Aminya Village Hostel

Performance Report

14 Adelaide Rd   
MANNUM SA 5238  
Phone number: 08 8569 1749

**Commission ID:** 6136

**Provider name:** Mid Murray Homes for the Aged Inc

**Site Audit date:** 23 September 2020 to 25 September 2020

**Date of Performance Report:** 13 January 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* 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 26 October 2020.

# 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

The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

The Assessment Team found the service did not meet Requirement (3)(f) but met all other Requirements in relation to Standard 1 Consumer dignity and choice. I have come to a different finding following the response of the approved provider and find the service Compliant in all Requirements in relation to Standard 1 Consumer dignity and Choice. I have provided my reasoning in the relevant Requirement below.

The service was found Non-compliant in relation to Requirement (3)(d) following a Site Audit in September 2019 and again following an Assessment Contact in February 2020. The service has implemented improvements to address the deficits and I find the service is now Compliant in Requirement (3)(d) in relation to Standard 1 Consumer dignity and choice and have provided evidence to support the decision below in the relevant Requirement.

Consumers and their representatives interviewed confirmed consumers are treated with dignity and respect, staff support consumer choices and get to know their individual needs and preferences. Consumers provided examples of how the service involves them in decision making and supports them to take risks and continue to do the things they enjoy and live the life they choose. Consumers provided examples of how the service assists them in making connections and maintaining connections with others including through electronic systems to stay connected with loved ones overseas. Consumers confirmed staff respect and support their privacy and are provided information from the service to assist them in making decisions.

Staff interviewed confirmed consumers preferences, cultural needs, choices, people important to consumers and consumer life histories are communicated to them and staff use the information to ensure consumers choices are supported and care is individually tailored in line with consumer preference. Staff provided examples of how they support consumers to remain independent even where risks are involved including providing them with equipment, supervision and support to mitigate the risks and allow the consumer to do the things they like.

Policies and procedures demonstrated the service have systems in place to support and direct services to be delivered in a manner which is reflective of each consumers’ choice and unique individual needs and culture. Consumers, staff and others have been provided relevant information and are aware of the Charter of Aged Care Rights. The service has a ‘Right to take risk’ form which identifies risks and develops strategies to mitigate the risk in consultation and agreement with the consumer. Observation shows consumers have access to a variety of information about the service and other relevant services and processes throughout the service including through pamphlets, newsletters and notice boards.

## 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.*

This Requirement was found Non-compliant following a Site Audit in September 2019 and again following an Assessment Contact in February 2020 in relation to the service not supporting two consumers to take risks to live the life they choose. The service has implemented improvements including; full review of the two consumers risks in consultation with consumers and review and update of the ‘Right to take risk form’ to ensure it prompts staff to complete all areas and consider all mitigating strategies in consultation with the consumer.

The Assessment Team confirmed all consumers with a current ‘Right to take risk form’ have been consulted about the risks they wish to take including outings, activities, meals and smoking and mitigating strategies have been documented to guide staff in supporting the consumers to take risks and live the life they choose. Staff confirmed the process and provided examples of how they support consumers in line with the current documented ‘Right to take risk form’. Staff confirmed they have had training and information to understand how to identify and support consumers to live their life as they choose including where risks are involved.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

### 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.*

The Assessment Team found the service did not meet this Requirement as while the service respects each consumer’s privacy, the service did not always ensure consumers documented information was stored confidentially. The Assessment Team observed the nurses’ station door open and unlocked on multiple occasions and on one occasion a computer displayed consumer information and no staff were in the room. Staff handovers occur in the open space where visitors have access.

The approved provider’s response acknowledges the nurses station door was unlocked and open at times and have immediately taken action to ensure a secure locking mechanism and to inform all staff of the importance of closing the door. The approved provider has clarified handovers discussing consumers occur in the private and closed staff room where there is no visitor access and not in an open space. As a result of the issues identified the service reviewed all storage, locks and staff practice in relation to maintaining consumer information in a confidential manner. The service implemented further improvements including spring back doors and locks, staff keys to secure rooms and increased monitoring of staff practice.

Based on the approved provider’s response I am satisfied consumer information is discussed in a confidential manner in relation to the handover process. The issue identified consumer information stored in the nurses’ station being left unlocked has been immediately resolved through improvements to the door lock and security. Consumers and representatives were satisfied staff supported consumer privacy and confidentiality.

Based on the summarised evidence above, I am satisfied the service is Compliant with this Requirement.

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Consumers and their representatives interviewed confirmed the service involves them in assessment and planning of consumer care and services and the outcomes of the assessments are discussed with the consumer and their representatives where required. Consumers stated staff always inform them when an incident or change occurs, and regular reviews of the care plans occur and are explained and provided in a way the consumer and their representative can understand. Consumers confirmed the staff are informed about their preferences as discussed during assessment and planning and they have an opportunity to discuss advanced care directives or end of life care if they wish to do so.

The service has an electronic assessment and care planning system which provides assessment tools to identify and plan for the management of consumer care and services including risks and recording of incidents. Consumer assessment and planning documentation viewed confirmed comprehensive assessments are completed on entry to the service and reviewed and reassessed at regular reviews and when incidents or changes occur. Assessments include tools to identify risks and including the use of charting to monitor and identify triggers and effective strategies including for pain and behaviour. Assessment and planning includes reviews and referrals to specialists, medical officers and allied health professionals and the outcomes of all assessments are recorded and in the care plan and communicated to the consumer.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) Compliant

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

# STANDARD 3 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

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The service was found Non-compliant in relation to Requirement (3)(b) following a Site Audit in September 2019 and again following an Assessment Contact in February 2020. The service has implemented improvements to address the deficits and I find the service is now Compliant in Requirement (3)(b) in relation to Standard 3 Personal care and clinical care and have provided evidence to support the decision below in the relevant Requirement.

Consumers and their representatives interviewed confirmed consumers are provided the personal and clinical care they need in line with their preferences and consumers have access to medical officers and specialists when required. Consumers and their representatives provided examples where the service has managed their clinical needs with positive outcomes including reduced behaviours and good assistance for impaired mobility.

The service has policies, procedures and assessment tools based on best practice to guide staff in the management of consumers personal and clinical care needs. Consumer clinical files viewed showed the service identifies risks associated with consumers’ care including pain, behaviours, weight loss, skin integrity and falls through assessments, charting and incident reports. Where risks are identified the service implements effective strategies to manage the risks and to reduce and prevent further incidents, injury or impact. Consumers with known risks such as current wounds, weight loss and frequent falls are reviewed regularly by clinical staff and monitored through clinical reports, handovers and meetings. Where required the service refers the consumers to specialists, including physiotherapists, dietitians and medical officers to assist in implementing and managing consumers clinical needs. The service has an infection control policy and procedure including the management of infectious outbreaks and managing consumers infections.

Clinical staff interviewed confirmed the assessment and incident reporting processes and how consumers care plans are updated when changes occur. Clinical staff confirmed a variety of strategies used to manage pain, falls, diabetes and wounds in line with individual consumers’ needs. Care staff confirmed they provide personal care in line with the care plans and monitored risks, such as weight, skin changes and regularly monitored when restraints such as bedrails and deep chairs are in use.

### Assessment of Standard 3 Requirements

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

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

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

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

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

The service was found Non-compliant in relation to Requirement (3)(b) following a Site Audit in September 2019 and again following an Assessment Contact in February 2020. The Assessment Team found the service has implemented improvements to address the deficits identified in relation to high impact risks not managed effectively including; diabetes, weight loss, behaviours and use of physical and chemical restraints.

Improvements implemented included; review of monitoring and staff practice in relation to diabetic monitoring, review of restraint policy, including use of floor line beds for mobile consumers, implementing alternative strategies for behaviours and reducing ‘as required’ medication use, increased monitoring of consumers with weight loss and timely referrals to dietitian to implement new dietary plans.

The Assessment Team confirmed improvements implemented have been effective and consumer clinical files viewed confirmed weight loss is monitored and actioned in a timely manner, alternatives to restraint are used and a restraint minimisation approach is now in place, diabetics have their blood glucose levels monitored, recorded and reported to medical officer in line with policy. Staff interviewed confirmed improvements in processes and training and information provided to staff when improvements were implemented.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers and their representatives interviewed confirmed consumers receive the services and supports they require to enable them to do the things they want to do. Consumers provided examples of social and physical activities they participate in at the service which bring them enjoyment. Consumers confirmed they receive meals which are enjoyable, suitable for their needs and of good quality and have seen improvements in the food based on consumer suggestions and feedback. Consumers who prefer to spend time on their own are provided social support from staff and provided individual activities of interest to them. Consumers are provided supports and equipment including from other specialists, such as physiotherapists to maintain their independence and quality of life. Consumers confirmed they are supported to attend activities outside of the service and family and visitors are made to feel welcome.

Lifestyle staff demonstrated, and consumers’ documented lifestyle plans confirmed assessments are used in consultation with the consumer and their families to understand the consumer, their social and emotional needs, their spiritual and cultural backgrounds and preferences and activities they are interested in participating in. The plans are then communicated to others who assist in the care of the consumer to support the consumer in participating and achieving their goals including supporting relationships and maintaining independence.

Consumers’ dietary care plans and preferences are documented and communicated to staff preparing and delivering meals and specialists, including dietitians and speech pathologists are involved in the development of dietary care plans where required.

## 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

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

Consumers and their representatives interviewed confirmed consumers feel they belong in the service and feel safe and comfortable in the service environment. Consumers confirmed they have access to outdoor areas and enjoy gardening and growing flowers and vegetables at the service. Consumers and their representatives confirmed the service is clean and well maintained.

The Assessment Team observed the service environment to be welcoming and easy to understand. The community areas consist of large shared areas for consumers to engage in group activities and smaller more private areas for socialising with family and significant others. Noise and stimulation levels were well managed, and the service environment was calm. Corridors are wide and provide ample space to manoeuvre lifters, wheelchairs and gophers. The furniture was user friendly, for example the chairs were plentiful, of a comfortable height and provided arm rests. Bathroom equipment and wheelchairs were clean and in good working order. Lighting was effective and switches easy to locate.

The Maintenance officer described the system of logging requests when anything at the service environment requires attention and care staff said when they identify and escalate maintenance issues, they are confident the issues will be dealt with promptly. The maintenance log confirmed regular maintenance of the service environment and management of ad hoc maintenance requirements occurs.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

Consumers and their representatives interviewed confirmed consumers are encouraged and supported to provide feedback and make complaints and appropriate action is taken by staff and management in response to their complaints. Consumers confirmed complaints are responded to compassionately, competently and in a timely manner and feedback is given to all parties about the action and results to resolve the complaint. Consumers provided examples of making complaints verbally, in writing and through meetings.

Management demonstrated, and the complaints register confirmed all complaints are recorded and actions taken are logged and monitored and the results of complaints are recorded, including where the use of open disclosure has been used when things go wrong. Staff interviewed provided examples of supporting consumers to provide feedback or raise complaints in line with the complaints policy. Observations show consumers have access to information and tools to assist them in making complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

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

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers interviewed confirmed staff are kind caring and respectful and staff know what they are doing when they provide care and services. Consumers confirmed there are enough staff to provide care and there is always someone there if they need something. Observations of the workforce interactions with consumers show staff are kind, caring and respectful and treat consumers with dignity and know consumers’ individual needs.

The service has systems to ensure staff are provided comprehensive training when commencing employment and on an ongoing basis with annual training and additional training including on critical clinical topics. Staff performance is monitored and reviewed regularly, and staff feedback is actively sort through surveys and reported to the Board. Staff qualifications, competency and knowledge is recorded and monitored on commencement of employment and ongoing monitoring occurs.

Management plans staff numbers, skill mix and allocations based on the needs of the consumers and staff and consumer feedback confirm adequate staff and numbers and staff have enough time to provide safe and quality care and services. The service acknowledged difficulties in filling vacant shifts due to location and at times staff have to work additional hours or longer shifts.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The service was found Non-compliant in relation to Requirements (3)(c), (d) and (e) following a Site Audit in September 2019 and again following an Assessment Contact in February 2020. The service has implemented improvements to address the deficits and I find the service is now Compliant in Requirements (3)(c), (d) and (e) in relation to Standard 8 Organisational governance and have provided evidence to support the decision below in the relevant Requirements.

Consumers interviewed confirmed they feel the service is well run and they are provided opportunities to provide feedback on the service and be partners in the development and evaluation of the care and services. One consumer confirmed they are involved in the interview process for new staff.

The service completes reports and provides information on the care and service delivery and outcomes for consumers to the Board on a regular basis to assist the Board in making informed decisions including implementing improvements. Policies and procedures are reviewed and updated to ensure effectiveness in guiding and directing the delivery of care and services. Financial reports are completed, and budgets are clearly outlined to support quality care and service delivery.

The service has effective governance systems to ensure information is managed and communicated effectively, feedback and complaints are monitored, and actioned and continuous improvement occurs. The service has effective workforce governance including training and monitoring staff performance and ensuring the workforce performs their roles effectively. The service has a system to support them in meeting their regulatory responsibilities including police certificates for all staff and reporting and recording of reportable incidents.

The service has an effective risk management and clinical governance system which informs staff practice on responding to incidents and elder abuse. All incidents are reported and recorded to ensure investigation and appropriate action occurs and open disclosure is used where required. The service has an infection control program in place to manage outbreaks and support antimicrobial stewardship. The service has reviewed their restraint policy and procedure to align with the goal of minimising the use of physical and chemical restraints.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

This Requirement was found Non-compliant following an assessment contact in February 2020 in relation to the service not meeting their regulatory responsibilities of reporting a reportable assault. The service has implemented improvements to address the deficit, including review and update of the reportable assault policy and procedure, implementing a ‘Reportable Assault Chart’ to guide staff in managing and responding to reportable incidents and staff training.

The ‘Mandatory Reporting and Discretion Not to Report Register’ showed the service has complied with their regulatory responsibilities in reporting and recording incidents and has taken appropriate action in response to recent incidents.

Based on the summarised evidence above, I find the service Compliant 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.*

This Requirement was found Non-compliant following an assessment contact conducted in February 2020 in relation to the service not effectively managing risks associated with consumers choosing to do the things they want which involve risk. The service has implemented improvements to address the deficits identified including; review and update of the risk policy, update of the risk assessment tool, staff training and review and consultation with consumers of strategies to mitigate risks associated with activities they choose to do, including going out on outings in the community, smoking and eating meals involving choking and aspiration risks.

Consumers’ files viewed of consumers’ currently taking risks shows completed assessments, consultation and risk mitigation strategies to support the consumers to continue living the life they choose. Staff interviewed confirmed how they assist consumers and are aware of the new policy and assessment tool.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

### 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 service was found Non-compliant in this Requirement following an assessment contact in February 2020 in relation to the service not having an effective system or practices to identify, monitor and minimise the use of physical and chemical restraints. The service has implemented improvements to address the deficits including; review and update of the restraint policy and procedure, review of the use of floor line beds for consumers who are mobile and improved monitoring and recording of restraints including bedrails and deep chairs.

The policies, procedures and tools were viewed, and all have been updated and consumers with current restraint in use have completed documentation including consultation, consent, reviews and monitoring records.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.