Bunbury Gardens Care Community

Performance Report

39 Hayes Street   
BUNBURY WA 6230  
Phone number: 08 9726 6300

**Commission ID:** 7886

**Provider name:** DPG Services Pty Ltd

**Assessment Contact - Site date:** 28 April 2021 to 29 April 2021

**Date of Performance Report:** 10 June 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | 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** |  |
| 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 |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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
* the provider’s response to the Assessment Contact - Site report received 21 May 2021.

# 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 whether the improvements have been effective, the Assessment Team sampled the experience of consumers, asked them about this Requirement, reviewed their care planning documentation (for alignment with the feedback from consumers) and tested staff understanding and application of this Requirement under this Standard.

The service was found Non-compliant in Requirement (3)(a) in this Standard at a Site Audit conducted 26 September to 1 October 2020. The service has since implemented improvements to ensure they meet the Non-compliant Requirement.

Overall consumers and representatives interviewed provided feedback indicating the care provided to them is delivered in a way making them feel dignified. Consumers confirmed all staff are respectful. Examples of consumer feedback include:

* Consumers said staff communicate in a manner that is respectful and courteous.
* Consumers said if they need support to go to the toilet staff do not make them wait or be left too long for staff to return.
* Consumers said when staff support them to wash or dress, they make sure consumer dignity and privacy are maintained by making sure curtains and doors are properly closed.
* Consumers said staff knock on the door or speak before they enter their room.

Staff provided examples of their understanding of how consumer dignity can be maintained.

The Assessment Team observed staff to interact respectfully during the Assessment Contact.

## Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## 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.*

This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021. The service had not demonstrated each consumer’s dignity was supported or maintained as evidenced by observations of consumers, care documentation and staff interviews.

The Assessment Team has since identified improvements in the service. The Assessment Team interviewed a sample of consumers who described receiving care that makes them feel dignified and respected. Staff interviewed were also able to describe and provide examples of how they deliver care with dignity and respect, and they are guided by care documents that reflect the diversity of the consumers. The Team also observed consumers being treated respectfully by staff, for example, prompts to consumers to provide personal care were completed discreetly, and engagement with consumers who had cognitive impairment were observed to be patient and respectful.

I find this requirement Compliant.

# 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

To understand the consumer’s experience and whether the improvements have been effective, 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.

The service was found Non-compliant in all Requirements in this Standard at a Site Audit conducted 26 September to 1 October 2020. The Assessment Team identified the service has since implemented improvements to ensure they meet the Non-compliant Requirements.

All sampled consumers and/or their representatives confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

* Consumers and representatives interviewed confirmed that they are involved in care planning to the extent they wish to be involved, and they feel the organisation listens to what the consumer wants and looks at what they can do.
* Consumers and representatives interviewed confirmed that they are informed about the outcomes of assessment and planning in person, through the scheduled meetings, via phone, or email.
* Consumers or their representatives advised they have read the consumer’s care plans which are readily available to the consumer.

Documentation reviewed by the Assessment Team showed consumers and their nominated representatives are actively involved in the assessment and planning process, and care and services plans are reviewed regularly.

Care planning documentation includes discussion of advance care planning and end of life planning if the consumer wishes to participate in such discussions.

The service’s continuous improvement plan includes a number of initiatives that have been or are yet to implemented to further improve the assessment and planning process.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021 as the service had not demonstrated accurate assessments of consumers needs and risks.

The Assessment Team has identified the service has since implemented improvements to ensure assessments are completed appropriately, accurately and consistently. The Assessment Team reviewed a sample of seven consumers by reviewing their care planning documents, interviewing the consumers, and interviewing staff. The Team noted that their assessment and planning were completed, and risks to their health and well-being are identified, accurately assessed, and have documented management strategies. The Team notes that these improved assessment processes have resulted in effective, safe, and informed care to the sampled consumers. Furthermore, the Team noted that the service is implementing new assessment tools to improve their assessment processes in managing wounds.

I find this requirement Compliant.

### 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.*

This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021. The service was unable to demonstrate each consumer had their current needs, goals and preferences documented in assessment and plans.

The Assessment Team has identified the service had since conducted a comprehensive review of consumers’ assessments and care plans. The service has also implemented system improvements including staff training and increased monitoring and communication of consumers’ clinical and care needs. The Assessment Team noted that these initiatives have been effective, as they reviewed a sample of consumer documentation and identified that all consumers had their needs, goals, and preferences, identified and documented.

I find this requirement Compliant.

### 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.*

This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021. The service was unable to demonstrate consumers were consulted and involved in assessment and planning in relation to their care.

The Assessment Team has since identified improvements in the service. The Assessment Team interviewed a sample of consumers and representatives who all advised that they are involved in assessment and planning on an ongoing basis. The Team also reviewed a sample of care documentation which evidenced involvement of other professionals and providers such as allied health professionals, podiatrist, and other external specialists.

I find this requirement Compliant.

### 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.*

### This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021. The service was not able to demonstrate the outcomes of all assessments and plans are effectively communicated to the consumer or documented in care plans to ensure outcomes are communicated to others providing care.

The Assessment Team has since identified the service has made improvements to communicating with consumers and their representatives. The Assessment Team reviewed a new form/tool to ensure staff discuss all aspects of care and services with consumers and their representatives, and there is a spreadsheet with planned care conferences for 2021. Clinical staff interviewed also described some new initiatives planned to further improve communication with consumers and their representatives which will be trialled shortly.

The Assessment Team also reviewed care documentation and identified the effective communication of the outcomes of assessment and planning occurs, and consumers have individualised care plans which reflect care and services provided. Care plans are readily available to the consumer because summary care plans are kept in their rooms. The Team identified one consumer whose care plan did not adequately guide staff to use a pressure relieving wedge, and the provider has since responded they have added guiding instructions in place for staff to follow.

I find this requirement Compliant.

### 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.*

This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021. The service had not effectively reviewed consumers’ care when deterioration in wounds or weight occur or when changes in bowel patterns occur.

The Assessment Team has since identified improvements in the service. The Assessment Team reviewed a sample of care documentation and identified all sampled consumers show evidence of a review of the care on both a regular basis (four monthly) and when circumstances change, or incidents occur. Consumers and representatives interviewed supported that they are informed of changes made to a consumer care plan when circumstances change or incidents occur. The Team did not identify any incidences where a review of care did not occur when a consumer experienced changes in wound, weight, or bowel patterns.

I find this requirement Compliant.

# 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 whether the improvements have been effective, 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.

The service was found Non-compliant in six of seven Requirements in this Standard at a Site Audit conducted 26 September to 1 October 2020. The service has since implemented improvements to ensure they meet the Non-compliant Requirements.

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

Consumers and representatives interviewed confirmed that they get personal and clinical care they need and it is tailored to their needs, including around pain management, wound and catheter management and assistance with showering, personal hygiene and dressing.

Consumers and representatives advised that they have access to health professionals who are responsive to the consumers’ needs and take time to understand their concerns.

Staff know consumers’ individual needs and preferences. Staff also identified high prevalence risks for individual consumers and strategies they use to minimise these risks.

The organisation has systems and processes to recognise and respond to changes or deterioration in the health or function of a consumer including policies and procedures providing staff with the principles and practice guidance in the management of deterioration in a consumer and the escalation of care when required.

### Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### 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.*

This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021. The service had not demonstrated safe and effective clinical care to consumers in line with best practice or in line with the consumers’ needs and preferences, particularly in wound, pain, weight loss, and medication management.

The Assessment Team has since identified improvements in the service. The Assessment Team interviewed a sample of consumers who all expressed their satisfaction of receiving safe and effective clinical care. The Assessment Team also reviewed care documentation and found that sampled consumers receive care that is best practice, tailored to their needs and optimises their health and well-being. The Team did not identify any concerns in best practice outstanding from the last Site Audit.

The Assessment Team also identified that the service has policies and procedures to guide staff in their approach to this requirement and staff have access to resources to assist in identifying best practice care.

I find this requirement Compliant.

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

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

### This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021. The service had not demonstrated effective management of high impact and high prevalence risks associated with the care of each consumer in relation to risks of wounds, pressure injuries, pain, falls and medication administration.

The Assessment Team has since identified improvements in the service. The Assessment Team reviewed a sample of consumers and all consumers demonstrated high impact risks are identified and assessed. Effective interventions are put in place to minimise the risks and to reduce the impact to consumer health and well-being where it is not always possible to completely eliminate the risks.

The Assessment Team also interviewed staff who were also able to describe how high impact risks are managed and what they do as part of the multidisciplinary team to ensure risks are managed effectively. Staff were also able to provide examples specific to outstanding concerns found in the last Site Audit, such as for wounds, falls, and pressure injuries.

I find this requirement Compliant.

### 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.*

### This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021. The service had not demonstrated two consumers nearing end of life had their needs recognised and responded to in a timely manner to ensure the consumers’ comfort and dignity were supported.

The Assessment Team has since identified improvements in the service. The Assessment Team sampled a file of a deceased consumer and the service demonstrated that the consumer had their needs and comfort recognised and responded to in a timely manner. Clinical staff interviewed could also demonstrate their understanding and implementation of this requirement.

I find this requirement Compliant.

### 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.*

### This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021. The service had not demonstrated deterioration or change in four consumers’ physical or cognitive condition was recognised or responded to in a timely manner.

The Assessment Team has since identified improvements in the service, such as additional ‘huddles’ during staff shifts to ensure information is communicated more frequently to identify early deterioration in consumers and prompt actions are initiated. The Assessment Team reviewed care documentation and interviewed staff, which demonstrated the service is equipped to respond and implement further actions to investigate, assess or review consumers who had deteriorated or changed physical condition in a timely manner.

I find this requirement Compliant.

### 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.*

### This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021. The service had not demonstrated information about the consumers’ condition, needs and preferences are documented and communicated accurately within the organisation and with medical officers with shared responsibility for the care of consumers.

The Assessment Team has since identified improvements in the service, including additional quick handover ‘huddles’ which promote accurate information sharing, and other initiatives to ensure documentation of consumer needs are accurate. All consumers and representatives interviewed expressed satisfaction with adequate information sharing within and outside of the organisation to enable effective delivery of care. Staff interviewed also confirmed the effectiveness of the new and additional quick handover ‘huddles’, and could describe other methods of sharing information internally and with external health professionals.

I find this requirement Compliant.

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

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

This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021 as the service did not refer consumers to specialists in a timely and appropriate manner when required.

The Assessment Team identified the service has since improved, as all sampled care documentation demonstrated evidence of timely input from others including general practitioners and allied health professionals. The Team also identified that recommendations as a result of these referrals are implemented.

I find this requirement Compliant.

# STANDARD 4 Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and whether the improvements have been effective, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Team also examined relevant documents.

The Assessment Team assessed two requirements within this standard which were found to be Non-compliant following a Site Audit conducted 26 September to 1 October 2020. The service has implemented improvements following the non-compliance in this standard. Improvements have included reviewing and discussing consumer preferences and interests and ensuring they are accurately reflected in each consumer’s care documentation.

Overall, most 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:

* Consumers confirmed they are able to do things that interest them, and staff assist them to do these things.
* Consumers confirmed they are supported to maintain social relationships with others at the service and in the community.
* Consumers confirmed they are asked what they would like to do and how they can be assisted to maintain their independence.
* One consumer provided feedback their food preferences were not always provided. Management have followed this up with preferences documented and information provided to the chef.

The activity program has been reviewed and the activities widened to reflect current consumer interests. There has been an increase in activities targeted for male consumers at the service. A men’s shed space is being renovated to increase opportunities for men to socialise. The lifestyle coordinator has assisted consumers who have visual impairment to have increased access to technology to pursue their interests.

The Assessment Team observed consumers to be supported by staff with activities and attendance including individual preferences.

## Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## 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.*

This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021 as the service did not demonstrate that consumers received individualised safe and effective daily living supports based on a plan of care for daily living.

The Assessment Team has since identified improvements in the service, as the activities available to consumers have increased including tailored individual activities and group activities. The service is also continuing to tailor the activities program using feedback and review from consumers, and another lifestyle officer is being recruited to further enhance daily living supports.

The Assessment Team’s review of consumer documentation, observation and interviews showed consumers get safe and effective services and supports for daily living that meet the consumer’s needs goals and preferences and optimise their independence, health and well-being, and quality of life.

I find this requirement Compliant.

### 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.*

This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021. The service did not demonstrate they assist consumers to do the things they enjoy or supported to participate in life with the community.

The Assessment Team identified the service has since improved, as activities provided were now in line with assessed interests captured in consumer documentation, and the Lifestyle coordinator also assists consumers to participate in group and individual activities identified.

I find this requirement Compliant.

# 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.

The service was found Non-compliant in Requirements 7(3)(c) and 7(3)(d) at a Site Audit conducted 26 September to 1 October 2020. The service has since implemented improvements to ensure they meet the Non-compliant Requirements.

Training has been identified and rolled out to ensure all staff are competent in their roles and have the skills and knowledge to provide safe and effective care and services.

A Clinical nurse educator has provided ongoing support, supervision and coaching of staff. A program of training has been rolled out for registered nurses including areas identified as of concern at the previous Site Audit including but not limited to the identification, assessment and management of consumers’ pain, behaviours, wound management and identification and timely escalation of deterioration and changes to each consumer’s well-being. Clinical staff have received training on the completion of care documentation that reflects the care being provided and charting and evaluation is being completed to effectively manage consumers’ health and well-being.

Interviews with staff and review of documentation showed staff at all levels have participated in training and education which continues to be monitored by the Clinical nurse educator to ensure staff are competent and all required mandatory and directed training is completed.

Consumers and their representatives did not provide any negative feedback with regards to the skills and knowledge of staff and said they were satisfied with the care they are provided.

## Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### 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.*

This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021. The service did not demonstrate that clinical staff were competent as they had gaps in their clinical knowledge.

The Assessment Team has since identified the service has improved by implementing further training for staff, including training relevant to previous Non-compliant requirements. The Assessment Team confirmed the implementation of this training by reviewing training records and interviewing staff and consumers. The Team identified that staff have since increased in their competency and this is reflected in the improvement in requirements across the standards.

I find this requirement Compliant.

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

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

### This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021. The service was unable to demonstrate training provided to staff was effective and the service had not monitored the effectiveness of the training program to identify additional training and supports required for staff to perform their roles in line with these Aged Care Quality Standards.

The Assessment Team has identified the service has since improved, and staff have participated in a comprehensive program of training and education to increase their skills and knowledge relevant to the Aged Care Quality Standards. Registered staff have completed training including but not limited to specific areas of consumer care, completion of care documentation and timely identification of deterioration or changes in a consumer’s health.

I find this requirement Compliant.

# 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).

The service was found Non-compliant in Requirements 8(3)(c) and 8(3)(d) following a Site Audit conducted 26 September to 1 October 2020.

The service has implemented improvements under each of these areas to ensure the service has systems to manage these areas. Improvements have included increased opportunities for staff to be provided information on consumer care and training for registered staff in completing care documentation.

The service has an incident management process which staff use to record and escalate incidents for monitoring. Clinical incident information is collated, analysed and discussed with actions agreed at clinical and other meetings.

Staff demonstrated awareness of consumers who have high impact, high risk conditions and could demonstrate how they manage the risks for consumers.

Staff confirmed they have been directed to complete SIRS education and have awareness of their responsibility of who to report to. Staff confirmed they complete documentation following an incident which is monitored by management.

## Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## 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.*

### This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021. The service had not demonstrated the effective organisational governance systems in relation to management of consumers’ clinical information, workforce governance and regulatory compliance.

The Assessment Team has since identified improvements made by the service. Information management has improved with additional communication channels (for example, additional staff huddles to communicate information) and staff have received further training about consumer care documentation, with audits conducted by a Clinical nurse educator. Workforce governance has also improved as additional training has since been provided to staff to address previous Non-compliant requirements, and the service has a Clinical nurse educator whose role is to oversee all identified training and education of staff. The service has also demonstrated that they have improved in their regulatory compliance, as they have now implemented a system for the Serious Incident Response Scheme (SIRS) and provided relevant training and education.

I find this requirement Compliant.

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### This requirement was previously found Non-Compliant at a Site Audit conducted 26 September to 1 October 2021. The service did not demonstrate the assessing and managing clinical risks associated with the care of consumers were effectively implemented or followed.

The Assessment Team identified the service has since improved as staff have undertaken further training and provided further tools to understand high impact and high prevalence risk, and how to identify, assess, and manage them in line with the organisation’s policy and process. The Assessment Team also identified the organisation has a documented framework of their effective risk management systems and practices, and staff were able to both demonstrate their awareness and describe aspects of this framework.

I find this requirement Compliant.

# 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.