Waranga Health

Performance Report

14 High Street   
RUSHWORTH VIC 3612  
Phone number: 03 5851 8050

**Commission ID:** 3402

**Provider name:** Goulburn Valley Health

**Site Audit date:** 24 May 2022 to 27 May 2022

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

# Performance report prepared by

Vanessa Stephens, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | 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) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 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 on 29 June 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers considered 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 expressed satisfaction that staff treat them with dignity and respect and that their privacy is respected.
* Consumers said that staff generally understand their culture and adjust the way care and services are delivered.
* Consumers said they are supported to make choices and maintain their independence and expressed satisfaction they are supported to undertake activities involving risk.
* Consumers and representatives advised they are satisfied with the level of communication provided by staff and they obtain information regarding care by approaching clinical and care staff.

Staff demonstrated an understanding of care that respects consumers privacy, dignity, and culture. Staff explained various ways consumers are encouraged and supported to maintain their independence, make choices in their day-to-day lives and maintain relationships. Staff also spoke knowledgeably about individual consumers and how they are managing risks. Staff were observed treating consumers respectfully and in a caring manner.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

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

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services and that services are planned around what is important to them. Consumers confirmed participation in assessments and care planning and that changes and outcomes are discussed with them on a regular basis. Most consumers and representatives said they have seen care plans.

Staff understand consumer risks and described strategies to ensure safe and effective consumer care. Staff described how consumers, representatives, health professionals and other organisations contribute to consumer care and how they work together to deliver a tailored care and services plan.

Care documentation mostly demonstrates relevant assessment and risk identification occurs. Care planning documents also reflect others the consumer wishes to have involved in care assessment and planning. While care plans reflect advance care wishes and the current goals, needs and preferences of consumers, file review demonstrated care and services are not always reviewed following incidents or a change in circumstances.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) 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 the service did not adequately review the care and services for consumers who experienced a change in circumstances or care needs. For example:

* A consumer with a stage 2 sacral pressure injury identified more than six weeks earlier, had a wound chart which did not contain any entries and there was no evidence the wound was assessed.
* A consumer who was administered as required pain medication had not had their pain care plan reviewed since July 2021. This consumer also has chronic wounds, however care planning documents do not reflect pain experienced as a result of these wounds, nor has an assessment been completed for a pressure injury identified in February 2022.

In their comprehensive and detailed response to the Assessment Team’s report, the approved provider acknowledges the findings of the Assessment Team and submit a number of updated care planning documents as evidence the service has addressed specific deficits identified by the Assessment Team.

While I acknowledge the approved provider’s comprehensive response evidencing deficits have been addressed, at the time of the site assessment, the service did not demonstrate care and services are reviewed when circumstances change or incidents occur. I therefore 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

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 plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Most sampled consumers considered that they generally receive personal care and clinical care that is safe and right for them. For example:

* Consumers said they feel safe and risks related to their care are generally managed effectively.
* Consumers were generally satisfied with the management of changes in their health status.
* Consumers and representatives were satisfied that information related to consumer needs and preferences was communicated within the organisation and with others responsible for consumer care.

Management and staff described high impact and high prevalence risks faced by consumers and strategies on how these risks are minimised. Clinical staff and management described referral mechanisms to services and resources.

Care planning documentation generally reflected processes to promote effective management of high impact or high prevalence risks including falls, challenging behaviours, pressure injuries, diabetes management, urinary catheter management, and weight loss.

However, there are deficits in the service’s identification and management of chemical restraint and infection prevention and control.

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 not all consumers receive safe and effective clinical care. Skin integrity issues are not consistently prevented, and wound care is not completed in accordance with best practice or consumer needs. Consumers with pain are not identified and managed consistently. For example:

* A consumer’s severe pressure injury identified on 5 February 2022 in progress notes was not documented in a wound chart until 23 April 2022. Wound charting did not provide information on the current status of the wound or contain photographs.
* This consumer also experiences chronic pain, however their pain is managed reactively and there is no recent pain charting. In addition, the service could not demonstrate they have considered managing this consumer’s pain more consistently to prevent frequent breakthrough pain.
* A review of another consumer’s progress from 5 May 2022 to 19 May 2022, demonstrated they were administered ‘as required’ pain relief on 17 occasions. However, there is no pain charting for this consumer.

The Assessment Team also provided evidence indicating the service had failed to appropriately assess and manage the use of chemical restraint. Consumer and representative feedback, staff interviews, and documentation demonstrated a lack of understanding and application of current requirements related to the use of chemical restraint.

In their response to the Assessment Team’s report, the approved provider acknowledges the findings in the report and outlines comprehensive action taken by the service to address specific deficits in care for multiple consumers identified by the Assessment Team. While I acknowledge the approved provider’s comprehensive response evidencing deficits have been addressed, at the time of the site assessment, the service did not demonstrate that clinical care was safe and effective. I therefore find the service is non-compliant with this requirement.

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

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

### 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) Non-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.*

The Assessment Team found that while the service minimises the use of antibiotics, the service did not demonstrate infection control practices effectively reduce the risk of transmission of infections. The Assessment Team regularly observed lapses in staff hand hygiene and use of personal protective equipment (PPE). The Assessment Team also found significant deficits with the service’s Outbreak Management Plan (OMP).

In their response to the Assessment Team’s report, the approved provider acknowledged the gaps identified by the Assessment Team and provided evidence of actions taken to address these issues along with a comprehensive action plan to minimise the likelihood of their recurrence. The service has provided additional PPE training for staff and submitted a revised, yet basic OMP.

While I note the remedial action taken by the approved provider, at the time of the site assessment, the service did not demonstrate effective infection prevention and control. I therefore find the service does not comply with this requirement.

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall, consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers expressed satisfaction with the support provided to meet their needs, goals, and preferences.
* Consumers said they are satisfied with how staff support their spiritual and emotional well-being.
* Consumers said that communication about their needs occurred within the organisation and with others responsible for providing care.
* Consumers expressed satisfaction with the quality of food at the service.

Staff described supports for consumer relationships, community participation and opportunities for consumers to do things of interest to them.

Care planning documentation informs staff about additional supports required to assist individual consumers and evidenced external services are involved in consumer care.

The Assessment Team observed a range of equipment to support lifestyle activities and social participation. Equipment was observed to safe, suitable and well maintained.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

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

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

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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.

Overall, sampled consumers considered that they feel they belong in the service and that the service environment is safe and comfortable. For example:

* Consumers and representatives said they feel welcome and comfortable at the service.
* Consumers and representatives expressed satisfaction the service is safe, clean and well-maintained.
* Consumers and representatives described the furniture and equipment as clean and said that maintenance occurs promptly.

Staff described how they report any issues or hazards with maintenance staff, and confirmed matters are followed up in a timely manner. Maintenance staff demonstrated how maintenance requests are scheduled, completed and monitored.

The service was observed to be clean and uncluttered, enabling the free movement of consumers both within and outside the service. Communal spaces such as the large mixed-use lounge and meeting areas contribute to consumer ability to engagement and interaction.

The Quality Standard is assessed as compliant as three of the three specific requirements have been assessed as compliant.

## Assessment of Standard 5 Requirements*.*

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

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

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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

Most consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers, representatives and others are encouraged and supported to provide feedback and are informed of ways to make a complaint.
* Consumers and representatives expressed satisfaction with action taken in response to feedback including that staff and management apologise if things go wrong.
* Consumers and representatives expressed satisfaction when describing how feedback has resulted in improvements to the quality of care and services.
* While the majority of consumers and representatives were unaware of advocacy services, or other avenues for raising and resolving complaints, they stated they could either find out about these services, or did not feel they needed to access external complaints services.

Management said complaints received via feedback forms are logged on the electronic system. However, feedback received verbally or from resident meetings is not always logged to identify trends.

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

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

The Assessment Team found this requirement was not met due to the majority of consumers and representatives stating they are unaware of advocacy services or other methods for raising and resolving complaints. In addition, the majority of sampled staff were unable to describe external advocacy or complaints services. The Assessment team observed posters in an exposed area providing details of external complaints and advocacy services.

In their response to the Assessment Team’s report, the approved provider acknowledges the findings in the report and outlines comprehensive action taken by the service since the site assessment to ensure all consumers and representatives are aware of external advocacy services and complaint mechanisms. Consumers have been advised personally, appropriate information posters have been more widely displayed throughout the service, and the subject of external supports and complaint mechanisms have been placed on the agenda for future resident meetings.

While I acknowledge the comprehensive remedial action taken and that consumer feedback regarding internal complaints handling was generally positive and consumers and representatives felt confident their complaints would be addressed by the service, nonetheless, at the time of the site assessment, the service did not demonstrate consumers were aware of advocacy services and external avenues for raising complaints. I therefore find the service is non-compliant with this requirement.

### 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.*

The Assessment Team recommended this requirement was not met, however I have formed a different view. The Assessment Team found that while consumers and representatives expressed satisfaction when describing how feedback has resulted in improvements to the quality of care and services, the Assessment Team reviewed continuous improvement logs and found no information was available relating to feedback and complaints. Management were not able to confirm how the process of receiving feedback informs their continuous improvement plan or how it is incorporated into the improvement plan once trends are identified.

In their response to the Assessment Team’s report, the approved provider refutes key evidence provided by the Assessment Team and also acknowledges areas for improvement in the management of feedback and complaints. The approved provider’s response details planned actions, along with those already undertaken to address identified gaps and inconsistencies in the service’s management of complaints and feedback. The approved provider also presented evidence that trend and theme data from complaints and feedback are collated and reported to service management on a monthly basis. However, I have reviewed this evidence and I do not find it compelling as the reports submitted lacked detail.

Given the conflicting evidence available, I place great weight on the evidence provided by consumers and their representatives who expressed satisfaction that feedback and complaints resulted in improvements. While the service may have room for improvement in its processes for capturing and using feedback and complaints to inform continuous development, at the time of the site assessment, based on consumer testimony, the service had adequate processes in place to improve the quality of care and services. I therefore find the service is compliant with 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

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, sampled consumers considered they receive quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers and representatives mostly said there are enough staff at the service.
* The majority of consumers and representatives considered staff to be kind and caring.
* The majority of consumers and representatives interviewed felt most staff are recruited, trained and equipped with the skills required to care for consumers.

Feedback from staff indicated unplanned leave is generally replaced by staff working additional hours.

The service demonstrated an established human resource management system for recruitment, training and staff support including regular performance assessment, monitoring and review of staff. Opportunities continue to be identified for education and training improvements.

Although position descriptions are available and workforce qualifications are monitored, the service did not demonstrate that all staff have the knowledge to perform their roles.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

The Assessment Team recommended this requirement is not met citing failures in other Standards due to lack of staff and management knowledge in related areas. The Assessment Team report stated although position descriptions are available and workforce qualifications are monitored, the service did not demonstrate all staff have the knowledge to competently perform their roles. The Assessment Team detailed staff failures in the application of restrictive practices regulations and infection prevention and control practices.

In their response to the Assessment Team’s report, the approved provider detailed actions taken in response to the Assessment Team’s findings. The service had previously identified staff education as an area for improvement and employed an education coordinator prior to the site audit. The service has conducted an education gap analysis, identifying restrictive practices and infection prevention and control as priority areas. The service is in the process of strengthening systems for the delivery and monitoring of staff education.

While I acknowledge the actions undertaken by the approved provider, at the time of the site assessment, the service did not demonstrate that the workforce is competent in the application of restrictive practices regulations and infection prevention and control practices. I therefore find the service is non-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 that while the service has processes to recruit and train staff it was not able to demonstrate that staff are able to identify the use of chemical restrictive practice. The organisation has a suite of policies relating to recruitment, induction and orientation, and training to ensure staff meet relevant criteria and have the required skills and knowledge to align with the organisation’s expectations. However, the Assessment Team identified high volumes of training have not been completed by staff.

As detailed in Requirement 7(3)(c) above, the approved provider acknowledged staff education as an area for improvement, having previously identified this and commenced actions to address deficits. While I acknowledge the actions undertaken by the approved provider, at the time of the site assessment, the service did not demonstrate that the workforce is fully trained and supported to deliver the required consumer care outcomes. I therefore find the service is 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.*

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall, consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives provided examples of consumer engagement in the evaluation of care and delivery and service improvements.

The service demonstrated the Board’s engagement regarding the most significant incidents relating to the safety of consumers in the last year.

The Assessment Team observed a variety of organisational policies, procedures and documents that support and guide management and staff to provide a safe and inclusive culture for consumers and stakeholders. These include but are not limited to diversity and privacy policies, and clinical governance framework documents.

Risks are reported, escalated, and reviewed by management at a service level and via the organisation’s senior management to the Board. The service demonstrated components of the risk management system which includes incident and clinical governance reporting, hazard reports, monthly audits and scheduled meetings.

The service provided a documented clinical governance framework, along with policies related to antimicrobial stewardship, minimising the use of restraint and the application of open disclosure.

Whilst the organisation has a suite of governance systems, the service did not demonstrate these are effectively applied within the service in relation to regulatory compliance.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

The Assessment Team found this requirement was not met based on the ineffective application of governance systems in relation to information management, continuous improvement, regulatory compliance and feedback and complaints. The supporting evidence is included in Standards 2, 3, 6 and 7 of the Assessment Team report and the Assessment Team’s findings rely on findings of non-compliance in those Quality Standards.

In their response to the Assessment Team’s report, the approved provider details actions taken in response to the Assessment Team’s findings. Actions include the formation of a working party to review and strengthen systems relating to restrictive practices.

I have found the service does not comply with Requirement 3(3)(a) and Requirement 7(3)(c) of the Quality Standards in relation to staff knowledge and application of current requirements related to restrictive practices. Based on this information I find the service’s governance systems failed to ensure the service meets its regulatory responsibilities regarding the application and minimisation of restrictive practices, particularly in relation to chemical restraint. I find that at the time of the assessment, the service did not comply with sub requirement 8(3)(c)(v)which relates to regulatory compliance. Therefore, I find the service does not comply with this requirement.

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

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

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

### Requirement 8(3)(e) Non-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 Assessment Team found that while the service has effective governance systems in place in relation to open disclosure and minimising the use of antibiotics, the service was unable to demonstrate effective governance relating to minimising the use of restrictive practices, notably chemical restraint. The service did not recognise some consumers as potentially subject to chemical restraint and did not have consent or authorisation for the restrictive practice signed by their nominated representative or medical practitioner.

In their response to the Assessment Team’s report, the approved provider detailed actions being taken in response to the issues identified by the Assessment Team, including a comprehensive review of psychotropic medication use, the development of a psychotropic register and review of staff education requirements in relation to restrictive practices.

While I acknowledge the actions undertaken by the approved provider, at the time of the site assessment, the service did not demonstrate an effective clinical governance framework in relation to minimising the use of restraint. I therefore find the service is 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.

* Implement systems to ensure care and services are reviewed regularly, particularly when consumer circumstances change.
* Implement comprehensive processes and systems to ensure assessment and management of chemical restraint aligns with best practice.
* Maintain staff training and education for restrictive practice and infection prevention and control.
* Embed effective systems to ensure the service complies with all current and future regulatory requirements.
* Ensure opportunities for staff to complete training and education.