Ananda Aged Care Findon

Performance Report

2 Malken Way
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Phone number: (08) 8445 9720

**Commission ID:** 6861

**Provider name:** K N H Nominees Pty Ltd

**Site Audit date:** 3 November 2021 to 5 November 2021

**Date of Performance Report:** 22 December 2021

# Performance report prepared by

Kathryn Spurrell, 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** | **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** | **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) | 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** | **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) | 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 14 December 2021.
* other relevant information held by the Commission including internal referrals received.

# 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

Consumers considered that they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and were able to live the life they choose. Consumers and representatives stated that they were happy within the service, felt respected and valued as individuals. Consumers said that they could make decisions about their own health and well-being and were supported to maintain relationships that were important to them.

Staff described to the Assessment Team individual consumers’ preferences, culture, values and beliefs and were able to explain how those preferences influence how care is delivered. Staff described ways that consumers are supported to make informed choices about their care and services, such as through participation in case conferences, at consumer meetings and through discussions with staff regarding day-to-day choices.

The service demonstrated that it supports cultural and religious diversity; through the celebration of various cultural and religious events and days of significance. The Assessment Team observed consumers’ privacy being respected and personal information being kept confidential. Staff and management were able to explain the way in which they provide information to consumers in a timely manner through monthly resident meetings, resident newsletters and email updates.

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 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

Consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives reported being involved in the assessment and planning on an ongoing basis. Consumers reported that their care needs are met, and that care is reviewed when their circumstances change, or incidents occur.

Staff advised that initial and ongoing assessments are undertaken to identify consumers’ needs, choices and preferences. Management reported that assessment and planning included advance care planning and end of life planning, and case conferencing is undertaken in consultation with consumers and representatives. Management advised that care and services are regularly reviewed for effectiveness or when circumstances change. Management reported that feedback following a review of a care plan is provided to consumers and representatives.

The Assessment Team identified that the service undertakes a comprehensive assessment and care planning process when the consumer enters the service and that care plans are regularly reviewed or are reviewed following an incident. Care planning documentation included advance care planning, advance health directives and end of life wishes.

The Assessment Team found care plans available through an electronic care system, reflected assessment of risk and identified information and strategies for personal, clinical and lifestyle needs, and that care planning documentation appropriately involved other providers of care and services, such as medical officers and physiotherapists when needed.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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) 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 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

Consumers considered that they received personal and clinical care that is safe and right for them and provided examples to the Assessment Team of how staff ensured care delivery was aligned with their personal and clinical care goals and needs. Consumers and representatives expressed satisfaction that appropriate referrals occurred when needed and that consumers had access to relevant health professionals as required.

The service was able to demonstrate that in most cases, information about consumer’s conditions, needs and preferences were documented and communicated within the organisation, and with others where responsibility was shared. Consumers expressed satisfaction with the provision of clinical and personal care and staff could describe means in which information was shared to support understanding of the consumers’ needs, goals and preferences.

Policies were available to all staff regarding high impact and high prevalence risks associated with the care of consumer and staff explained to the Assessment Team how they manage the risks associated with consumer care and described the strategies and supports in place to provide best practice care. Staff were also able to explain how they support and provide end of life care to consumers in accordance with individual consumer’s needs and preferences.

Consumers and representatives expressed confidence in the service's ability to minimise infection related risks and care planning documents appropriately identified key risks and provided guidance to staff on strategies to address and manage the risks. Staff were able to describe to the Assessment Team in detail the processes and practices in place across the service in relation to the management of infection control and the Assessment team observed infection control processes and supports across the service, including personal protective equipment and hand hygiene directives.

Consumers spoke positively about how the service responds to any changes in their condition. Staff were able to explain the process for identifying and reporting changes and deterioration in a consumer’s condition.

However, the service was not able to demonstrate that each consumer received safe and effective personal care and clinical care*,* in relation to the use of restrictive practices.

The Quality Standard is assessed as Non-compliant as one 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 service did not adequately demonstrate accurate documentation of restraint had occurred in order to identify consumers who were subject to restrictive practices, nor could the service provide documentation to show that each consumer and/or representative had consented to the use of restraint.

The Assessment Team identified three consumers whose movements were restricted to within the service’s perimeter and environmentally restrained. These consumers did not have restraint authorisations in place at the time of the Site Audit. The Approved Provider, in its written response dated 14 December 2021, provided further explanation of how environmental restraints are discussed with consumers and their representatives upon entry into the service, but acknowledged the deficiencies in physically documenting consent in relation to these consumers in accordance with legislative changes.

The Assessment Team also identified five consumers subject to chemical restraint at the time of the Site Audit and identified deficiencies in the way this information is communicated and shared across the service, this is explored further in Requirement 8(3)(c).

While the Assessment Team was able to establish that each consumer had appropriate consent authorisations and behavioural support plans in place, the service was unable to demonstrate that staff and management had a shared understanding of which consumers were subject to restrictive practices and communicate this effectively to the Assessment Team.

In its response, the Approved Provider acknowledged the deficiencies in the information sharing processes that were in place at the time of the Site Audit and provided evidence that demonstrated changes it had made to the service’s restrictive practices policies. The Approved Provider provided further evidence that showed changes that have been made to the electronic case management system to support knowledge sharing between staff across the service and provided information on additional training planned for staff in relation to restrictive practices.

I acknowledge the action the Approved Provider has taken to rectify the deficiencies relating to restraint management, however these deficiencies were identified by the Assessment team and not by the service. It is my decision therefore; this Requirement is Non-compliant as at the time of the Site Audit the management of restrictive practices were not effective.

### 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) 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 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

Consumers and representatives considered that consumers received the services and supports that enabled them to do the things they like to do and that optimise their independence, wellbeing and quality of life. Consumers described to the Assessment Team the ways they participated in their communities and maintained their social and personal relationships and connections both inside and outside of the service environment.

Consumers considered that they receive safe and effective services to support their needs and preferences. Care planning documentation outlined the consumer’s personal interests, goals and needs and provided adequate information to support effective and safe care where responsibility for care was shared.

Staff were aware of what was important to individual consumers and how they could support consumers’ needs, goals and preferences to promote their independence and quality of life. Consumers and representatives described ways that staff at the service provided emotional and spiritual support to consumers through programs such as cultural days and spiritual services. Staff described to the Assessment Team the different ways they supported consumers to maintain connections with family with people important to them through a variety of methods including telephone and video calls.

Consumers and representatives stated that the consumer's condition, needs and preferences are effectively communicated within the organisation and with others responsible for their care. Staff were updated with changes regarding consumers’ lifestyle needs and preferences through shift handover processes and lifestyle staff described the ways they regularly seek input and feedback from consumers to provide activities consumers are interested in and enjoy.

The service demonstrated timely and appropriate referrals to external providers for lifestyle supports, and consumer care planning documentation reflected the involvement of other lifestyle providers and allied health professionals.

Consumers and representatives expressed satisfaction with the meals offered at the service. Staff could provide examples of consumers’ meal preferences and how these preferences are recorded and accommodated. Consumers and staff described to the Assessment Team how the service meets different dietary requirements by offering a choice of two meal options in the evenings that are consistent with their cultural preferences.

Equipment used to support the lifestyle needs of consumers was suitable for their needs, clean and well maintained. The service had processes in place to monitor the cleanliness and general condition of equipment which was maintained or repaired when required.

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

### 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

Consumers described feeling at home and as though they belonged in the service and described feeling safe and comfortable in the environment.

Consumers rooms were observed to be individualised, decorated and contained personal items. The service had multiple common areas throughout the facility for consumers and representatives to utilise, which was observed by the Assessment Team as maintained at a comfortable temperature and easily accessed by consumers.

Staff described the maintenance and cleaning schedules undertaken at the service and a review of documentation reflected regular and appropriate cleaning and maintenance of the service environment. Chemical storage and medication rooms were locked to ensure consumer safety and operational areas, such as the laundry room were observed to be clean and tidy.

Furniture, fittings and equipment within the service was safe, clean and well maintained. The service had processes in place to ensure preventative and reactive maintenance is conducted regularly, with maintenance staff available throughout the week. A review of the maintenance request logs found that maintenance issues are raised and actioned quickly within the service.

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

## 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

Consumers and representatives said they felt encouraged, safe and supported to provide feedback and make complaints anonymously or with the assistance of staff. Consumers were aware of advocacy and other external complaints services available and felt confident the service would resolve issues and take appropriate action.

Staff advised that consumers were encouraged to provide feedback and were able to explain the feedback process available for consumers and representatives and what the service does with that information. For example, the service maintained a Feedback Register which included compliments, complaints and suggestions which was reviewed monthly by senior management and actions taken as necessary.

Staff were aware of advocacy supports available to consumers and representatives to assist in raising feedback to the service. The Assessment Team observed information relating to these advocacy supports, including contact information to be on display throughout the service. Management advised that feedback forms were available in multiple languages, however, representatives felt comfortable raising feedback directly to management and the feedback forms are not generally utilised. Consumers and representatives were confident that prompt, and appropriate action is taken by the service when responding to complaints.

Policies and procedures were in place to guide staff for responding to feedback, staff demonstrated an understanding of open disclosure in practice and could explain to the Assessment Team how the service resolves complaints.

The service demonstrated that it encouraged and supported consumers to provide feedback or complain about the care and services they receive. The service demonstrated it uses an open disclosure approach when something did go wrong.

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

## 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

Consumers considered that they get quality care and services when they need them from people who are knowledgeable, capable and caring. Consumers stated that they were satisfied with the number of staff available and that staff are competent in performing their roles. Consumers reported that staff are caring and treat consumers with kindness.

Staff reported that they had enough time to attend to consumers and the Assessment Team observed that the service had adequate staff to meet the needs of consumers. The Assessment Team observed staff engaging with consumers and their family members in a kind and respectful manner and respecting consumers’ privacy. Staff demonstrated an in-depth understanding of consumers, including their needs and preferences.

The Assessment Team identified that ongoing assessment and review includes regular staff performance appraisals and staff focus meetings to identify and action improvements. Staff undertake mandatory training that includes legislative changes and reporting obligations, wound management, wound care and pressure injury care and are provided with ongoing training opportunities. The service has a range of policies and procedures which outline the person-centred approach to delivery of care and services.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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) 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 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

Consumers and representatives considered the organisation well run and stated that they feel they can partner in improving the delivery of care and services. Consumers are involved in the development, delivery and evaluation of care and services through consumer meetings, online surveys, feedback forms and discussion with staff relating to care needs

Consumers and representatives confirmed that service management and the Board are visible and accessible to them and are accountable for the care and services they deliver. The organisation demonstrated a clinical governance framework that supported staff through organisational policies and ongoing training practices that have been implemented and are monitored by the organisation to ensure their effectiveness.

The organisation had a documented risk management framework which included policies regarding the management of high prevalence and high impact risks, the identification and response to the abuse and neglect of consumers and incident management. Staff had a shared understanding of their reporting responsibilities in relation to the abuse and neglect of consumers.

However, the service was not able to demonstrate there are effective organisation wide governance systems in relation to information management and regulatory compliance. The service was not able to demonstrate that staff were able to access up to date information as needed.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(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 provided information that showed the Approved Provider could not demonstrate effective organisation wide governance systems relating to information management, and regulatory compliance.

The Assessment Team identified gaps in organisational policies, specifically in relation to guiding best practice. The Assessment team also identified issues in the information management systems across the service and found that in some instances management did not demonstrate a shared understanding of current organisational policies, specifically in relation to restrictive practices.

In its written response, the Approved Provider provided an action plan outlining improvement actions to be undertaken. In relation to information management; the Approved Provider has planned a policy and procedures review, with third party assistance, to ensure best practice guidance is clear, policies are also now stored electronically, to ensure version control and maintain data integrity. In relation to regulatory compliance; the Approved Provider has implemented additional staff training, education and resources to ensure the workforce is educated on the most recent legislative changes in relation to restrictive practices.

I have considered the Assessment Team’s information as well as the improvement actions, taken and proposed by the Approved Provider. Whilst I acknowledge improvement actions have commenced, I find that at the time of the Site Audit the Approved Provider did not demonstrate effective organisation wide governance systems relating to information management and regulatory compliance.

I find this requirement is non-compliant.

### 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) Compliant

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

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

# Areas for improvement

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

* Requirement 3(3)(a) – The service ensures that each consumer gets safe and effective care that is best practice, is tailored to their needs, and optimises their health and well-being.
* Requirement 8(3)(c) – The service ensures effective organisation wide governance systems relating to information management and regulatory compliance.