Aurrum Kincumber

Performance Report

1A Scaysbrook Drive   
KINCUMBER NSW 2251  
Phone number: 02 4368 2633

**Commission ID:** 2766

**Provider name:** Aurrum Pty Limited

**Site Audit date:** 8 January 2020 to 10 January 2020

**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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-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) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-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 6 February 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**

**Consumer outcome**

Overall consumers interviewed confirmed 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 interviewed confirmed they are treated with respect; and advised that the staff are wonderful to them. Consumers across the service had only positive comments in relation to the way staff treat them, from management to care staff, activities coordinators and the hairdresser.
* Consumers interviewed confirmed they are encouraged to do things for themselves and that staff know what is important to them, including their specific social and spiritual interests, the importance of family and in matters of personal hygiene.
* Consumers interviewed confirmed their personal privacy is respected with staff knocking prior to entering their room, freely allowing them personal time in their room, and finding a quiet space for a chat if needed.
* While consumers did not mention it by name, it was evident through consumer responses that the ‘Living Life – what would you like to do?’ approach to person-centred care, is creating a consumer centric environment which benefits both the consumers and staff.

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 team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

* All staff interviewed demonstrated a thorough knowledge of the individualised history and current needs and wishes of the selected consumers. They were aware of those consumers that were being supported to take risks for example in mobilising, diet, smoking, or use of bed rails. They were observed to treat consumers and representatives and each other with dignity and respect.
* Care planning documents reviewed were consistent with information provided by both the consumer and staff.

The Assessment Team found that six of six specific requirements were met.

**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 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:**

1. 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**

**Consumer outcome**

Most consumers sampled confirmed they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Most consumers or their representatives said they have input into consumer’s care planning however some said they did not. Most consumer representatives said they are informed of changes in the care and condition of their consumers.
* Feedback about whether consumers or their representatives are informed of the outcomes of assessment and planning and have ready access to the care plan is mixed. Some consumers/representatives did not know what a care plan was and/or were not aware they can access the care plan.

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.

* Assessments and care plans were reviewed for the consumers sampled during this performance assessment. All consumers sampled had a care plan that included specific, individualised strategies to meet their care needs.
* Management and staff described processes for initial and ongoing assessment and care planning and understood risks to the consumer’s health and well-being.

The Assessment Team found that three of five specific requirements were met.

In relation to the review of care and services when incidents, particularly falls occur, they are not adequately investigated, re-assessed and appropriate action is not taken to prevent reoccurrence, including further meaningful review of the care plan. Further strategies to prevent falls are not always established and consideration of the impact of medications and hypotension on falls risk is not consistently addressed.

**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.

The assessment team found that feedback from consumers and their representatives was mixed regarding their input into care planning and whether the care plan is readily available to them. Feedback from consumer representatives was that they were not aware of their ability to have access to the consumer’s care plan. However, in their response to the assessment team’s report, the approved provider submitted further information providing explanations why a number of the consumer representatives interviewed were unaware they could access the consumer’s care plan. The approved provider also provided additional information which demonstrated that largely consumers were aware of the outcomes of their assessments and that they were aware they could request a copy of their care plan having been informed of this on numerous occasions in various different ways.

**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.

The assessment team found that, for the consumers sampled, care plans did not show evidence of the review following a fall or changes in bowel habits. However, in their response to the assessment team’s report, the approved provider submitted further information that demonstrated that reviews had occurred when bowel habits changed and consideration had been given to the contributing factors in relation to falls for the consumer’s sampled.

**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**

**Consumer outcome**

Overall sampled consumers consider they receive personal care and clinical care that is safe and right for them.

For example:

* In most cases interviews with consumers and their representatives identified that consumers receive the care they need. One representative had doubts about their mother’s declining condition and whether enough had been done to minimise this.
* All consumers and their representatives said that consumers have access to a medical officer and other health services when they are needed.

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 team also examined relevant documents.

* Assessment and care planning consider risk to consumers and addresses consumer’s specific needs and preferences. Assessments and care planning is undertaken at regular times during the consumers stay at the service.
* In relation to falls prevention and management, the service does not implement best practice in relation to falls minimisation which means for consumers sampled, there health and wellbeing has not been optimised.

The Assessment Team found that three of seven specific requirements were met.

**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.

The assessment team found that consumers personal and clinical care is not always consistent with best practice in relation to falls prevention and the use of chemical restraint. However, in their response to the assessment team’s report, the approved provider submitted further information demonstrating that whilst a falls risk assessment had not been completed on several occasions for a particular consumer, the way the service manages falls is consistent with best practice and tailored to the consumer’s need. The approved provider was also able to demonstrate that the use of medication to manage behaviour was being done in accordance with best practice and optimised the consumer’s health and wellbeing.

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

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

The assessment team found that, for consumers sampled, the risks associated with the management of pressure injuries and malnutrition were adequately addressed but not so for falls management. However, in their response to the assessment team’s report, the approved provider submitted further information demonstrating that whilst a falls risk assessment had not been completed on several occasions for a particular consumer, the way the service manages falls is effective.

**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.

The assessment team found the service recognised and responded in a timely manner to a deterioration or change in a consumer’s mental health and cognitive function but this was not demonstrated when consumers sustained multiple falls. In their response to the assessment team’s report, the approved provider submitted further information demonstrating that for consumer’s sampled who had experienced falls, each consumer was reviewed post fall and a clinical file review had been completed to review the management of each consumer.

**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.

The assessment team found that consumers’ care and service records do not consistently reflect their condition, needs, goals and preferences.

The approved provider acknowledged that, at the time of the assessment, consumer goals were not well documented as consumers were not routinely involved in setting their goals. The provider stated that the majority of preferences were acknowledged in care plans and care plans updated as required.

**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.

The assessment team found that the organisation had implemented an infection control manual that includes information to guide staff regarding antimicrobial stewardship. The information includes that where there is a suspected bacterial infection, samples are taken for microbiology testing preferably prior to the commencing of antibiotics. The team collected evidence that suggested this had not happened in all cases. However, in their response to the assessment team’s report, the approved provider submitted further information demonstrating that, where antibiotics had been commenced without microbiology testing, there were appropriate clinical reasons for doing so and that the services practices supported appropriate antimicrobial stewardship.

**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**

**Consumer outcome**

Overall sampled consumers did confirm 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 interviewed indicated they feel supported to do the things they want to do and they said they have the freedom to choose what to do and when to do it.
* Consumers interviewed indicated they are supported to keep in touch with people who are important to them through visits, telephone calls, and through social outings. Consumers advised the service offers regular outings/bus trips and they can suggest sites to visit. They then meet with family and friends at the venues visited.
* Most consumers interviewed advised that they like the food served at the service, and that the meals are varied, of suitable quality and quantity.

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.

The Assessment Team found that all seven specific requirements were met.

**Assessment of Standard 4 Requirements**

**Requirement 4(3)(a) Compliant**

**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 services 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**

**Consumer outcome**

All sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers interviewed confirmed they feel safe at the service, get involved in the decoration of their rooms and common areas and their friends and family are welcomed to the service.
* Consumers interviewed confirmed that the service is clean and well maintained, and any repairs required are promptly addressed.

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.

* The organisation demonstrated that the environment is welcoming, and optimises each consumer’s belonging, independence and interactions, with several internal and external seating areas noted. Consumers were observed using these areas to sit and/or entertain guests and family members during this performance assessment.

The Assessment Team found that all three specific requirements were met.

**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**

**Consumer outcome**

Most sampled consumers did consider that they are encouraged and supported to give feedback and make complaints, however, two consumer and two consumer representatives did not feel that appropriate action is taken.

For example:

* Consumers interviewed expressed that they could make complaints and felt safe to do so. They were unequivocal that they were comfortable do this either directly themselves to any staff member or the management team or do this with the support of their family or representative.
* However, two representatives said strongly that they were not satisfied with the investigation and feedback in relation to incidents or issues that they had raised. One consumer said her complaint regarding meal selection was not acted on and another said his complaints are not addressed.

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.

The Assessment Team evidenced, through management and staff interviews and review of policy and information documents, a strong organisational commitment to receiving feedback and a willingness to act on complaints. However, incident and complaint investigation and associated feedback appears to be still in development phase. While the open disclosure policy references best practice guidance material, it doesn’t clearly articulate all the key element of open disclosure, specifically incident investigation and feedback. Whilst the service has a visible commitment to acting on and improving services in relation to complaints, the service was not able to demonstrate that all the key elements of open disclosure as outlined in the Aged Care Quality and Safety Commission Open Disclosure Framework are in place.

The Assessment Team found that three of four specific requirements were met.

**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) Non-compliant**

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

The assessment team found that two representatives and two consumers interviewed were not satisfied with the service’s response to their complaints and, when questioned, gave examples that demonstrated not all key elements of open disclosure were followed. However, in their response to the assessment team’s report the approved provider submitted further information demonstrating that one of the consumers and one of the representatives cited in the report had had their concerns dealt with appropriately. In their response the approved provider stated that the remaining representative was not the consumer’s authorised representative and therefore they did not feel it appropriate to provide them with information in relation to their mother’s care.

**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**

**Consumer outcome**

Most sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Most consumers interviewed said staff attend them promptly and in accordance with their wishes, in a kind and caring manner. Consumers reported that staff are capable and respectful. Two consumers reported feeling that staff are rushed.
* Most consumers interviewed confirmed they think there are adequate staff. Three consumers/representatives interviewed reported concerns regarding staffing levels, saying that this impacted on areas of care such as toileting and call bells response times.

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.

* Management reported that there was an open dialogue between themselves, staff and consumers about how best to staff the service. Management regularly reviews staff skill levels and consults with staff and representatives to ensure care needs and preferences are being met. Consumers reported that staffing is regularly discussed at the resident’s meeting and their feedback is welcomed and respected.

The Assessment Team found that all five specific requirements were met.

**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-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**

**Consumer outcome**

Overall sampled consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* All consumers and representatives interviewed said that the service’s management are approachable and listen to their suggestions and other feedback. One consumer said they are involved in the management of the service and have been given this opportunity by management.
* Consumers are involved in a range of activities to improve the care and services including consumer representation of staff recruitment interview panels, input into the monthly newsletter and opportunity to provide input into clinical policy development.

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).

The organisation’s governing body has developed governance systems that ensure accountability is acknowledged and accepted. Reporting system to and from the chief executive and chairperson of the Board to service level support that risks to consumer safety is identified and actioned. The governing body has implemented programs that provide a framework for person-centred and inclusive care and services.

The Assessment Team found that two of five specific requirements were met.

**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.

The assessment team found issues in relation to falls management and trending data to prompt actions to address issue through continuous improvement processes and in relation to informing consumers/their representatives about the use of chemical restraint. Both issues been satisfactorily addressed by the provider in their response to the assessment team’s report.

The assessment team referred to the organisation was unable to demonstrate that the open disclosure framework has been fully implemented and I have considered this in Requirement 8(3)(e).

**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.

The assessment team found that the organisation has not been effective in monitoring falls and managing the associated risks for consumers. However, additional information provided by the approved provider demonstrated that falls data was being monitored, trends identified, and actions taken to address risks for individual consumers. The approved provider demonstrated an organisational approach to falls management in the form of an organisational Falls Management Manual.

**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 staff had been educated in the policies above and were able to provide some examples of their relevance to their work. Issues identified by the assessment team in relation to antimicrobial stewardship have been addressed by the approved provider in their response to Requirement 3 (3)(g).

Issues remained in relation to open disclosure as the education provided to staff and management has not been effective with the approach not being fully implemented. The approved provider was not able demonstrate that the key elements of 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.

**Standard 6 - Requirement (3)(c)**

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

**Standard 8 - Requirement (3)(e)**

*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.*