Meercroft Care

Performance Report

Clements Street
DEVONPORT TAS 7310
Phone number: 03 6421 0111

**Commission ID:** 8788

**Provider name:** Meercroft Care Inc

**Assessment Contact - Site date:** 23 March 2022 to 24 March 2022

**Date of Performance Report 16 May 2022**

# Performance report prepared by

Catherine Spiller, 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 2 Ongoing assessment and planning with consumers** | **Non- compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(c) |  Non-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)(d) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-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 Assessment Contact - Site; 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 Assessment Contact - Site report received 21 April 2022.

# STANDARD 2 Non-compliantOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall Quality Standard is assessed as non‑compliant.

The Quality Standard is assessed as non-compliant as three requirements have been assessed as non-compliant. My reasons for finding non‑compliance are explained below under each of the relevant requirements.

## 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.*

Not all consumers felt the service had discussed risks and/or planned care with them and that all risks to their health and wellbeing had been identified. Staff did not demonstrate an understanding of all risks to individual consumers’ health and wellbeing and/or were not aware of strategies in place to reduce these risks, in particular those associated with diabetes, falls management, skin integrity and wound management. Risk assessments and care plans to mitigate risk are not consistently completed in a timely manner.

One consumer did not have a physical mobility risk assessment completed, until a month after entering the service. Additionally, a falls risk assessment for this consumer was commenced and not completed until a month after entering the service. The consumer was subsequently found to be at a high risk of frequent falls and care documents recorded that the consumer was found on the floor beside the bed during this timeframe.

One consumer had a pressure injury assessment on the day of entry to the service, noting a high risk of developing pressure areas, but did not have a skin assessment completed until 3.5 weeks after entering the service. The assessment noted a pressure injury, listing several interventions, but no additional directives such as the use of an air mattress and pressure relieving cushions were actioned. Subsequently, the consumer’s care notes indicated the development of a pressure injury on the heel area with the recommendation to provide pressure relieving booties and an air mattress.

In their response, the approved provider acknowledged that the air mattress was not provided at the time it was recommended.

One consumer, with diabetes did not have a diabetes assessment undertaken when entering the service. A blood sugar reading had been taken on admission, but no further readings had been documented. When raised with the approved provider, a diabetes plan was created.

The approved provider’s response acknowledged this issue and, in their Action plan stated they will undertake a monthly audit of diabetes to ensure appropriate and timely assessment is provided to consumers.

The Assessment Team identified a consumer’s nutrition and hydration care plan did not provide clear interventions required to minimise the risk of aspiration although entries and changes documented in their care plan indicated the consumer has the potential to choke. The Assessment Team found the currency of information was not clear, as older notes were not deleted, resulting in conflicting directions in the care plan.

In their response, the approved provider, acknowledged there were older entries on the care plan and have committed to address the issue with staff education.

The Assessment Team found the service has a suite of policies in place to guide assessment and planning, however the last evidenced review date of the Nursing Documentation and Medical records Policy- Nursing Care Plans was recorded as June 2018.

Overall in their response the approved provider acknowledged that the admission and assessment procedure had not been followed for the consumers above. Steps to address these issues have been documented in their Action plan, such as appointing a Clinical Nurse Advisor (CNA) position to undertake audits of the admission procedures.

I have considered the Assessment Team’s report and further information supplied by the approved provider. I acknowledge the actions taken by the provider at the time and since the assessment. However, at the time of the assessment, the service did not demonstrate assessment and planning that always considered risks to consumer health and informed the delivery of safe and effective care. Changes that have been identified in the Action plan provided, have yet to be fully implemented. Therefore, I find the provider non-compliant with this requirement.

### Requirement 2(3)(c) Non-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.*

The Assessment Team found consumers and representatives were not always involved in discussions related to care planning. While the care planning documents for the consumers sampled reflect that others may sometimes be involved in assessment and planning, this was not always the case and direct involvement of the consumer or representative was not always documented.

Conflicting evidence was provided by the Assessment Team and in the response from the provider about the identification and management of weight loss for one consumer. I accept that reviews and management of the consumer occurred however assessment and planning documentation is inconsistent and verbal information appears to be relied on which may be a risk to effective consumer care. Ongoing partnership with the consumer, representative and others involved in consumer care may also be compromised. For example, palliative care discussions were not documented and a representative does not recall any recent discussions despite a palliative pathway being put in place in consultation with the general practitioner.

One consumers’ representative said they were involved in a discussion about some aspects of care but had not been involved with other aspects of care. For this consumer, the representative was not aware of some of the recent changes to the care plan. The Assessment Team did not find any documentation of a discussion with the representative about the change to care for this consumer.

Whilst there was evidence from staff and documentation that consumers are involved in care planning, at the time of the assessment, there were examples of consumers where this did not occur. Therefore, I find the service, Non-complaint with this requirement.

### 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 there is a regular review process in place however reviews were not always documented in consumer care plans.

One consumers’ nutrition and hydration care plan did not accurately identify or record weight loss during a specific time period and consequently no further review occurred. Staff interviewed at the time of the assessment were not aware of any recommended changes to the care plan to manage the weight loss. Recommendations for the use of dietary supplements was not clearly communicated.

These gaps in communication and nutrition and care plan changes were acknowledged by the service in their response to the Assessment team’s report. The Service’s Action plan details planned education for nursing staff about weight loss charting and a monthly review of weight charts to ensure reviews and actions are implemented effectively.

The Assessment Team found that a consumers’ care plan was not updated post two falls in one day and the documentation about other falls and risks for this consumer was incomplete. The provider disputed this finding and supplied further information indicating while procedures were generally followed the Fall Risk Assessment Tool was not completed and so the risks were not fully updated in documentation.

In their response, the approved provider acknowledged, there were gaps in the clinical review process and review of clinical incidents. In their Action plan, the approved provider, has noted remedial actions have been put in place, for example for all staff to receive a toolbox education on incidents and the updating of the incident form to include ongoing risk and management.

Whilst, these gaps have been acknowledged, in the approved providers response, and remedial actions occurring, at the time of the assessment, the service did not demonstrate care and services are consistently reviewed regularly for effectiveness or when consumer’s circumstances change. Therefore, I find the service is Non-compliant with this requirement.

# 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

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall Quality Standard is assessed as non‑compliant.

The Quality Standard is assessed as Non-compliant as three requirements have been assessed as Non-compliant. My reasons for finding non‑compliance are explained below under each of the relevant requirements.

### 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 not all consumers and representatives sampled indicated they receive safe and effective personal and clinical care in wound care, behavioural management, diabetes care and pain management that is best practice, tailored and optimises health and wellbeing.

The Assessment Team found gaps in wound management for six of the consumers sampled. Issues found included incomplete and/or inconsistent wound assessments, reviews and documentation resulting in ineffective wound care that was not best practice, tailored or optimised to the consumer’s needs.

One consumer did not have a skin assessment completed on entry to the service. A pressure injury on the consumers’ heel was identified by an allied health professional at the service. A wound assessment/care plan was not completed until 12 days later. Progress notes indicate wound management recommendations by the allied health professional were not immediately followed and there was only one other entry by a staff member raising concerns about deterioration of the pressure injury after a wound developed. The initial wound assessment/skin plan did not identify the consumers’ wound deteriorated in this timeframe. No referrals were made to appropriate wound consultants or specialist for further review. This and a number of other consumers’ wound chart entries were found by the Assessment Team to be incomplete or inconsistent.

Another consumer with a pressure injury, had their pressure injury recorded as a stage 2 pressure injury but 2 days later was recorded as a stage 1 pressure injury. Photographs of the wound were taken at different angles and distances from the wound making comparison and review of the wound size difficult and inconsistent. The Assessment Team found that the wound was not consistently reviewed, and on a number of occasions no dressing change or review had been documented. The Assessment Team found that there was no wound management plan for this consumer. The consumers’ wound was at risk of worsening without consistent assessment and review and effective wound care.

One consumer did not have a skin integrity plan that was individually tailored to meet the consumers’ need. The skin integrity plan did not provide details of the consumers current wound or wound care, monitoring or charting. Additionally, the wound care plan for this consumer had not been updated for two months. This consumer did not receive optimal care of their wound due to these omissions. Three other consumers’ wound chart entries were found by the Assessment Team to be incomplete or inconsistent.

The service acknowledged these issues at the time of the assessment and their Action plan details remedial actions, such as ensuring all nurses undertake wound care education, requiring all nurses read and sign the wound management procedure to facilitate understanding of wound charting requirements and undertaking regular audit of wound charts.

One consumer’s Behavioural support plan documentation did not align with information from staff interviews and did not contain the strategies used and found to be effective by care staff to support the consumer. In their response, the approved provider acknowledged the Behavioural support plan needed to be updated noting overall care plan does contain relevant behavioural support strategies.

One consumer, with diabetes did not have a diabetes assessment undertaken when entering the service. A blood sugar reading had been taken on admission, but no further readings had been documented, therefore not providing optimal care to this consumer. When raised with the approved provider, a diabetes plan was created.

The approved provider’s response acknowledged this issue and, in their Action plan have stated they will undertake a monthly audit of diabetes to ensure appropriate and timely assessment is provided to consumers.

The Assessment Team found that two of the consumers sampled did not have effective pain management in place. One consumer, with chronic pain, did not have any information documented as to how and when to monitor pain in the care plan to ensure effective pain management. Another consumer was found not to have regular and timely review of pain management.

In their response, the approved provider acknowledged the inconsistencies with pain management and charting and regular review. They have committed to remedial actions to address these issues in their Action plan, including; reviewing the pain management policy and introducing nurse education in commencing pain charting.

In making this decision, I note, the approved provider, in their response, has acknowledged the issues and deficits in providing clinical care that is safe and effective and has since put actions in place to address them. Since the assessment, the approved provider has submitted an Action plan, that details the issues found by the Assessment Team, particularly regarding wound care, diabetes care and pain management. The approved provider is actioning a number of strategies to address the gaps identified.

However, at the time of the assessment, due to the issues identified above, I find the Service Non-compliant in this requirement.

### 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, the service did not consistently demonstrate effective management of high impact or high prevalence risks. Incident reports are not consistently recorded for consumers when an incident occurs. Post fall review process is not consistently completed in a timely manner, and investigation of causes and implementation of actions to minimise recurrence in relation to consumers’ falls does not consistently occur.

One consumer did not have a falls risk assessment completed for a number of weeks post admission, and the mobility assessment was completed over a month after admission. This consumer experienced a fall before the mobility assessment was complete so this risk was not effectively managed.

One consumer, who had a number of falls, did not have the Falls Risk Assessment Tool updated, post fall, to reflect additional care and strategies to prevent further falls, therefore not effectively managing the risks for this consumer.

In their response, the approved provider acknowledged that the Falls Risk Assessment Tool for this consumer was not updated but stated the Mobility and Transfer Care Plan was updated with strategies to prevent further falls.

One consumer was recommended to commence on a special diet by a dietician. This recommendation was not documented in the nutrition and hydration assessment and impacted on effectively managing the nutrition risks for this consumer. In their response the approved provider, acknowledged the gap in communication and documentation, and has since updated the assessment to reflect the nutritional recommendations for this consumer.

Whilst, I note the information supplied by the approved provider, and the remedial steps in their Action plan to address the gaps, at the time of the assessment, there was inconsistent management of high impact or high prevalence risks for consumers. Therefore, I find the service Non-compliant in this requirement.

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

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

The Assessment Team found the service did not demonstrate deterioration or changes in consumers’ mental and physical function or condition are consistently appropriately or effectively responded to in a timely manner.

One consumer did not have a wound care assessment/care plan completed in a timely manner in response to a deteriorating wound. Wound care reviews and charting was also inconsistent and incomplete resulting in sub-optimal wound care for 5 of the sampled consumers.

One consumer, with a deterioration in health status, had a progress note to monitor for weight loss and weigh monthly. The Assessment Team did not find any other information to advise staff about what other aspects of health and wellbeing should be monitored, such as monitoring swallowing, increased skin checks for pressure areas, or increases in any other symptoms related to the consumers’ other conditions.

In their response, the approved provider acknowledged that there was a delay in updating documentation and ongoing assessments. In their Action plan, they have included nurse education for the recognition and response to consumer deterioration.

However, at the time of the assessment, gaps in documentation and communication were found and the approved provider did not demonstrate it ensures deterioration or changes in consumers health and well-being are consistently responded to in a timely manner. Therefore, I find the service Non-compliant with this requirement.

# STANDARD 4 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

The Assessment Team assessed one Requirement of this Quality Standard and provided evidence the service is Compliant with Requirement 4(3)(a).

An overall finding about the Quality Standard has not been made as only one of the requirements has been assessed.

## 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.*

Consumers said that their needs, goals and preferences are respected when participating with one to one or group activities. Lifestyle and care staff know the consumers and care plans reflect the wishes of consumers. Consumers are offered a range of activities within the service and are supported to do the things they want to do. This includes having access to supports both within and outside of the service.

One consumer enjoys going out to lunch with family and is supported to do so. Another consumer, who is unable to walk very far, is supported to move around the facility.

Two consumers sampled said they like to socialise and visit other consumers at the service. The facility holds a cappuccino morning to encourage consumers to socialise and develop relationships. In response to consumer requests and feedback there are a range of activities held at the facility such as bingo and some consumers participated in a trip to a vintage car show.

The Assessment Team observed leisure and life style staff sitting 1:1 with consumers supporting them to undertake activities. Activities attendance is documented and feedback sought on all new activities.

Based on the above information, I find the provider, Compliant in this requirement.

# 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

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall Quality Standard is assessed as non‑compliant.

The Quality Standard is assessed as non-compliant as one requirement has been assessed as non-compliant. My reasons for finding non‑compliance are explained below under each of the relevant requirements.

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found consumers expressed satisfaction and staff are kind, caring and gentle when providing care. Assessment Team observations of staff with consumers during the assessment visit confirmed the interactions between staff and consumers are kind, caring and gentle.

Staff were observed to be caring and behaving in a respectful manner, including being responsive to consumer needs. Staff described how they tailor their response to the consumer needs.

One consumer said that staff were attentive and a ‘good crew’. One consumer said staff were wonderful, caring and kind.

Based on the evidence provided I find the service Compliant with this requirement.

### Requirement 7(3)(d) Non-compliant

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

#### The Assessment Team found the service did not demonstrate staff were adequately trained in wound care. Five of the seven consumers’ care files sampled had incomplete and inconsistent wound care assessment and management.

#### In their response, the approved provider acknowledged there were gaps in wound management. They have identified a number of remedial actions such as education for all staff in wound care assessment, documentation and review and regular audits of wounds charts.

In addition, the Assessment Team found a range of issues in assessment, management and documentation of other aspects of clinical care. One consumer did not have a diabetes assessment on entry to the service. Another consumers’ mobility risk assessment and falls assessment documentation including a Falls Risk Assessment Tool was not completed in a timely way. One consumer had incomplete nutrition and hydration charts. The service has procedures in place, they are not consistently followed or implemented due to deficits in staff knowledge and skills.

In their response, the approved provider acknowledged the issues above. In their Action plan, there are a range of education and training planned such as assessment and documentation, reporting of clinical incidents and assessment of diabetes, nutrition and hydration for their staff to address the gaps.

I acknowledge the service has taken steps since the assessment to address the training deficits in particular in wound care. However, at the time of the assessment the Assessment Team found a number of issues with wound care assessment and documentation and other aspects of assessment and management of clinical care that indicate staff were not adequately trained. Therefore, I find the service Non-compliant with this requirement.

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

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

The Assessment Team found staff expressed positive feedback about the support they receive from clinical and management team members. The service demonstrated it has a system in place for regular assessment, monitoring and review of the performance of each member of the workforce. A range of processes to monitor staff performance including observation, audits and the monitoring of incidents and consumer feedback are used. Performance appraisals occur annually and is monitored by human resources.

Staff confirmed they receive regular informal feedback from their supervisor and/or management.

The service has implemented a coaching/mentoring process for the clinical nurse consultant that is provided by the Quality Manager who has clinical experience.

The organisation has demonstrated it has policies and procedure to support the human resource system including staff recruitment, induction and performance appraisal.

In light of the above I find the provider is Compliant with this requirement.

# 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

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall Quality Standard is assessed as non‑compliant.

The Quality Standard is assessed as non-compliant as one requirements has been assessed as non-compliant. My reasons for finding non‑compliance are explained below under each of the relevant requirements.

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

## Assessment of Standard 8 Requirements

### 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 organisation has policies and processes in place to guide the safe and effective care of consumers living with high impact or high prevalence risks such as pressure wounds, nutrition and hydration, diabetes management and falls. The Assessment Team found these policies and procedures are not always followed. However, the last evidenced review date of the Nursing Documentation and Medical records Policy- Nursing Care Plans was recorded as June 2018.

In their response, the approved provider acknowledged there are gaps in implementation of these policies and procedures and they are not always followed.

The Assessment Team found incident reports were not consistently completed and incident management strategies were not always being implemented in a timely manner.

The service has an incident system to escalate high impact risks, however this did not always translate into effective management of the risks.

One consumer had a physical mobility and falls risk assessment commenced and not completed until a month. The consumer was at a high risk of falls and had a fall in this timeframe.

In their response, the approved provider, had committed to remedial actions including further staff education and an update of the incident form to capture ongoing risks. The Assessment Team identified that the service does not have effective risk management processes in relation to wound management, nutrition and weight loss and diabetes assessment. In their response, the approved provider, acknowledges there are issues with assessment and management of these risks to consumers and has taken steps to remedy this.

One consumer had a pressure injury assessment on the day of entry to the service, noting a high risk of developing pressure areas, but did not have a skin assessment completed until 3.5 weeks after entering the service. No additional directives were actioned. Subsequently, a pressure injury developed.

In their response, the approved provider, had committed to remedial actions including further staff education and an update of the incident form to capture ongoing risks. An Action plan supplied identified a number of actions to address the identified risks, such as providing staff education, to ensure wounds are risk assessed and documented correctly and consistently, monthly audit of complex diagnosis to ensure appropriate care is provided, re-education on nutrition and hydration assessment, all staff to receive education on wound management and incident reporting.

In making this decision I note the approved provider’s, response has acknowledged the deficits in implementing effective risk management practices, and has put actions in place to address them. The approved provider is actioning a number of strategies to address the gaps identified. Although the service has taken remedial steps and has an Action plan in place to manage risk effectively, at the time of the assessment, I consider there were not adequate risk assessment processes implemented for a number of consumers. Therefore, I find the service Non-compliant with this requirement.

# Areas for improvement

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

**Requirement 2(3)(a)**

* ensure polices for assessment, management and review of care for are implemented and staff are trained to ensure consumer receive safe and effective care.

**Requirement 2(3)(c)**

* implement processes to ensure consumer and their representative are involved in their care and discussions are documented in care plans.

**Requirement 2(3)(e)**

* implement training of staff in assessment and documentation of care.

**Requirement 3(3)(a)**

* review and ensure the management and documentation of wounds to facilitate effective wound care that is safe and effective and is tailored to the consumers’ needs.

**Requirement 3(3)(b)**

* ensure staff are trained in managing high impact or high prevalence risks, especially assessment, review and documentation of risks to consumers.

**Requirement 3(3)(d)**

* ensure staff are trained in comprehensive and timely assessment and management of the deteriorating health status.

**Requirement 7(3)(d)**

* instigate comprehensive training for staff about clinical care, particularly assessment, documentation and management of wounds.

**Requirement 8(3)(d)**

* undertake regular review of policies and audit to monitor implementation and trends to capture effectiveness of risk management and outcomes of care.