Carinya Residential Care Centre

Performance Report

39 Fisher Street   
MYRTLE BANK SA 5064  
Phone number: 08 8130 6444

**Commission ID:** 6762

**Provider name:** Allity Pty Ltd

**Site Audit date:** 6 December 2021 to 8 December 2021

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

# Performance report prepared by

James Howard, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit conducted from 6 December 2021 to 8 December 2021; 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 18 February 2022
* other information and intelligence held by the Commission in relation to this service

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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.

Most sampled consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, were supported to exercise choice and independence, and live the life they chose. For example:

* Consumers and representatives expressed that staff treated consumers respectfully and with dignity in all interactions and engagement with staff across aspects of care and services.
* Consumers and representatives confirmed that consumers were encouraged to do things for themselves and that staff knew what was important to them. Consumers provided examples of matters of importance to them and how the service supported consumers to be independent.
* Interviews with staff and review of care planning documents demonstrated relevant information was collected and shared to support consumers’ choices and their decisions were respected and shared with relevant care and service staff.
* Consumers’ relationships were acknowledged and supported, consultation ensured staff awareness of matters of importance to consumers and supported consumers to live their best lives.
* Consumers advised they were provided with information which assisted them in making choices about their daily care and lifestyle, such as activity calendars, announcements, meal presentation, noticeboards, meetings and by visits from staff.
* Consumers and representatives said consumers’ personal privacy was respected and said staff practices and interactions remained respectful through provision of care and services.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

The Assessment Team recommended this Requirement was not met, based on comments made by a senior staff member which were interpreted as dismissing feedback from two unnamed consumers living with cognitive deficits. The Assessment Team did not provide any other negative evidence or establish any negative consumer impact in relation to this requirement.

In its response, the approved provider disputed the Assessment Team’s interpretation of the comments and provided evidence of satisfactory outcomes in relation to this requirement.

In assessing this Requirement, I considered the positive feedback from consumers and representatives, staff knowledge of consumers’ choices and the Assessment Team’s positive observations of staff interactions with consumers.

Based on the Site Audit report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met, and find the service is Compliant with Requirement 1(3)(c).

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

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

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

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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 and representatives considered they felt like partners in the ongoing assessment and planning of consumer’s care and services. For example:

* Consumers and representatives were involved in assessment and planning of consumers’ care, including consideration of risks to consumers’ health and well-being.
* Consumers and representatives were involved in initial assessments upon entry to the service and in ongoing planning of the consumer’s care, including advance care and end of life planning.
* Consumers and representatives confirmed they were informed about the outcomes of assessment and planning.
* Consumers and representatives confirmed they knew what care and services consumers received and could access care plans if they wished to.

Staff demonstrated an awareness of consumer preferences and needs, and were able to explain how consumers, representatives and other health professionals were involved in assessment and care planning to inform individualised care plans.

Information in care planning documentation was current, relevant and sufficient to direct staff. Consumer and representative involvement was evident in consumers’ documentation, as was input from other professionals such as general practitioners and allied health professionals.

Consumer care plans were regularly reviewed 6-monthly, or as circumstances changed or incidents impacted on the needs, goals or preferences of consumers.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care and service plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Overall, sampled consumers considered they received personal care and clinical care that was safe and right for them and in accordance with their needs and preferences. Care provided was in line with best practice guidelines and was tailored to the needs of the consumer. For example:

* Consumers and representatives said consumers received the care they needed and which was tailored to their individual needs, and had access to a general practitioner or other health professionals when required.
* Consumers and representatives confirmed they received care and services in line with their preferences for end-of-life care and with dignity and comfort.
* Consumers confirmed the care they received when unwell or experiencing a deterioration in health was responded to in a timely manner, with their preferences being met.

Care planning documentation reflected consumers’ individual needs and preferences and informed the provision of safe and effective personal care. This included communication of information within the organisation and outside to other care providers, and timely and appropriate referrals to general practitioners and allied health professionals to support consumers’ health and well-being.

Care planning documentation reflected the identification of, and response to, changes in consumers’ conditions and/or health status, including the effective management of high impact, high prevalence risks to the consumer. Clinical records reflected referrals to a range of allied health professionals, including physiotherapists, speech pathologists, and dietitians.

The service had a documented infection control process, education and training for staff and had recently recruited a dedicated infection prevention and control lead at the service, who had completed the required education and training in infection control.

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers through asking consumers about what they enjoyed doing and how this was enabled or supported by the service, asked staff of their understanding and implementation of requirements, conducted observations, and reviewed relevant documents.

Consumers and representatives indicated consumers felt supported to do the things they wanted to do and had supports available which allowed them to be as independent as possible and participate in activities that promoted their well-being, independence, and quality of life. For example:

* Consumers and representatives said consumers had choices when it came to meals, and whether consumers wished to attend scheduled activities.
* Consumers and representatives indicated consumers were supported when they were feeling low or experiencing an emotionally difficult event. Support was in the form of a one-on-one conversation with staff or with family and friends.
* Consumers and representatives confirmed that consumers were supported to keep in touch with people who were important to them via technology or having visitors at the service.
* Consumers and representatives said there were enough activities and choices to ensure consumers were engaged to the level they wish.
* Most consumers advised that they liked the food and they had input into food choice. They said their feedback resulted in improvements in meals and variety.
* Consumers and representatives reported consumers had access to equipment, including mobility aids, shower chairs and manual handling equipment to assist with their daily living activities.

Care documents inclusive of progress notes, assessments, care plans and handover documents provided adequate information and supported effective and safe sharing of the consumer’s care.

Care planning documents included information about individuals and external services which supported consumers to maintain their interests and participate in the community outside the service.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understood and applied the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment, interviewed maintenance and care staff about the suitability and safety of equipment, and reviewed relevant documentation.

Overall, sampled consumers considered that they felt safe and comfortable in the service environment. For example:

* Consumers and representatives interviewed confirmed that they had a sense of belonging and the service environment was welcoming and homely.
* Consumers said the service was safe, clean and well maintained.
* Consumers described easy access to outdoors, undercover areas and different communal areas helped them feel at home; for example, the coffee lounge area, multiple living rooms, and courtyards.
* Consumers confirmed they could decorate and individualise their rooms as they wished.
* The service environment was observed to be clean, well maintained and appropriate to consumer needs, and had several lifestyle features such as courtyards, gardens, and outdoor eating areas.

Review of the maintenance log system demonstrated that maintenance issues reported by staff and consumers were resolved in a prompt manner.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about how they raised 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, consumers and representatives considered that they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken. For example:

* Consumers and representatives advised they were aware of the various avenues to raise concerns or complaints. They reported feeling comfortable and safe in providing feedback.
* Consumers and representatives who had raised complaints or concerns said their feedback was acknowledged and changes were implemented in response to their feedback. They said management and relevant staff had apologised and that care and/or services had improved following their feedback.

The continuous improvement plan showed improvements were made in response to feedback received.

The Assessment Team reviewed the feedback register and noted that for consumer complaints that were logged, actions were taken in response to feedback and complaints and were evaluated in consultation with consumers and representatives.   
  
The Assessment Team identified three examples of feedback and complaints raised at consumer meetings that were not logged in the service’s feedback system. See Requirement 6(3)(d) for further detail on this issue.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

The Assessment Team recommended this Requirement as not met, as it identified three examples of feedback and/or complaints which arose at consumer meetings that were not logged in the service’s feedback system. There was no documentation of the outcomes of these issues. The Assessment Team further stated the service was unable to demonstrate how the analysis of feedback, and complaints trends are used to inform improvements to the quality of care and services.

In other sections of the Site Audit Report, the Assessment Team provided positive examples of the service’s responses to feedback and stated complaints and feedback that were logged in the service’s feedback system were appropriately dealt with and used to drive service improvements. I also placed weight on the positive feedback provided by consumers and representatives in relation to actions taken by the service to address their feedback.

In its response to the Site Audit Report, the approved provider acknowledged gaps in the documentation of the feedback examples cited by the Assessment Team, but contended the issues were addressed at the time they were raised by consumers. The approved provider’s response contained multiple examples of complaints which were appropriately addressed and provided trend analysis, demonstrating an active comments and complaints system. The approved provider committed to strengthening systems for capturing feedback from consumer meetings.

I do not consider the failure to document the three issues cited by the Assessment Team constitutes a systemic failure of the service’s comments and complaints processes.

Based on the Site Audit Report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service is Compliant with Requirement 6(3)(d).

# 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

To understand the consumer’s experience and how the organisation understood and applied 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.

Most sampled consumers considered they received quality care and services when they needed them, from people who are knowledgeable, capable and caring. For example:

* Most consumers interviewed advised there were sufficient staff to support care and services and stated they had confidence staff knew what they were doing.
* During the Site Audit, all interactions between management, staff, and consumers and representatives were observed to be kind, caring and respectful.
* Staff rosters and allocation records were reviewed to ensure there were sufficient staff to meet the care and service needs of consumers.
* Overall, staff said they had enough time to deliver care and services that met consumers’ care and service needs and preferences.
* Systems were in place to identify training needs, provide education to staff and monitor staff performance. Training records demonstrated staff were trained in required areas, including reportable incidents, infection control the Quality Standards.
* Staff were competent and qualified to perform their roles, including the nominated infection prevention and control lead, who had completed the required training.
* The service demonstrated the performance of staff was regularly reviewed, and action was taken to address poor performance.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

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

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

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

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

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

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understood and applied 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 the service was well run and that they were able to partner in improving the delivery of care and services. The service demonstrated that the development, delivery and evaluation of care was made in consultation with consumers. For example:

* Consumers said they were invited to participate in consumer meetings and surveys on care and services and to raise any areas where anything could be improved.
* Consumers and representatives said the service communicated with them regularly and they were kept informed of any changes that may impact on the delivery of care and services.

The governing body promoted and was accountable for a culture of safe, inclusive and quality care and services. The service promoted a philosophy of individualised, person-centred care throughout the home that underpinned how it operated the service. The organisation’s governing body implemented processes to ensure it promoted a culture of inclusive, quality and safe care and services and was accountable for their delivery.

The service had effective governance systems and risk management systems and practices that were supported by a clinical governance framework. Risk management systems and practices, including an effective incident management system, were implemented by the organisation and a process was established to monitor and ensure their effectiveness.

The service demonstrated that the organisation’s clinical governance systems ensured the quality and safety of clinical care, and promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process.

As discussed in Requirement 6(3)(d), the Assessment Team identified examples of feedback and complaints that were not logged in the service’s feedback system. The Assessment Team drew links to the service’s governance systems not being fully informed of feedback. Refer to Requirement 8(3)(c) for further consideration of this issue.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

*Effective organisation wide governance systems relating to the following:*

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

The Assessment Team recommended this Requirement as not met, citing two examples of feedback and complaints discussed in Requirement 6(3)(c) above, that were not logged in the service’s feedback system. The Assessment Team considered the failure to log these items demonstrated a failure in the service’s governance systems in relation to Requirement 8(3)(c*)(vi) feedback and complaints*. Other than these examples, the Assessment Team described an organisation-wide comments, complaints and feedback system, administered by the service’s leadership team with consolidated complaints data being reported to the board of management.

The approved provider’s response acknowledged failing to log the cited examples in the service’s feedback system and committed to strengthening its systems to minimise the likelihood of recurrence. The response contained examples of finalised complaints and reports that demonstrated an active feedback system with appropriate analysis and trend tracking of feedback.

I consider the gaps identified by the Assessment Team constitute oversights, rather than a failure of the service’s governance systems.

Based on the Site Audit Report and the approved provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service is Compliant with Requirement 8(3)(c).

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

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

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

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

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

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

# Areas for improvement

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.