Booroongen Djugun Limited

Performance Report

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**Commission ID:** 0457

**Provider name:** Booroongen Djugun Limited

**Assessment Contact - Site date:** 11 August 2020 to 12 August 2020

**Date of Performance Report:** 21 September 2020

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 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

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.

Overall sampled consumers considered that 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 gave the Assessment Team numerous examples on how staff treat them with dignity and respect. Including that consumers feel part of a family, are listened to, are valued and that staff are positive in their interactions with them.
* The consumers interviewed confirmed they are encouraged to do things for themselves. That staff know what is important to them. Same examples where given, of consumers being able to maintain independence in managing some of their own care. A consumer also stated that they feel proud to be able to continue to tidy her room and make their own bed every day and be able to wash their own clothes.
* The service supports families to hold celebrations with their consumer living in the service.
* The service also has several consumers that are accessing the National Disability Insurance Scheme (NDIS) which also assists these consumers to be able to get out into the community.
* Any consumers that are married or have formed a relationship whilst living within the service, where possible they are given the opportunity to live in the same room. If not, to be able to spend as much time as wanted together.

The Quality Standard did not receive a compliance rating as not all requirements were assessed. The requirements assessed are found 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.*

#### The service demonstrated that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers told the Assessment Team the staff make them feel valued and respected by telling the consumers “this is your home, and we have to respect your wishes being that it is your home and not just our place of work.” “They treat me the way I like to be treated.” “We are all like family, we all work together; it’s like I am a valued part of a family; I’m listened to and treated well; Gosh yeah.” Staff were observed to interact with consumers respectfully. They were observed to speak with consumers at eye level and were friendly in approach. Staff were laughing and sharing a joke with consumers. Staff spoke highly of the consumers. They were able to provide detailed information about the consumers background, families, likes and dislikes.

The approved provider complies with this requirement.

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

#### The service was able to demonstrate 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. Consumers interviewed said they know of Quality Standards, the Charter of Aged Care Rights and have had continuous reading material regular briefing on what is happening within the service and the world around them including the current COVID-19 global pandemic. Consumers said the service holds regular resident meetings, where they can raise questions and ask for information. Staff described the different ways/formats that consumers receive information in line with their communication needs and preferences. The service provided documentation showing choices offered to consumers about the menu and lifestyle activities.

The approved provider complies with this requirement.

# STANDARD 2 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

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.

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

For example:

* Consumers and representatives interviewed confirmed they are involved in care assessment and planning, they spoke about taking part in care conferences to plan and review their care needs, goals and preferences.
* Consumers said they get the care and services they need, and that staff attend them in a respectful and timely manner.

A review of the consumers care planning and assessment documentation identified the registered and enrolled nurses review the care plans three monthly or when needed. The consumers’ care plans sampled demonstrated the assessments and care plans are generally reflective of the current care needs of the consumers. Consumers sign that they have participated in care conferences and acknowledge they have been offered a copy of their care plan.

The Quality Standard did not receive a compliance rating as not all requirements were assessed. The requirements assessed are found 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.*

The Assessment Team found that the service has a system and processes to ensure assessment and planning occurs and includes consideration of risks. For the sampled consumers, assessment and planning informed the development of care plans that direct the delivery of safe and effective services, this includes advanced care planning. All had assessments completed in line with the services procedures on entry to the home. Risk assessment tools are available within the assessment suite and all consumers have a falls risk assessment completed. Risk assessments were reviewed for the sampled consumers. Consumers interviewed confirmed they’re involved in assessment and planning and are satisfied the service understands their needs. Staff interviewed described the assessment and planning process.

The approved provider complies with this requirement.

### 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 all consumers have a care and services plan that is accessible to staff. Consumers also have ready access to their care plan at any time. Sampled consumers and representatives said they were aware they could access their care plans if they wanted to. The manager and registered/enrolled nurses said case conferences and other meetings and conversations occur when consumers or families have concerns, when incidents occur or if there have been changes in care and condition.

The approved provider complies with this requirement.

### 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 the service has systems in place to ensure care and services are reviewed regularly for effectiveness. When circumstances change or when incidents impact on the needs, goals or preferences of the consumer reassessment occurs in consultation with the consumer and /or their representatives. Consumers files reviewed show when incidents occur there is a review of the consumer and an incident form is completed. Care notes show clinical monitoring such as neurological observations occur, and consideration is given to consumers who are on anti-coagulant therapy. Consumers who have had a fall are reviewed by their medical officer and the physiotherapist, and if necessary they are transferred to hospital for further assessment and treatment. Consumers who have changes in their elimination habits are reassessed assessed and dietary factors are considered and changed when necessary. Consumers who have had been involved in incidents of absconding have been reassessed, and in consultation with their representatives and/or the public guardian arrangements have been made to accommodate them in the more secure area of the service. The Assessment Team reviewed documentation demonstrating these processes. Consumers and their representatives interviewed said they have been involved with the service in reviewing their care needs when circumstances have changed, or incidents have occurred. They said they can talk with the manager or the registered nurses on any of their concerns they have with their health. For the consumers sampled, staff could describe how and when care plans are reviewed and how regularly they are reviewed.

The approved provider complies with this requirement.

# STANDARD 3 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

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.

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

For example:

* All consumers interviewed confirmed that they get the care they need. Including personal hygiene, meals, medication, wound and skin care, management of pain, mobility and exercise, and assistance with continence care needs.
* All Consumers interviewed confirmed that they have access to a doctor or other health professional when they need it.

The service has policies and procedures to guide staff practice in providing clinical and personal care that is tailored to their needs and preferences. Staff demonstrated they have access to relevant clinical information and they are able to share this information with allied and medical health specialists. Consumers with changing conditions are generally recognised and responded to in a timely manner.

The Quality Standard has not received a compliance rating as not all requirements were assessed. The requirements assessed were found compliant.

### 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 for the sampled consumers, they are receiving personal and clinical care that is tailored to their needs and optimises their health and wellbeing. The service has policies and procedures to guide staff practice in providing clinical and personal care, and staff are aware of how to access these. Staff have access to relevant clinical information and they can share this information with medical and health specialists. Consumers and their representatives are consulted in the planning and delivery of care. All consumers sampled have care plans for personal care needs that are reflective of their choices, and carers were aware of their individual needs and preferences. Feedback from consumers and representatives indicated they felt that they were receiving appropriate care from staff. All consumers interviewed said they receive the care they need in a timely manner and the way they prefer. They said staff know what they are doing, and they are confident they are receiving the care they should be getting. Care staff interviewed were able to describe individual strategies used to assist the consumers sampled to maintain their health and wellbeing, such as assistance with eating and drinking, assistance with personal hygiene and mobility. Management advised the service has been actively involved in minimising the use of physical restraint and the use of psychotropic medications at the service. Discussions are held with the consumer and/or representatives regarding the use of chemical restraints prior to their use. Pain is being managed appropriately for the sampled consumers. While there are some gaps in the recording of information about wound care, and fluid intake charts, in general the consumers are receiving personal and clinical care that is tailored to their needs and optimises their health and wellbeing.

The approved provider complies with this requirement.

### 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 the service was able to demonstrate for the sampled consumers, that there is effective management of high-impact, high prevalence risks through the identification of risk of harm to consumers and through their documentation processes. This included risks relating to skin integrity, mobility, behaviour, psychotropic medications and infections. Carers were able to demonstrate, when asked, what risks a consumer in their care may be exposed to. All staff interviewed - including registered nurses, enrolled nurse, care staff, physiotherapist and the activities team - were able to describe the most significant clinical and personal care risks for the consumers sampled. The service has a documented framework to assist in the management of high impact high prevalence risks once they identify those consumers who are most at risk.

The approved provider complies with this requirement.

# STANDARD 4 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

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.

Overall sampled consumers considered 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:

The service was able to demonstrate that it understands and can apply the requirement that 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.

Consumers and staff were observed to be happy. Having meaningful engagement, with smiles and laughter. Consumers said staff really know all of the consumers, their past, their likes and dislikes and as a result this makes the consumer feel valued.

The Quality Standard did not receive a compliance rating as not all requirements were assessed. The requirements assessed were found compliant.

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

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

#### The service demonstrated understanding and application of this requirement in various ways for the sampled consumers. Consumers were satisfied with the support they receive from staff and their knowledge of their needs. Of consumers sampled, care plans included information about emotional, spiritual and psychological wellbeing and all had an updated Advance Care Directive in place. Staff were able to describe what they do when they notice consumers are feeling low.

The approved provider complies with this requirement.

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

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

The Assessment Team found that the organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained. Consumers said that they regularly have their walkers or wheelchairs cleaned. One consumer told of how the buzzers are checked, the bedframe is cleaned and if anything is needed they only just have to ask for the ‘maintenance man” to come and have a look at things. The maintenance officer gave an example by using the newly implemented equipment audits it showed a trend of consumers equipment that are regularly being recorded as needing to be repaired. The Assessment Team reviewed both the preventative maintenance and scheduled maintenance logs and maintenance cleaning schedules. It was observed there were no outstanding maintenance issues and all schedules are up to date with nothing needing to be addressed.

The approved provider complies with this requirement.

5 COMPLIANT/NON-COMPLIANT
Organisation’s service environment

# STANDARD 6 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

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.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

Consumers said they are confident in raising their concerns and that in doing so, they are listened to, action is taken to address the matters raised. They are partnered in the process including being advised of any outcomes originating from their complaint.

Consumers identified they can raise concerns through a number of ways including; in confidence; directly with management; through family; at consumer meetings and forums; through staff or by using the consumer representative/advocate.

The Quality Standard did not receive a compliance rating as not all requirements were assessed. The requirements that were assessed were found compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) 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 the service demonstrates that appropriate action is taken in a timely manner in response to complaints, an open disclosure process is used when things go wrong. All consumers sampled stated they are encouraged and supported by management and staff to be involved and raise issues. They also stated that they are happy to discuss issues with the DON and/or staff in person. Consumers said they can raise issues at the monthly resident meetings.Consumers said that response to complaints is timely and come with an apology. The DON check-in to see if the consumers feels the complaint has been resolved to their satisfaction.Staff were able to describe what open disclosure means in how they deal with any concerns raised with them by consumers.The service has an open disclosure policy and framework. Staff have been provided training and education on its application. Management said they lead by example.

The approved provider complies with this requirement.

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

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

The Assessment Team found that overall the service demonstrated they act when complaints are raised. A review of the complaints register showed the actions and responses including follow-up with the complainant when known. The Assessment Team observed changes made at the service in response to sampled consumers complaints and feedback. Meetings contained agenda items to capture concerns. The management team described how they are loading all incoming complaints into an electronic recording system to improved review of trends of complaints and feedback. There will also be the introduction of a new requisition form for staff to complete if they have concerns about equipment not related to a maintenance concerns, or a suggestion for continuous improvement.

The approved provider complies with this requirement.

# STANDARD 7 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

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.

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

For example:

Consumers feedback indicates staff are kind caring and know what they are doing. Most consumers said there are sufficient staff to meet their needs and that call bells are responded to in a timely manner.

The Assessment Team noted through documentation review and staff interviews that there is training across the accreditation standards and competencies completed in key areas for example medication management.

The Quality Standard did not receive a compliance rating as not all requirements were assessed. The requirements assessed were found 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.*

The Assessment Team found that most consumers said there were sufficient staff to provide care and services. That responses to their needs are timely and staff do follow up when they require attention. Management advised they believe there is enough staff to meet the needs of the consumers. Management discussed staffing hours with the Assessment Team and provided evidence of staff replacement and coverage. Management advised and a review of the roster for the past month indicates all shifts have been replaced. Management advised, and documentation supports the service has four casual staff to assist with staff leave replacement and permanent part time staff are offered additional hours when staff replacement is needed. The service provided call bell response time reports. The reports indicated the average call bell response was four minutes. The manager receives a call bell report daily. Documentation demonstrates additional staff have been employed in the past six months, this includes, one enrolled nurse, eleven care staff and six kitchen staff.

The approved provider complies with this requirement.

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

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

The Assessment Team found that overall consumers interviewed, state the staff are kind, caring and respectful when engaging with them and attending to their care. The consumer’s feel confident in the skills and knowledge of the staff. The Assessment Team observed staff engagement and interaction with consumers to be kind caring and respectful.

The approved provider complies with this requirement.

### 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.*

The Assessment Team found that the service provides their workforce with education in various aspects of clinical care and hospitality service to optimise their competence in their roles. Management confirmed that competencies have been identified for roles and that assessments are conducted for staff, with observation of work practices and supervisor feedback provided. Overall consumers stated they feel confident they are receiving the care needed.

The approved provider complies with this requirement.

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

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

The Assessment Team found that the service ensures their workforce is trained, equipped and supported to deliver the best care possible to the consumers by providing mandatory training annually and ongoing additional education where the need is identified. Consumers interviewed said they are confident in the skills of the staff caring for them. Care staff interviewed said they receive a variety of education to enhance their knowledge and skills in caring for the consumers. Education included the mandatory topics, manual handling, elder abuse, and fire training. The staff said additional training has been conducted recently, this includes for example: “COVID 19 preparedness training”, understanding “open disclosure”, “Introduction to the new aged care standards” understanding antimicrobial stewardship and high impact high prevalence. Management advised staff are given opportunity during their performance review to identify training that they feel will improve their knowledge and skills. Training needs analysis are provided to the staff annually. Records show all staff have completed the mandatory training modules. Training records showed in the past six months a variety of additional training was identified as a need by staff and this was organised by the service. This training has been offered and completed by a number of staff. For example;comments and complaints, complex behaviours, fall prevention, COVID 19 and Influenza outbreaks, compulsory reporting, peg feed choking, bug control, reporting deteriorating residents, mental health, understandinghigh impact high prevalence, antimicrobial stewardship, restraint (types) and open disclosure.

The approved provider complies with this requirement.

# STANDARD 8 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

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).

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

For example:

* The consumers provided feedback to the Assessment Team that management was responsive to their complaints and issues as well as their suggestions for improvement.
* One consumer who is the consumer representative to the board of directors said it is a privilege to represent the residents for board meetings and that the board listens to their input.

The overall governance system was demonstrated to be effective in meeting legislative requirements and clinical governance.

The Quality Standard did not receive a compliance rating as not all requirements were assessed. The requirements that were assessed were found compliant.

## Assessment of Standard 8 Requirements

### 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 that the service has effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff confirmed that they understand these systems and could describe how they apply to their practice. The requirements assessed of Standard 6 (Complaints and Feedback) and Standard 7 (Workforce/Human Resources) were found compliant. Improvements were observed by the Assessment Team at the service which have arisen from feedback.

The approved provider complies 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 that the organisation’s risk management systems and practices have been effective in managing high impact or high prevalence risks associated with the care of consumers. The organisation provided a documented risk management framework, including policies describing how they manage risks associated with the care of consumers; how abuse or neglect is identified and responded to and how consumers are supported to live the best life they can. The service provided evidence which demonstrates that they collect and analyse clinical incident data monthly, which is reported to the board. A risk register has been developed which identifies risks, impact and/or what can go wrong, likelihood and the consequence of the risk rating. Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

The approved provider complies with this requirement.

### Requirement 8(3)(e) Compliant

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

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

The Assessment Team found that the service has a governance framework directing restraint management, antimicrobial stewardship and open disclosure, which forms part of the service’s reporting framework to the board and/or CEO. Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of their relevance to their work. Staff interviewed had a clear understanding of the clinical governance framework, and policies for antimicrobial stewardship restraint and open disclosure. Management were asked what changes had been made to the way that care and service were planned, delivered or evaluated as a result of the implementation of these policies. Management were able to provide examples.

The approved provider complies with this requirement.

# Areas for improvement

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