Myvista Mirrabooka

Performance Report

3 Doncaster Road
MIRRABOOKA WA 6061
Phone number: 08 9207 4666 Option 2

**Commission ID:** 7419

**Provider name:** Stirling Ethnic Aged Home Association (Inc)

**Assessment Contact - Site date:** 15 February 2022 to 16 February 2022

**Date of Performance Report:** 27 April 2022

# Performance report prepared by

Stewart Brumm, 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

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| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(f) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(c) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 Assessment Contact - Site report received 9 March 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

The service did not demonstrate compliance in this Standard in relation to Requirement 2(3)(a) following a Site Audit visit conducted on 6 to 8 April 2021. The service was unable to demonstrate the service’s assessment and planning processes ensured consumers were receiving the best possible care and services specifically in relation to management of chronic wound and skin frailty.

The service implemented improvements in response to the non-compliance including reviewing consumers’ care plans. However, a sample of consumer files viewed, and information provided to the Assessment Team by consumers, representatives and staff through interviews demonstrated ongoing deficiencies in assessment and planning, including around consideration of risks to the consumers’ health and well-being negatively impacting consumers’ health and well-being. They related to the assessment of pain, falls prevention and weight loss.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has 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 Requirement 2(3)(a) was found Non-compliant following a Site Audit conducted 6 to 8 April 2021. The Approved Provider was unable to demonstrate the service’s assessment and planning processes ensured consumers were receiving the best possible care and services specifically in relation to management of chronic wound and skin frailty. The Approved Provider implemented a number of actions in response to the non-compliance including providing training to staff, reviewing and updating consumers’ care plans.

However, the Assessment Team provided information that indicated ongoing deficiencies in assessment planning processes resulting in ineffective pain management and ineffective management of risks including falls and weight loss associated with change in medication.

The Approved Provider provided a response that included clarifying information, as well as clinical records extracts and a plan for continuous improvement.

In relation to Consumer A and pain not assessed in a timely manner, the Assessment Team included observations of the consumer and feedback from the consumer indicating they were in pain. Care staff interviewed were aware of the consumer’s pain and indicated this was reoccurring pain, particularly during the provision of care. The Assessment Team indicated that pain assessments had not been occurring, despite the care staff reporting that the consumer was experiencing pain. The consumer’s representative did not feel that the consumer’s pain was effectively managed.

The Approved Provider’s response did not indicate that timely assessment of the consumer’s pain had occurred. Despite care staff noting that the consumer had ongoing pain, and this had been reported to the clinical staff, this did not trigger a timely reassessment process.

In relation to Consumer B and unmanaged pain, the Assessment Team interviewed the consumer who advised them they had ongoing pain that affected their mobility. The Assessment Team noted that the consumer is on regular scheduled pain medications and can have additional pain medication as needed.

The Approved Provider’s response indicated that the service was aware of the consumer’s pain, including location and general severity. The consumer’s medical officer is actively involved in the management of pain, including medication reviews, ordering diagnostic investigations and providing treatment options to the consumer. The Physiotherapist has also been involved in pain management, including assessments and massage treatments, noting the massage whilst effective has been to shoulders and not directly related to pain in the legs affecting mobility. The Physiotherapist has reviewed the consumer’s mobility following feedback from care staff about pain affecting safe mobility, alternative mobility options were implemented. Following feedback from the Assessment Team, the Approved Provider interviewed the consumer about their pain and commenced pain monitoring. I note that the consumer informed the Approved Provider that their pain was mild, and they were having a good day. I am satisfied for this consumer, that the Approved Provider in conjunction with the medical officer and Physiotherapist were undertaking assessments of this consumer’s pain.

In relation to Consumer C and the assessment of ongoing pain, the Assessment Team interviewed the consumer who informed that they were in pain and receiving hot packs which only provided temporary relief. The Assessment Team noted the consumer was not on any regular pain medication but could access simple analgesia as required. The Assessment Team noted the last pain assessment had occurred approximately 12 months prior to the audit.

The Approved Provider’s response indicated that the consumer is having regular medical officer reviews and pain is not recorded as being raised by the consumer. A pain assessment and seven-day monitoring of pain was commenced after the audit and indicated the consumer had no pain during this assessment period. Whilst I note the pain assessment conducted after the audit indicated that the consumer did not have pain at this time, the Approved Provider did not demonstrate why a review of the effectiveness of the hot packs had not occurred in a timely manner.

In relation to Consumer D and the assessment of falls and weight loss following the introduction of psychotropic medication the Assessment Team identified that the consumer had had 12 falls and lost over 10kg in weight since the introduction of the medication. Whilst falls prevention strategies were reviewed after each fall, there was no change to the strategies despite the ongoing and increasing rate of falls. In relation to the weight loss the Assessment Team identified a delay in the identification and subsequent referral to a dietitian for the management of the weight loss.

The Approved Provider’s response indicated the medical officer was regularly reviewing the use of psychotropic medication and making relevant adjustments to the medication regimen. However, I was not persuaded that there had been effective reassessment of falls prevention in a timely manner, and the Approved Provider acknowledge there had been a delay in the identification and management of the weight loss.

In relation to Consumer E and the assessment of potential risk of choking, the Assessment Team identified that the consumer had two episodes of difficulty swallowing post entry to the service and that strategies to manage the risk were entered into the progress notes and a referral to a speech pathologist was arranged. The Assessment Team noted that the strategies to manage potential risk were not transferred to the care plan.

The Approved Provider’s response indicated the initial assessment indicated the consumer could tolerate a normal diet that care staff were assisting the consumer during meal times. When care staff noticed the consumer having a potential issue with harder foods, they informed the clinical staff, who arranged a speech pathology review. The speech pathology review indicated the consumer can be provided with a normal diet. I am satisfied that the service took appropriate steps to manage this consumer, however noting the care plan could have been updated in a timelier manner.

I have considered the Assessment Team’s report as well as the Approved Provider’s response and find that at the time of the audit the Approved Provider did not demonstrate timely and effective assessment of pain, falls or weight loss to inform the ongoing delivery of safe and effective care.

I find this requirement is Non-compliant.

# 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

The service did not demonstrate compliance in this Standard in relation to Requirements 3(3)(a) and 3(3)(b) following a Site Audit visit conducted on 6 to 8 April 2021. The Assessment Team found the service did not consistently provide safe and effective clinical care to consumers that is best practice, tailored to consumers’ needs and optimises their health and well-being. For the sampled consumers, the service was not managing high impact or high prevalence risks associated with pressure injuries and falls management. Additionally, the administration of psychotropic medications was not aligned with best practice. The service implemented improvements to rectify deficiencies identified.

However, the Assessment Team at this audit identified consumers continue being impacted by ineffective clinical care that is not meeting the consumers’ goals and not optimising their health and well-being specifically around pain management.

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 Requirement 3(3)(a) was found Non-compliant following a Site Audit visit conducted 6 to 8 April 2021. The Assessment Team found the organisation was unable to demonstrate safe and effective clinical care provided to each consumer specifically in relation to management of wounds, pain, minimisation of psychotropic medication and use and monitoring and documentation of chemical restraints. The service implemented a number of actions in response to the non-compliance including providing training to staff, reviewing and updating consumers’ care plans resulting in improvements around wound management and completing required documentation where chemical restraint is used.

However, during this audit the Assessment Team identified consumers for whom clinical care specifically in relation to management of pain was not delivered in a way that is tailored to consumers’ needs and goals and optimises their health and well-being.

The Assessment Team provided information that for three consumers’ pain was not being effectively managed.

The Approved Provider provided a response that included clarifying information, as well as clinical records extracts and a plan for continuous improvement.

In relation to Consumer A the Assessment Team included observations of the consumer and feedback from the consumer indicating they were in pain. The consumer’s representative did not feel that the consumer’s pain was effectively managed. Care staff interviewed were aware of the consumer’s pain and indicated this was reoccurring pain, particularly during the provision of care. The Assessment Team indicated that pain assessments had not been occurring, despite the care staff reporting that the consumer was experiencing pain.

The Approved Provider’s response did not indicate that pain management provided was tailored to the consumer, nor did it optimise their health and well-being. A review of the consumer was commenced at the time of the audit and indicated that the consumer has mild pain and was managed with analgesia, hot packs and repositioning. However, I am not persuaded that the consumer’s care has been consistently delivered to optimise their health and well-being. I was persuaded by the feedback from the consumer, their representative and staff about the consumer’s experience of pain and the absence of timely review of care to identify if the care provided was tailored to the consumer’s needs and optimised their health and well-being.

In relation to Consumer B and unmanaged pain, the Assessment Team interviewed the consumer who advised them they had ongoing pain that affected their mobility. The Assessment Team noted that the consumer is on regular scheduled pain medications and can have additional pain medication as needed.

The Approved Provider’s response indicated that the consumer is actively involved in decisions about their pain management, that the medical officer is regularly reviewing the consumer’s pain and also has referred the consumer for diagnostic testing in relation to the pain. Alternatives to pain management were discussed with the consumer and the consumer chose the management strategies. The Physiotherapist is also actively involved in the management of the consumer’s pain, with records indicating that generally strategies are effective. The Approved Provider conducted a review of the consumer at the time of the audit that did not indicate care was not being provided to the consumer’s satisfaction. I am satisfied for this consumer that the Approved Provider was providing safe and effective clinical care.

In relation to Consumer C and the management of ongoing pain, the Assessment Team interviewed the consumer who informed that they were in pain and receiving hot packs which only provided temporary relief. The Assessment Team noted the consumer was not on any regular pain medication but could access simple analgesia as required. The Assessment Team noted the last pain assessment had occurred approximately 12 months prior to the audit.

The Approved Provider’s response indicated that the consumer is having regular medical officer reviews and pain is not recorded as being raised by the consumer. A pain assessment and seven-day monitoring of pain was commenced after the audit and indicated the consumer had no pain during this assessment period. Whilst I note the pain assessment conducted after the audit indicated that the consumer did not have pain at this time, the Approved Provider did not demonstrate why a review of the effectiveness of the hot packs had not occurred in a timely manner to ensure that care provided was optimising the consumer’s health and well-being. The Approved Provider indicated they felt the consumer was in a period of adjustment to living at the home and this was impacting their perception of pain.

I have considered the Assessment Team’s report as well as the Approved Provider’s response I find there is ongoing deficits in the management of pain for consumers. Whilst the Approved Provider had implemented improvements following the Site Audit in April 2021, these have not been consistently effective in ensuring consumers get safe and effective clinical care.

I find this requirement is Non-compliant.

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

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

The Requirement 3(3)(b) was found Non-compliant following a Site Audit visit conducted 6 to 8 April 2021. The Assessment Team found the service was not able to demonstrate effective management of risk of pressure injuries and falls risks for two of the sampled consumers. The service implemented a number of actions in response to the non-compliance including reviewing and updating consumers’ care plans resulting in improvements around wound management.

However, during this audit the Assessment Team found ongoing deficiencies management of high risk of falls at the service. For one of the sampled consumers the service did not demonstrate effective measures were put in place to prevent recurrent falls.

The Approved Provider provided a response that included clarifying information, as well as clinical records extracts and a plan for continuous improvement.

In relation to Consumer D and the management of falls following the introduction of psychotropic medication the Assessment Team identified that the consumer had had 12 falls since the introduction of the medication, this was a 10-fold increase in the number of falls compared to previous 2 months prior. Whilst falls prevention strategies were reviewed after each fall, there was no change to the strategies despite the ongoing and increasing rate of falls.

The Approved Provider’s response indicated the medical officer was regularly reviewing the use of psychotropic medication and making relevant adjustments to the medication regimen, including post falls. However, I was not persuaded that there had been effective reassessment of falls prevention strategies in a timely manner.

I have considered the Assessment Team’s report and the Approved Provider’s response, and I find that at the time of the audit, the Approved Provider did not demonstrate effective management of high impact and high prevalence risks to the consumer in relation to the management of falls.

I find this requirement is Non-compliant.

# 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:

2. 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 purpose of the Assessment Contact was to assess Requirement 4(3)(f) in relation to Standard 4 Services and supports for daily living as this Requirement was found Non-compliant following a Site Audit visit conducted on 6 to 8 April 2021.

The Assessment Team found the service has introduced improvements in relation to meals being varied, and of suitable quality and quantity. Since the Site Audit in April 2021 the service has implemented improvements including a full menu and catering review by a dietician, a food focus group with consumers to discuss the meals, one on one discussion with consumers regarding their food choices, and a new menu.

Most of the consumers interviewed expressed satisfaction with the meals provided.

Not all Requirements in this Standard were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

The Assessment Team provided information that the Approved Provider demonstrated meals provided to consumers are varied and of suitable quality and quantity. The service has a four-weekly rotating menu that has a variety of meals for lunch and dinner throughout each week. Consumers have dietary likes and dislikes documented and observation of meals showed consumers with dislikes are catered for according to their preferences. Larger meals are served when consumers require a bigger portion than others. Most of the consumers interviewed expressed satisfaction with the meals provided.

Based on the information provided by the Assessment Team, I find this Requirement is Compliant.

# STANDARD 5 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

The purpose of the Assessment Contact was to assess Requirement 5(3)(b) in relation to Standard 5 Organisation’s service environment as this Requirement was found Non-compliant following a Site Audit visit conducted on 6 to 8 April 2021.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers reported they can spend time in the courtyard or balconies when they wish to do so. Representatives said there are sufficient areas for them to spend time with their family. Families and consumers were satisfied with the maintenance and cleanliness of the service and said the furniture is comfortable, including furniture in the dining room and lounges.

Not all Requirements in this Standard were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 5 Requirements

### 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.*

The Assessment Team Provided information that the Approved Provider demonstrated it is safe, clean and comfortable and consumers can move freely both indoors and outdoors. The service has cleaning staff to ensure cleanliness of all areas is maintained. Consumers’ rooms and bathrooms are cleaned on a regular basis, along with community areas and dining rooms. Maintenance staff undertake ongoing maintenance and external contractors spend time at the service conducting maintenance that requires specialist skills.

Overall sampled consumers considered that they feel they can go to any area of the service and feel safe and comfortable. Representatives said they spend time with consumers in their rooms or the lounge areas and take the consumer out for a social outing at times.

Consumers can leave the service through the front doors during the day which are secured in the evening for consumer security. Consumers have access to balconies or an internal courtyard and can move freely throughout the building.

The Assessment Team found the service has implemented improvements to address the deficit identified at the Site Audit in relation to consumers being unable to access the balcony areas to ensure they can freely move both indoors and outdoors. The service is a six-storey building and the Assessment Team observed the balconies on levels 4, 5 and 6 are no longer locked to consumers and representatives. Signs on the doors state the balconies are unlocked between 8am - 8pm and the doors were able to be opened according to the signs. Level 3 has a courtyard that is freely accessible to consumers and families. Consumers can leave the building through the front doors during the day.

Based on the information provided by the Assessment Team I find this Requirement is Compliant.

# STANDARD 6 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

The purpose of the Assessment Contact was to assess Requirement 6(3)(d) in relation to Standard 6 Feedback and complaints are reviewed and used to improve the quality of care and services. This Requirement was found Non-compliant following a Site Audit visit conducted on 6 to 8 April 2021.

The Approved Provider is transitioning to a new quality management system which uploads all feedback onto the system to improve tracking of complaints. The Approved Provider is now undertaking to integrate complaints/suggestions/feedback into the new system for improved monitoring and improvement of care and services.

The Assessment Team found the Approved Provider has implemented improvements to address the deficit identified at the Site Audit in relation to consumers’ feedback not being used to drive improvements related to complaints regarding the meals.

Overall sampled consumers reported they can provide feedback regarding the meals and it is used for improvement actions.

Not all Requirements in this Standard were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team provided information that the Approved Provider has a feedback system that can be accessed by consumers, representatives or visitors. Feedback is received via cards, emails, feedback documents or at meetings. Feedback that requires additional resources is added to the service’s continuous improvement plan. One improvement identified was the way toast is made for consumers at breakfast. Following feedback and discussion the service now has a toaster in each kitchenette and staff cook consumers’ toast just before serving. Toast is no longer pre-cooked but is served fresh.

The Approved Provider has introduced a food focus group to discuss the menu and for consumers to provide feedback regarding the meals. The menu showed meals are changed following consumers’ feedback including removal of a casserole dish and providing lamb chops. This is a new improvement to be trialled. The chef is now provided all feedback regarding meals and they are responsible to take actions to the feedback.

The Approved Provider is transitioning to a new quality management system which uploads all feedback onto the system to improve tracking of complaints. The Approved Provider is now undertaking to integrate complaints/suggestions/feedback into the new system for improved monitoring and improvement of care and services.

The Assessment Team found the Approved Provider has implemented improvements to address the deficit identified at the Site Audit in relation to consumers’ feedback not being used to drive improvements related to complaints regarding the meals. Complaints and feedback from consumers regarding the meals have been used to make improvements including a full catering and menu review, introduction of a food focus group for consumers to discuss the menu, make suggestions and report concerns. Issues regarding food service have been included on the plan for continuous improvement with an example of improvements regarding toast provided at breakfast.

Based on information provided by the Assessment Team I find this Requirement is Compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The purpose of this Assessment Contact was for the Assessment Team to assess Requirement 7(3)(c) in relation to Standard 7 Human Resources. This Requirement was found Non-compliant following the Site Audit conducted 6 to 8 April 2021. The finding of non-compliance was in relation to the service not being able to demonstrate the staff were competent to effectively perform their roles.

Whilst the service does have a system in place to identify the workforce has the qualifications and experience in the sector to perform their role, the service does not always identify gaps in the knowledge, training, and competency of staff. The Assessment Team identified that staff are not competent in and not limited to assessment and planning, effective pain management, effective management of nutrition and hydration, falls management and minimising risks associated with chemical restraint.

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

## Assessment of Standard 7 Requirements

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

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

The Requirement 7(3)(c) was found Non-compliant following the Site Audit conducted 6 to 8 April 2021. The Assessment Team found the service was unable to demonstrate the staff were competent to effectively perform their roles.

Whilst the service does have a system in place to identify the workforce has the qualifications and experience in the sector to perform their role, the service does not always identify gaps in the knowledge, training, and competency of staff. The Assessment Team identified that staff are not competent in and not limited to assessment and planning, effective pain management, effective nutrition and hydration, falls management and minimising risks associated with chemical restraint.

The Assessment Team provided information that indicated care staff escalate pain concerns to clinical staff as they are not required by the service to assess consumer pain using pain assessment tools. Once receiving the escalations clinical staff are not always competently following up on the reported pain including not using the pain assessment tool to accurately assess consumers' pain. Clinical staff did not identify and manage weight loss in a timely manner, and whilst reviews of falls prevention occur post falls, there was insufficient evidence to demonstrate clinical staff were reviewing ineffective prevention strategies and trialling new strategies to assist in falls prevention.

The Approved Provider provided a response that included clarifying information as well as clinical records extracts and a plan for continuous improvement. The Approved Provider acknowledge that additional staff training was required and has commenced or has planned actions to address knowledge deficits of staff. I note from the plan for continuous improvement that there are completion and review dates to evaluate the ongoing effectiveness of the training provided.

Based on the deficits identified within this report and as presented by the Assessment Team I find that at the time of the audit the Approved Provider did not demonstrate the workforce is competent and the members of the workforce have the knowledge to effectively perform their roles.

I find this requirement is Non-compliant.

# STANDARD 8 NON-COMPLIANTOrganisational 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

For the purpose of this Assessment Contact the Assessment Team assessed Requirements 8(3)(d) and 8(3)(e) in relation to Standard 8 Organisational governance. These Requirements were found Non-compliant following the Site Audit conducted 6 to 8 April 2021.

The finding of non-compliance was in relation to the service not being able to demonstrate it has an effective risk management and clinical governance framework.

The service could not demonstrate the organisation’s risk management systems are effective to ensure high prevalence and high impact risks are identified and responded to appropriately in relation to planning and assessment of pain and medication, further strategies to mitigate risks of falls and weight loss.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(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 Requirement 8(3)(d) was found Non-compliant following the Site Audit conducted 6 to 8 April 2021. The Assessment Team found the service was unable to demonstrate they had effective risk management systems and practices.

The Assessment Team reviewed the organisation’s risk management framework, noting that the service has a variety of policies and procedures to guide the service and staff in risk identification and management. The service has an incident management system that provides incident information which is escalated to the Clinical Nurse for investigation and management team said high prevalence risks are discussed at the Clinical and Quality and Safety meetings. However, this has not been effective to reduce the risk for consumers as they do not always receive safe and effective clinical care in relation to mitigation of risks associated with chemical restraint including falls risk and weight loss.

The Approved Provider provided a response that included clarifying information, clinical records extracts, and a plan for continuous improvement. The Approved Provider acknowledge that a referral for weight loss was not timely and has also planned additional training for staff on the management of high impact and high prevalence risks to consumers.

The Assessment Team identified that whilst the service discusses high prevalence risks three monthly with the board, and monthly at quality and safety meetings, clinical meetings and at times during handover there was no evidence how they implemented remedial actions to reduce the risk of incidents from reoccurring. In relation to Consumer D this included a lack of effective action taken to prevent falls and identify weight loss following the introduction of psychotropic medication.

I have considered the Assessment Team’s report and the Approved Provider’s response, and I find that at the time of the audit, whilst the service has processes to identify risks to consumers, there are still ongoing deficits with this system to manage consumer risks.

I find this requirement is Non-compliant.

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

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

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

The Requirement 8(3)(e) was found Non-compliant following the Site Audit conducted 6 to 8 April 2021. The Assessment Team found the service was unable to demonstrate they had an effective clinical governance framework.

The Assessment Team provided information that the service demonstrated it has a clinical governance framework including but not limited to antimicrobial stewardship, minimising use of restraint and open disclosure. The management team said they collect and analyse clinical data and incidents to ensure consumer care provided meets the organisational policies. The management team said they have processes in place to provide all staff with updates on clinical incidents, feedback and results of improvements.

Based on the information provided by the Assessment Team I find that at the time of the audit the Approved Provider demonstrated an effective clinical governance framework.

I find this requirement is Compliant.

# 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.

* Ensure 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. Particularly in relation to pain management, falls prevention and weight loss.
* Ensure each consumer gets safe and effective clinical care, particularly in relation to pain management, falls prevention and weight loss.
* Ensure effective management of high impact or high prevalence risks associated with the care of each consumer.
* Ensure the workforce is competent and the members of the workforce have the knowledge to effectively perform their roles.
* Ensure effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers.