Bella Vista Gardens

Performance Report

16 Fairway Drive   
NORWEST NSW 2153  
Phone number: 02 9672 6155

**Commission ID:** 1031

**Provider name:** Bella Vista Gardens Pty Ltd

**Site Audit date:** 23 November 2021 to 26 November 2021

**Date of Performance Report:** 28 January 2022

# 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** | **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 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 6 January 2022
* other information and intelligence held by the Commission in relation to the service.

# 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 said they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose.

Consumers and representatives advised they were satisfied that their care was culturally safe and that staff understood their needs and preferences. Staff were able to provide examples of how consumers' culture influenced how they delivered care and services on a day-to-day basis.

Consumers were satisfied that they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Care planning documentation was observed to contain information regarding the family members that consumers agreed to be involved in their care. Consumers were encouraged to act independently, including taking risks which enabled them to live the best life they could. Staff demonstrated an awareness of individual consumers’ activities preferences, that included appropriate consideration of risk.

Staff were able to demonstrate their responsibilities for communication of information and described their strategies for keeping consumers informed. Consumers and representatives indicated they felt they were kept up to date by staff and that information is communicated in an effective manner.

Consumers confirmed they felt the service maintained their privacy and protected their personal information. Staff were observed to be respectful of consumers’ personal privacy and were aware of their responsibilities regarding the disclosure of personal information.

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

The service demonstrated assessment and care planning processes that were implemented to inform the delivery of safe and effective care and services.

Consumers advised the Assessment Team that they felt confident that the service provided them with safe and effective care. Care planning documentation evidenced that consumers and representatives were consulted throughout assessment and care planning, including advanced care and end of life planning. Consumers and representatives advised that assessment and planning addressed the consumer’s needs, goals and preferences.

Consumers and representatives confirmed they felt like partners in their assessment and planning and described open and responsive channels of communication between staff and consumers. Care planning documentation identified that medical officers, allied health professionals and other specialists were also involved in the assessment and planning for consumer care.

Management and registered staff advised the outcomes of assessments were documented in care consultation records and the outcomes of care planning communicated to the consumers. Consumers and representatives confirmed that they were contacted by staff regarding any amendments to their care plan.

In accordance with organisational policy, the service demonstrated care and services were reviewed every three months for effectiveness, when circumstances change or when incidents impacted the consumer. Staff were able to describe to the Assessment Team the review process and how these reviews captured all aspects of a consumers’ health and well-being.

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 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

Consumers and representatives said they felt the service coordinated their care effectively. Staff utilised various methods to ensure information about the consumer’s condition, needs and preferences were communicated and documented. The Assessment Team observed that this occurred through the service’s electoric care system, staff handovers and meetings with internal and external care providers.

The service had processes in place to manage and monitor risks associated with the care of consumers. Staff were aware of the risks associated with the care of individual consumers and had strategies in place to manage those risks. Care planning documentation demonstrated how the service identified any risks associated with the care of consumers and detailed what actions to remove or minimise the risk were implemented.

The service was able to demonstrate consumers that were nearing end of life had their dignity preserved and that care was provided in accordance with their individual needs and preferences. Consumers and representatives confirmed staff had discussed advanced care planning and end of life preferences with them.

Deterioration or changes in a consumer’s health were recognised and responded to in a timely manner, as evidenced in care planning documents reviewed by the Assessment Team. Staff demonstrated a shared understanding of how they recognised and responded to deterioration or changes in consumer’s health.

Consumers and representatives confirmed they were satisfied that referrals to health professionals occurred in a timely manner and consumers have access to relevant external health professionals when required. Staff were able to describe the process to refer consumers to other individuals, organisations or providers and described how they collaborated to meet the diverse needs of consumers.

Consumers and representatives explained that they received detailed information from the organisation regarding their response to COVID-19 and efforts to mitigate risk of an outbreak at the service. Consumers described to the Assessment Team that they observed staff regularly washing their hands and wearing masks within the service. The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship.

The service provided information around the use, consent and authorisation of restraint within the service and based on this information, the Assessment Team recommended Requirement 3(3)(a) met. I sought further information from the Approved Provider to support this. I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and the provider’s written response and have come to a different view from the Assessment Team and find the service Non-Compliant with Requirement 3(3)(a). I have provided reasons for my findings in the specific Requirement below.

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 was unable to demonstrate each consumer received safe and effective clinical care that is best practice, tailored to their needs and optimised their health and well-being, in relation to the use of restraint.

During the Site Audit, the Assessment Team observed that the front door to the service was locked by a code and an additional coded door was in place to enter and exit the dementia support unit. Management explained to the Assessment Team that if a consumer wished to leave the building, the consumer must inform staff, and the staff member would allow them to exit if deemed appropriate.

During the Site Audit, management were made aware of the issue of environmental restraint and made immediate efforts to rectify the issue. Management advised that;

* A review of all consumers would take place to determine their cognitive ability to remember and use the door codes
* Consumers who were assessed as unable to use and remember the door codes would be provided with environment restraint authorisation, risk assessment and a behavioural support plan as appropriate, and:
* The service undertook to include details of the front door policy and information on environmental restraint in the contracts of all new consumers, as well as issuing amendments to existing residential contracts.

The Approved Provider’s written response, received 6 January 2022, outlined the service’s actions and planned actions to address the identified deficiencies. These actions included a continuous improvement plan which detailed a completed two-day trial of the removal of the front door code between 9am-5pm, which resulted in this process being adopted on an ongoing basis. Furthermore, the service undertook to provide training to staff regarding environmental restraint, the rights of the residents, and staff responsibilities to ensure residents can move freely within and outside the service.

During the Site Audit the service identified two consumers who were subject to mechanical restraint, the Assessment Team found that neither consumer had a behaviour support plan in place. Management advised that the service had not yet completed behaviour support plans for consumers with mechanical restraints. A review of care planning documents for one named consumer subject to mechanical restraint demonstrated that the use of the restraint, risk assessments, restraint removal and consent was not adequately documented.

During the Site Audit, the service undertook to review their management of mechanical restraint and immediately conducted a risk assessment and documented consent. Management also provided an action plan to the Assessment Team that committed to; staff training, new documentation procedures within the electronic care system and the requirement to document restrictive practice use by staff.

In coming to a decision on compliance for this requirement, I have considered the information from the Site Audit Report and the Approved Provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the Site Audit, it did not demonstrate that all consumers received safe and effective personal or clinical care that is best practice, tailored to their needs and optimised their health and well-being.

Therefore, I find the service Non-Compliant in this requirement.

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

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

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

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

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

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

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

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

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

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

### Requirement 3(3)(g) 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 considered they received safe and effective services and supports for daily living that met their needs, goals and preferences and optimised their independence, health, well-being and quality of life. Consumers felt supported by the service to do things of interest to them, which included participating in the service’s lifestyle program as well as independent activities.

Consumers and staff stated that the services and supports for daily living promoted consumers’ emotional, spiritual and psychological well-being. Consumers provided examples of a range of supports the service offered them that promoted their wellbeing, such as participation in local community activities and assistance maintaining relationships both internally and externally.

Care planning documentation included information about the interests of consumers and detailed the supports that assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. The Assessment Team observed the service’s activities schedule posted across the service and available in consumers’ rooms.

Staff confirmed that they shared information across departments as requried to manage complex behaviours and communicate consumer health changes. Consumer care plans evidenced collaboration between consumers, representatives, medical specialists and other allied health professionals. Consumers and representatives provided positive feedback regarding the quality and quantity of the food. Care planning documentation demonstrated that consumer dietary requirments and preferences were accurarely recorded and that dieticians and speech pathologists were consulted when required.

The Assessment Team observed that the service environment was clean, safe and well maintained. Staff were able to describe the reporting process when an item is identified to be a safety concern or requires maintenance.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers expressed they felt they belonged in the service and felt safe and comfortable within the service environment. Consumers provided positive feedback regarding the gardens, the presentation of the facility and newness of the buildings.

The Assessment Team observed consumers moving freely between their rooms and communal spaces, including outdoor areas and interacting with staff and other consumers. The service ensured the facility was safe and well maintained through scheduled preventative and reactive maintenance. A review of the preventative maintenance schedule demonstrated regular maintenance of equipment was completed to ensure equipment safety.

Staff had a shared understanding of the service’s hazard and maintenance reporting processes. Equipment was easily accessible, well maintained and cleaned between each use. Staff confirmed they had enough clinical supplies and equipment to meet the needs of consumers.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 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 considered they were encouraged, safe and supported by the service to provide feedback and make complaints. Staff could describe the avenues available for consumers and representatives to make a complaint or provide feedback and the process that they follow if feedback or a complaint is made.

Consumers indicated they had access to advocates, language services and other methods for raising and resolving complaints. Consumers were aware of external services which could be used to raise complaints but reported feeling satisfied with the service’s internal process. The Assessment Team observed information regarding translation and advocacy services displayed in communal areas throughout the service and there were brochures available at reception.

Consumers and representatives indicated that management took appropriate action in response to complaints and confirmed that open disclosure was practiced across the service. One named consumer provided an example of a complaint that was raised with the service regarding their personal care preferences and outlined that the issue was quickly and satisfactorily resolved. Staff indicated they have received training on open disclosure and demonstrated a shared understanding of the open disclosure principles.

service and organisational level, a review of the service’s continuous improvement plan demonstrated that this information is included with the planned actions and evaluation notes.

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

## Assessment of Standard 6 Requirements

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

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

### Requirement 6(3)(b) 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 were satisfied that the workforce was planned to enable the delivery and management of safe and quality care and services. Consumers and staff indicated there were enough staff to meet the personal and clinical care needs of consumers in a timely manner. The Assessment Team observed staff assisting consumers in a manner which was respectful and did not rush the consumers through their daily care activities.

Consumers expressed that workforce interactions with staff were kind, caring and respectful of their identity, culture and diversity. Staff said that the work environment was very positive and that interactions with consumers were overwhelmingly positive. The Assessment Team observed various interactions between staff and consumers to be kind, caring and respectful.

The organisation had recruitment and selection procedures to provide a structured approach that ensured staff had the required qualifications to effectively perform their roles. Staff indicated they are appropriately trained and that their receive continuous professional development through mandatory training sessions. Policies and procedures reviewed by the Assessment Team demonstrated a effective framework for training, tracking competencies and identifying knowledge gaps at the service.

Management advised that they monitor staff practices through feedback from supervisory staff, consumers and representatives. Management described the service’s implementation of reflective practice through self-assessments to support staff in monitoring and reviewing their own practice and identify opportunities for development. Staff indicated they have regular retention conversations with management and staff demonstrated an awareness of the service’s performance development processes.

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 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 service confirmed that consumers were engaged in the development, delivery and evaluation of care and services and were supported in that engagement. Consumers were regularly involved in focus groups and consumer satisfaction surveys were available for consumers to provide feedback online or in person.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services and took accountability for their delivery through meetings, monitoring and reporting. A review of the quarterly staff meeting minutes demonstrated communication improvements and the development of additional internal audits.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation had implemented effective risk and incident management systems and practices to identify, report, prevent and manage risks and incidents, including incidents that must be reported in accordance with the Serious Incident Reporting Scheme (SIRS). The Assessment Team reviewed the service’s SIRS policy and confirmed with management that staff have undertaken training on the SIRS. The service identified incidents through various methods of reporting such as consumer complaints and staff reporting.

The service had a clinical governance framework that referenced antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Staff demonstrated a shared understanding of these frameworks and could identify the key components of the open disclosure policy. Management advised that an open disclosure process is applied following an adverse event, and as part of the service’s complaints management process.

The Assessment Team brought forward information in their report in relation to requirement 3(3)(a) and the management of restraint. I sought further explanation from the Approved Provider in relation to their governance framework in relation to the use of restraint under requirement 8(3)(e).

In its written response on 6 January 2022, the Approved Provider provided additional evidence in relation to the frameworks in place across the service in relation to the use of restraint. The Approved Provider supplied examples of the systems in place to report and manage restraint as well as examples of the tools and resources used within the service to support staff training and practical application of the clinical governance framework.

I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and the provider’s written response and I am satisfied that the service has demonstrated compliance with all requirements under this standard.

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

### 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.