Berrington Subiaco

Performance Report

45 Bishop Street JOLIMONT WA 6014

Phone number: 08 9285 7700

**Commission ID:** 7445

**Provider name:** Berrington Care Group Pty Ltd

**Site Audit date:** 7 January 2020 to 9 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** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Non-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) | 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 5 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

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

The Assessment Team found most consumers and/or representatives interviewed said consumers are treated with dignity and respect, the organisation supports consumers to exercise independence and choice, and demonstrated a culture of inclusion. The following examples were provided by consumers during interviews with the Assessment Team:

* consumers said staff speak to the kindly and engage them in conversation
* consumers said they are encouraged to do things for themselves and staff know what is important to them
* consumers said their personal privacy is respected and staff acknowledge them.

The organisation demonstrated care and services are delivered in a manner which is culturally safe, and consumers are supported to take risks to enable them to live the best life they can. The Assessment Team found the organisation has effective risk assessment and documentation processes which reflect the support provided to consumers to take risk and identify consumers’ cultural needs. The Assessment Team also found information is provided to consumers in a manner which enables them to make informed decisions enabling consumers to live the life they choose.

## 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:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team found that consumers and/or representatives interviewed confirmed they are consulted about the provision of consumers’ care and services and are consulted during reviews of care. The following examples were provided by consumers during interviews with the Assessment Team:

* consumers and representatives said consumers’ care plans are available to them on request
* consumers and said staff regularly consult with them, including during care review processes.

The organisation was able to demonstrate effective assessment, planning and consultation processes in relation to identifying risks to consumers’ health and well-being. The Assessment Team found consumers’ needs, goals and preferences for care, including end of life care, are developed in consultation with consumers and/or representatives and are effectively documented in care plans. The organisation has policies and procedures to guide staff in assessment and planning processes, including consulting with consumers and/or representatives during assessment and three-monthly care review process.

## 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 identify and address the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

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

The organisation demonstrates that assessment and planning:

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

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

The Assessment Team found that all consumers and/or representatives interviewed were satisfied consumers get the care they need. The following examples were provided by consumers during interviews with the Assessment Team:

* consumers and representatives said consumers consistently receive the care and services they need
* consumers reported although their doctor may not visit on a regular basis the nurse practitioner was readily available to review their health care needs.

The organisation was able to demonstrate most clinical policies, procedures and assessments are based on best practice guidelines, and address the identification and management of high impact, high prevalence risk to consumers. The Assessment Team found the service has effective systems to identify and manage deterioration in consumers’ cognitive and physical function.

### Assessment of Standard 3 Requirements

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

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

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

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

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

### 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.

The Assessment Team found the organisation was unable to demonstrate effective systems to monitor infection related risk and reported infection control processes including consumer antibiotic prescribing and monitoring practices do not reflect current best practice guidelines. The Assessment Team provided the following evidence relevant to my decision:

* the organisation does not have policies and procedures which reflect current infection control guidelines, including policies relating to anti-microbial stewardship
* procedures related to the monitoring and evaluation of consumer antibiotic use are not available to staff
* the service does not effectively collate or analyse information regarding the use of antibiotic therapy to identify trends for individual consumers
* interviews with staff, and documentation viewed by the Assessment Team confirmed the service does not undertake specimen collection and analysis in accordance with stated procedures for consumers who may have infections.

The Approved Provider’s response includes the following evidence which was considered in my decision:

* a review of policies and procedures regarding this requirement has been undertaken since the site audit and staff have been scheduled education sessions
* undated evidence of the collation of infection data for individual consumers for the period February to January 2020 was provided
* during the site audit management incorrectly identified that routine specimen collection is required by the services policy.

I have considered the information provided by the Assessment Team and the Approved Provider’s response and I have come to the view that the evidence provided in this requirement is more relevant to Standard 8 Requirement (3)(e) and I have considered it when making findings in relation to that requirement.

Based on the information in the Assessment Team’s report and the Approved Provider’s response I find the evidence provided does not indicate the organisation has failed to minimise infection related risk to consumers.

For the reasons outlined above, I find the Approved Provider complies with this requirement.

# STANDARD 4 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found most consumers and/or representatives received services and supports for daily living that are important for their health, well-being and quality of life. Consumers and/or representatives gave the following examples of service delivery:

* the majority of consumers interviewed enjoy the activities provided
* consumers said equipment provided was appropriate for their needs
* representatives of consumers residing in the memory support area said staff do no engage with consumers and do not understand consumers’ emotional and psychological needs.

The Assessment Team found the organisation was able to demonstrate risk assessments are undertaken for consumers who choose to undertake activities involving risk, and discussion is held with consumers regarding risk minimisation. However, the Assessment Team found the organisation did not demonstrate, supports for daily living promote emotional and psychological well-being for consumers residing in the memory support area and staff do not engage with consumers in this area.

## 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) Non-compliant

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

The Assessment Team found the service did not consistently demonstrate each consumer’s emotional and psychological well-being is supported. The following evidence was provided relevant to my decision:

* representatives said staff do not know how to communicate or engage with consumers in the memory support area
* representatives said there are insufficient appropriate activities for consumers in the memory support area, this was supported by the Assessment Team’s observations during the site audit
* observed staff practice does not support consumers’ emotional and psychological needs in the memory support unit
* staff speak to consumers in the memory support area inappropriately.

The Assessment Team found documentation includes information regarding consumers’ emotional, and psychological needs. However, staff interviewed working in the memory support area said they did not know individual consumer’s emotional, spiritual or psychological needs.

The Approved Provider’s response acknowledges the information provided in the Assessment Team’s report and states the Approved Provider had prior knowledge of the concerns raised by representatives in the memory support area. I acknowledge the actions taken by the Approved Provider since the site audit to address the Assessment Team’s findings.

Based on the information in the Assessment Team’s report and the Approved Provider’s response, I am not satisfied the service ensures the emotional and psychological well-being of all consumers are met.

For the reasons outlined above, I find the Approved Provider does not comply with this requirement.

### 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

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

The Assessment Team found consumers feel at home in the service and find the service environment to be safe and comfortable. The following examples were provided by consumers and/or representatives:

* consumers and/or representatives interviewed provided examples of how the service makes their visitors feel welcome
* consumers gave examples of how the living environment meets their needs.

The Assessment Team found the facility to be secure, clean and had appealing common areas and space for private conversations. The Assessment Team found consumers’ private rooms to be well appointed. Furniture, fixtures and fittings were found to be well maintained and suitable for consumers, and with the exception of the memory support area consumers have free access to outdoor areas.

## Assessment of Standard 5 Requirements

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

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

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

The service environment:

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team found consumers and their representatives are encouraged and supported to give feedback and make complaints. Consumers and representatives are aware of complaints systems and are satisfied with management’s response to complaints raised. Consumer feedback included:

* consumers who have made complaints gave examples of management’s actions
* one representative said a roster review was undertaken and staffing increased following a complaint regarding staffing in the memory support area.

The Assessment Team found the Approved Provider demonstrated consumers can access information in languages of their choice and can access interpreting services and advocates should they wish to do so. Documentation viewed by the Assessment Team indicates feedback is sought from consumers in various ways, information on feedback systems is available throughout the service and the organisation has policies and procedures to support the application of this requirement. Staff can describe open disclosure processes. Feedback received is used by the service to inform the organisation’s continuous improvement program.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found the Approved Provider did not demonstrate the service responds appropriately to staff performance monitoring and management and has recommended Requirement (3)(e) as not met. I have come to a different view from the Assessment Team’s recommendation and find the service meets this requirement. I have provided reasons for my decision below.

The Assessment Team found most consumers and/or their representatives said they get quality care and services when they need them from staff who are capable, knowledgeable, and caring. The following examples of consumer feedback were reported by the Assessment Team:

* consumers confirmed there are adequate numbers of staff
* consumers said staff are kind and caring
* representatives said most staff know what they are doing but said some staff do not have the necessary skills to provide care for consumers living with dementia
* most consumers said call bells are responded to in a timely manner.

The Assessment Team found the Approved Provider was able to demonstrate effective workforce planning enabling appropriate numbers and mix of staff to deliver care and services. The Approved Provider demonstrated feedback from consumers and staff is used to inform staffing and documentation reflects short notice and planned leave is covered. Role descriptions and core competencies are available for all roles within the service and staff attend relevant training.

## 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.

The Assessment Team found the Approved Provider did not demonstrate the review of performance for one staff member was effectively monitored, reviewed or managed following incidents involving excessive force toward consumers. The Assessment Team recommended this requirement not met and provided the following evidence relevant to my decision:

* an email dated November 2019, viewed by the Assessment Team reflected a staff member had been the subject of allegations of using excessive force in the preceding 12 months which were unable to be substantiated at the time
* management did not provide evidence of performance management of the staff member resulting from the allegations
* the staff member was terminated following a witnessed incidence of excessive force being used toward a consumer.

The Approved Provider’s response disagrees with the Assessment Team’s recommendation for this requirement and provided the following evidence of the organisation’s application and understanding of this requirement:

* the performance of staff is monitored through feedback, observation and formal and informal performance reviews
* the organisation responded to the confirmed incident appropriately, terminating the staff members employment and undertaking reporting as legislatively required
* the incidents referred to in the email viewed by the Assessment Team were unsubstantiated
* formal performance management processes including verbal and written warnings and termination are undertaken in response to consumer feedback
* all staff undergo formal performance review processes.

Based on the Assessment Team’s report and the Approved Provider’s response I have come to a different view to the Assessment Team. I am satisfied the Approved Provider has effective performance management systems which ensure monitoring and review of the performance of staff is undertaken. I find the information provided by the Assessment Team is relevant to Standard 8 Requirement (3)(c) and have dealt with the compulsory reporting aspects of the Assessment Team’s evidence under this requirement.

For the reasons outline above I find the Approved Provider is compliant with this requirement.

# 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

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

The Assessment Team has recommended Requirements (3)(c), (3)(d) and (3)(e) are not met. Although I agree with the recommendations with regard to Requirements (3)(c) and (3)(e). However, with regard to Requirement (3)(d) the Assessment Team found the service did not demonstrate it has effective systems to manage high impact or high prevalence risks associated with the care of consumers. I have come to a different view to the Assessment Team. The reasons for my decision are provided below.

The Assessment Team found some consumers were satisfied the service is well run and can partner in the development, delivery and evaluation of care and services. However, other consumers and representatives expressed concern regarding governance of the service due to current voluntary administration circumstances and the pending sale of the service. Representatives interviewed provided the following feedback:

* representatives interviewed said while information has been provided regarding the changes of ownership of the service they would prefer more
* representatives interviewed said continuity of care is not present as appropriate long-term systems are not in place.

The Assessment Team’s report includes finding that the Approved Provider did not demonstrate they have an implemented governance structure which includes an effective clinical governance framework. The Approved Provider did not demonstrate they have implemented policies which align with the Aged Care Quality Standards supporting all aspects of the organisation including the use of chemical restraint and open disclosure. The Approved Provider did not demonstrate compliance with legislative responsibilities regarding compulsory reporting of allegations of elder abuse.

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Non-compliant

Effective organisation wide governance systems relating to the following:

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

The Assessment Team found the Approved Provider failed to demonstrate effective systems with regard to information management systems and regulatory compliance. The following evidence relevant to my decision was provided:

* the service does not have current policies and procedures reflecting the Aged Care Quality Standards this was confirmed by management during the site audit
* the service did not demonstrate key clinical information is effectively monitored or reviewed to identify trends and opportunities for continuous improvement
* the current policy regarding the use of restraint does not address chemical restraint
* in November 2019 the current Approved Provider was made aware of allegations of abuse of a consumer which occurred in 2018 and had not been reported to the Department of Health in accordance with regulatory requirements under previous management. The Approved Provider failed to meet its regulatory obligation to report these allegations on becoming aware of them.

The Approved Provider’s response acknowledges the service has been in voluntary administration since 4 July 2019 and states gaps in organisational governance documentation are the result of the administration and sale process and states there may have been directions provided to the organisation which adversely impacted the updating of documentation to ensure its compliance with the Quality Standards. I acknowledge the Approved Provider’s comments regarding the unreported allegations of abuse of a consumer. However, find the Approved Provider did not meet its regulatory obligation to report on becoming aware of the allegations in November 2019.

Based on the Assessment Team’s report and the Approved Provider’s response I am not satisfied the service has effective organisation wide policies, procedures and governance systems to support the service to monitor and review its performance against the requirements of the Quality Standards or identify trends to guide opportunities for continuous improvement.

For the reasons outlined above, I find the Approved Provider does not comply with this requirement.

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

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

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can.

The Assessment Team found while the service has a risk management framework it is not effectively used to monitor high impact or high prevalence risk associated with the care of consumers and is not effective in identifying or responding to abuse and neglect of consumers. The Assessment Team provided the following evidence relevant to my decision:

* the service did not demonstrate it has a consolidated clinical indicator report to review and assess information regarding consumer incidents. This evidence was addressed in Standard 8 Requirement (3)(c)
* policies and procedures have not been updated to reflect the Quality Standards. This evidence has been addressed in Standard 8 Requirement (3)(c)
* incidences of elder abuse which occurred in 2018 were not reported in accordance with regulatory requirements This evidence has been addressed in Standard 8 Requirement (3)(c).

The Approved Provider’s response provides evidence supported by the Assessment Team’s report, under Standard 3 Requirement (3)(b) which reflects the Approved Provider effectively manages high impact, high prevalence risk for consumers. Evidence provided in the Assessment Team’s report reflects the care of consumers involved in incidences of alleged abuse is identified and responded to.

Based on the Assessment Team’s report and the Approved Provider’s response, I am satisfied the organisation has effective risk management systems and practices which support the service in the application of this requirement and have addressed the issues reported by the Assessment Team in Standard 8 Requirement (3)(c).

For the reasons outlined above, I find the Approved Provider is compliant with this requirement.

### 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 the Approved Provider did not demonstrate effective application of this requirement. The Assessment Team provided the following evidence relevant to my decision:

* the organisation did not demonstrate they have a documented governance framework which effectively addresses anti-microbial stewardship in accordance with current best practice
* the organisation did not demonstrate they have a documented open disclosure policy. However, staff can describe what open disclosure means and give examples of when it has been used
* the organisation’s current restraint policy does not reflect the use of chemical restraint.

The Approved Provider’s response acknowledges the service does not have current policies and procedures implemented to address this requirement.

Based on the Assessment Team’s report and the Approved Provider’s response, I am not satisfied the organisation has an effective governance framework, inclusive of policies and procedures which support the service to address the requirements of the Quality Standards regarding anti-microbial stewardship, open disclosure or chemical restraint.

For the reasons outlined above I find that the Approved Provider does not comply with this requirement.

# Areas for improvement

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

**Requirement 4(3)(b)**

The organisation is to continue to develop and monitor process to ensure services and supports for daily living support each consumer’s emotional, spiritual and psychological well-being.

**Requirement 8(3)(c)**

The organisation is to continue to develop and monitor process to ensure effective organisational governance systems relating to information management and regulatory compliance.

**Requirement 8(3)(e)**

The organisation is to continue to develop and monitor process to ensure the implementation of a clinical governance framework including an organisational approach to chemical restraint and open disclosure aligned to current legislative requirements.