Braemar Cooinda

Performance Report

31 Moorhouse Street
WILLAGEE WA 6156
Phone number: 08 6279 3600

**Commission ID:** 7450

**Provider name:** The Commissioners of the Presbyterian Church in WA

**Site Audit date:** 22 January 2020 to 24 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-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) | Compliant |
| Requirement 3(3)(b) | Non-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 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 19 February 2020
* the Assessment Team’s report and decision for assessment visit conducted on 7 November 2019.

# 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 consumers interviewed confirmed they are treated with dignity and respect and are supported to make choices about care and services. Examples included:

* consumers said staff treat them with respect and make them feel valued
* consumers said staff know what their preferences are and what is important to them and their choices are respected
* consumers said staff support them in maintaining relationships and independence.

The Assessment Team found the organisation demonstrated through documentation, observations and staff interviews the service has processes to ensure consumers’ choices, privacy and independence are recognised and supported. Observation showed staff interactions with consumers are kind and respectful including maintaining privacy of the consumer and their information. Documentation showed consumers’ preferences of what is important to them, their cultural and spiritual preferences, people who are important to them and any activities involving risk are identified and communicated to staff who deliver the care. Staff interviewed confirmed staff are aware of individual consumer’s preferences and choices and provided examples of how they support 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 NON-COMPLIANTOngoing 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 Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

The Assessment Team recommended the service did not meet Requirement (3)(a) in relation to Standard 2. I agree with the Assessment Team’s recommendation and have provided commentary below with my reasons. All other Requirements in relation to Standard 2 were recommended met and found compliant.

The Assessment Team found the organisation has an assessment and care planning process to identify consumers’ needs, goals and preferences and information communication processes to inform the delivery of consumers’ care. However, the process of assessing consumers’ risks associated with behaviours is not always effective in ensuring current strategies to manage consumers needs are documented and communicated to staff.

The Assessment Team found consumers and their representatives interviewed confirmed they are partnered and consulted in the assessment and planning process and have access to plans of care.

The Assessment Team found the organisation demonstrated through documentation and staff interviews, consumers’ needs are generally assessed, reviewed regularly including when changes occur, and the service involves other professionals and medical officers in the assessment and development of consumers’ care. However, documentation shows the service does not consistently implement assessment processes for consumers on entry to the service. One consumer did not have majority of assessments completed when entering the service in line with the organisation’s procedure. The service has a process to consult and plan for consumers’ end of life and palliative needs.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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 one consumer did not have documented assessments and care plans updated to reflect the current risks associated with the consumer’s aggressive behaviours. Relevant examples included:

* Strategies to manage aggressive behaviours and associated risks to the consumer and others, as assessed and recommended by a dementia specialist in January 2020 were not documented on the consumer’s plan of care or effectively communicated to staff to inform the delivery of safe and effective care.
* Staff interviewed were not all aware of current strategies or recommendations by specialists to manage the consumer’s ongoing aggressive behaviours.
* Observation and incident reports show the consumer has current and ongoing behaviours of physical and verbal aggression towards others.

The approved provider’s response provides evidence the service has an assessment and planning process and strategies are in place to manage consumer’s behaviours.

I acknowledge the approved provider has a process to assess and plan for consumers’ care including the management of behaviours. However, the service failed to update one consumer’s assessments and plan of care to reflect the assessment conducted by a specialist and strategies recommended were not communicated effectively to inform staff on the safe and effective delivery of care for this consumer.

I have considered information from Standard 3 Requirement (3)(b) of the Assessment Team’s report as relevant to my decision for this requirement. One consumer did not have majority of assessments completed or a plan of care implemented to inform staff on the consumer’s needs and how to manage them. Management of the service acknowledged the assessments and care plan were not completed in line with the organisation’s procedure or expectations.

For the reasons summarised above, I find the service non-compliant in this Requirement.

### Requirement 2(3)(b) Compliant

Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

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

The organisation demonstrates that assessment and planning:

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

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

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

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

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

# STANDARD 3 NON-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 as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team recommended the service did not meet Requirement (3)(b) in relation to Standard 3. I agree with the Assessment Team’s recommendation and have provided commentary below with my reasons. All other Requirements in relation to Standard 3 were recommended met and found compliant.

The Assessment Team found the service has systems in place to direct the delivery of safe and effective personal and clinical care to consumers. However, the system was not effective at ensuring one consumer’s risks associated with aggressive behaviours were managed effectively.

The Assessment Team found most consumers and their representatives interviewed said consumers get personal and clinical care that is safe and right for them. However, two consumer representatives were not always satisfied with the delivery of care to consumers and acknowledged management of the service were aware and working in consultation with them to address the concerns.

The Assessment Team found the organisation demonstrated through documentation, observations and staff interviews, the service generally delivers safe and effective personal care in line with the consumers needs. However, staff knowledge and documented strategies were not consistent or effective in guiding staff on how to effectively manage or prevent one consumer’s aggressive behaviours towards others.

### 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) Non-compliant

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

The service was found non-compliant in Requirement (3)(b) following an assessment contact on 7 November 2019. The failure was in relation to the service not effectively managing high impact risks associated with consumers’ clinical care needs, including pressure injury management, pain management and behaviour management. While the service has implemented actions to address the consumers identified, the Assessment Team identified ongoing deficits in the management of consumers’ high impact risks during the Site Audit.

The Assessment Team found one consumer’s high impact risks associated with aggressive behaviours were not managed effectively. Relevant evidence included:

* Documentation and observation show one consumer has ongoing physical and verbal aggressive behaviours towards staff and other consumers which were not managed effectively for a significant period of time.
* Staff interviewed were not aware of strategies to manage the consumer’s behaviours and confirmed the behaviours were ongoing.
* The service has processes to refer consumers to specialists, however recommendations from specialists are not implemented or communicated to inform staff on how to manage consumer’s behaviours.
* ‘As required’ medication is used to manage consumer’s behaviours as other strategies are not effective.

The approved provider’s response provided evidence of documented actions taken in response to behaviours and care strategies in place for the consumer prior to the review by a specialist. However, the recommendations by the specialist were not incorporated into the plan of care at the time of the Site Audit. The response shows the risks associated with the behaviours were known to staff and communicated with the representative and medical officer. Documentation acknowledges the incidents of aggression are ongoing.

The approved provider has a process in place to assess, monitor and inform staff in the management of high impact risks including consumers with aggressive behaviours. However, based on the evidence above the process was not effective in the management of one consumer’s risks associated with aggressive behaviours, as behaviours were ongoing for a significant period of time, specialist’s recommendations were not implemented, and staff lacked the information and knowledge to direct them in managing the consumer’s behaviour.

For the reasons summarised above, I find the service non-compliant with this Requirement.

### 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 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 Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found consumers and their representatives interviewed confirmed staff support them to do the things they like to do and assist them in maintaining consumers’ independence. Consumers confirmed their spiritual and emotional needs are supported by the service. The majority of consumers confirmed they liked the food.

The Assessment Team found the organisation has systems to ensure services and supports for daily living which promote consumers’ independence, health, well-being and quality of life are provided in a safe and effective manner. Documentation and staff interviews confirmed the service’s lifestyle program is developed in consultation with consumers and an occupational therapist, and group and individual activities are tailored to consumers’ needs and preferences. Examples were provided how the service supports consumers to maintain social and personal relationships within and outside the service. Observation showed where equipment provided to consumers is well maintained, clean and suitable.

## 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 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 all consumers interviewed felt safe and comfortable living at the service and the environment is clean and families are made to feel welcome.

The Assessment Team found the organisation has systems in place to ensure the environment is safe, comfortable, clean, welcoming and enhances the consumers’ wellbeing. Observations show all consumers have single rooms with private bathrooms and large common areas and access to smaller private living areas. The environment is designed to promote consumers’ independence and consumers have access to outdoors including balconies.

## 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 interviewed confirmed they encouraged and supported to provide feedback and raise complaints and are satisfied the service responded appropriately when concerns were raised. Representatives confirmed where complaints are raised the service actively consults with them to address the issues.

The Assessment Team found the organisation has an imbedded and effective system to capture feedback and ensure feedback is used to improve outcomes for consumers and service delivery. Documentation and staff interviews confirmed a variety of methods and supports provided to encourage feedback including verbal feedback, meetings, feedback forms and engaging with consumers’ representatives. The service has implemented increased communications through meetings with consumer representatives where complaints have been raised and work in a consultative manner to resolve issues.

## 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 consumers interviewed confirmed staff are kind and caring and take time to talk to consumers and make them feel comfortable. Consumers were satisfied there were sufficient staff and provided a recent example of the service increasing staff in one area after consumers provided feedback. Consumers confirmed regular staff knew what they were doing and what the consumers’ needs were, however relief staff were not as knowledgeable in performing their roles.

The Assessment Team found the organisation has effective systems to manage and monitor the workforce to ensure sufficiently skilled and qualified staff to deliver care and services. Staff interviewed confirmed they are provided training, resources and support and have sufficient time to perform their roles. Documentation confirmed the workforce performance is monitored, appropriate training is provided and staffing numbers are regularly reviewed. Observations show staff interactions with consumers were kind and respectful.

## 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team recommended the organisation did not meet Standard 8 as they found the service did not meet Requirement (3)(c), all other Requirements were found met by the Team. My finding differs from the Assessment Team and I find the service compliant with Standard 8 Requirement (3)(c). I have provided reasons for my decision below.

The Assessment Team found consumers and representatives felt the service is well run and provided examples of how consumers are involved in the development and evaluation of care and services.

The Assessment Team found the organisation has established governance systems to guide and direct the delivery of care and services and management and monitoring of the workforce and financial governance. Documentation and interviews with management demonstrated the organisation’s governing body promotes a culture of safe and inclusive quality services and actively engages and supports consumers in the development and evaluation of services.

The Assessment Team found while the service has effective systems in relation to risk management and clinical governance, deficits were identified in clinical information which the service had already identified and established plans of action to address. There are systems to communicate and monitor information regarding consumers’ care and services including clinical incidents and risks. Monitoring of incidents and feedback is used by the service to identify and implement continuous improvement opportunities.

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Compliant

Effective organisation wide governance systems relating to the following:

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

The service was found non-compliant in Requirement (3)(c) following an Assessment Contact on 7 November 2019 in relation to the feedback and complaints system not being effective at identifying, monitoring and addressing complaints from representatives of consumers in the dementia specific area. The Assessment Team found the service has implemented improvements including increased communication with representatives to address the deficits identified in the service’s feedback and complaints system.

The Assessment Team found the service did not meet this Requirement as information management in relation to clinical documentation and documented handovers of consumers’ clinical and personal care was not effective.

The approved provider’s response acknowledges the deficits in the communication of clinical information and had identified the issue as a technical deficit in the electronic clinical documentation system and plans were in place to resolve.

Based on the summarised evidence above I find the organisation has established information management systems and monitoring of the system was effective in the service identifying areas for improvement. I acknowledge the deficits identified by the Assessment Team in the management of consumers’ clinical information not being effective and have addressed them in Standard 2 Requirement (3)(a) and Standard 3 Requirement (3)(b).

The Assessment Team found the service did not meet this Requirement as the service failed to provide evidence each consumer and their representative were advised the site audit commenced. The approved provider’s response states they took reasonable steps to inform consumers and displayed the notice throughout the service. I acknowledge the service took reasonable steps to advise consumers the site audit had commenced in line with the Rules.

For the reasons summarised above, I find the service compliant 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 service was found non-compliant in Requirement (3)(d) following an Assessment Contact conducted on 7 November 2019 as the organisation’s risk management systems and practices were not effective in the management of consumers’ high impact risks associated with consumers’ clinical care. The deficit was found systemic as it resulted in multiple consumers not being managed effectively and multiple consumer representatives not being satisfied consumers were safe from aggressive behaviours of other consumers.

The Assessment Team found the service has a documented risk management procedure which includes guidance on the management of consumers’ high impact risks. Staff confirmed they have current knowledge on the procedures to direct them in the management of consumers’ high impact risks.

Results in Standard 2 Requirement (3)(a) and Standard 3 Requirement (3)(b) show the Assessment Team identified the service did not effectively manage one consumer’s risks associated with aggressive behaviours.

I acknowledge the service has taken steps to address the systemic issues identified in the risk management system and practices in relation to management of high impact risks. Consumer representatives interviewed at the Site Audit confirmed satisfaction with the service’s current management of high impact risks associated with consumers’ care. While I find deficits in the service’s management of one consumer’s risks I find the service has addressed the systemic deficits of staff practice and knowledge of the risk management procedures and results show representatives are now satisfied.

For the reasons summarised above, I find the service compliant 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.

# Areas for improvement

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

Standard 2 Requirement (3)(a)

Ensure consumers’ assessments and care plans are updated following changes, incidents and review by specialists or other professionals to reflect current strategies to manage needs including management of risks.

Ensure information required to direct staff in the delivery of care is communicated effectively.

Standard 3 Requirement (3)(b)

Review and monitor the management of consumers with high impact and high prevalence risks including aggressive behaviours to ensure strategies used are effective.