated that there aren’t enough staff to provide appropriate care and services, and at times there are lengthy delays and staff appear rushed. All staff interviewed indicated that they feel short-staffed.

Whilst feedback received indicated the service has knowledgeable, capable and caring staff, who receive adequate training and support to perform at the allocated role, the Assessment Team identified through observations, documentations and feedback from consumers and staff that staffing levels are not appropriate.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.

The assessment team found that based on consumer / representatives and staff feedback and evidence identified in the review of call bell response times, the organisation did not demonstrate the workforce number and mix enables safe and quality care and services. The performance of the service in other Standards predominantly Standard 3 particularly related to the high numbers of falls (over 100 in three months period) provides further evidence of non-compliance with this requirement.

In their response, the approved provider submitted information about the adequacy of number and mix of the members of the workforce. They have demonstrated that they undertook a meeting after the date of the assessment of performance, where the roster has been reviewed to ensure the staff numbers and skill mix are appropriate for the occupancy and level of care to meet the residents’ care needs. Recruitment of staff continues, and six new care staff have commenced employment in the last six weeks. Management and the clinical nurse specialist are monitoring call bell times and have requested explanations for why a call bell remains unanswered when they exceed 10 minutes.

While I acknowledge that the service has taken actions since the date of the performance assessment to address issues raised by the assessment team, the approved provider did not comply with this requirement at the time of the assessment, as there was no evidence at the time to show that they have the number and mix of staff employed and are able to deliver safe and quality care and services for the consumers living in the service.

### 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

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

For example:

* Overall consumers interviewed confirmed they felt the service was well run with management being approachable and responsive to their needs. Consumers said they can discuss concerns with staff and management team and they believe that they are heard and concerns addressed. Consumers indicated that the quarterly Resident’s food focus meetings have a positive impact on the catering services.
* Management said that consumers were involved in the recruitment process for the Facility Manager, and the service is considering for consumers to be part of the recruitment process for care staff.

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

* The service demonstrated they have monitoring systems in place to ensure active consumer participation, regulatory compliance, safe care delivery, and a robust governance system. Consumers are mostly satisfied with the care and service they receive.

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 1(3)(d)** *Each consumer is supported to take risks to enable them to live the best life they can.*

* The service must demonstrate that each consumer is supported to take risks to enable them to live the best life they can.
* The service must demonstrate that Staff have received training in relation to this requirement and the Quality Standards.
* The service must demonstrate that they are using their validated suite of assessments which identifies risks to consumers and that this is documented in care planning documents.

**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.*

* The service must demonstrate 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.
* The service must demonstrate that assessments are completed, updated as needs change and reflect consumer needs.
* Care planning documents must meet organisational expectations and that of the Quality Standards and reflect comprehensive assessment with consideration of risks and include goals of care.

**Requirement 2(3)(e)** *Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

* The service must demonstrate that care and services are reviewed for effectiveness and that these reviews are timely and documented for all sampled consumers.
* Current needs, goals and preferences must be addressed for all consumers.

**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 service must demonstrate appropriate wound management.
* The service must demonstrate appropriate pain assessment and monitoring.

**Requirement 3(3)(b)** *Effective management of high impact or high prevalence risks associated with the care of each consumer.*

* The service must demonstrate that they monitor and adjust practice in relation to the areas it identifies as high prevalence and high impact both across the services and for sampled consumers.

**Requirement 5(3)(b)** *The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely indoors and outdoors.*

* The service must demonstrate that consumers are involved in discussions about how space is used at the service.
* The service must ensure that the malodour is remedied by the implementation of the proposed corrective actions.
* The service must ensure that cleanliness meets with the satisfaction of consumers.

### Requirement 7(3)(a) *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.*

* The service must ensure that there is sufficient number and mix of members of the workforce and that this is maintained.
* The service must demonstrate an improvement in call bell response times.