Carinya of Bristol

Performance Report

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**Commission ID:** 7449

**Provider name:** Bansley Pty Ltd

**Assessment Contact - Site date:** 24 September 2020

**Date of Performance Report:** 13 January 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(c) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | 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 Approved Provider did not submit a response to the Assessment Contact - Site report.

# 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

The service was found to be Non-compliant in Requirement 1(3)(c) following a review audit conducted from 17 to 18 February 2020. The service was unable to demonstrate it supported each consumer to exercise choice and independence. Consumers reported staff did not always know who their next of kin are and staff reported there was no effective process for this. During this assessment contact visit the Assessment Team reviewed evidence of appropriate action being taken to address the Non-compliance and they now consider this Requirement met.

Based on the Assessment Team’s report I find the service Compliant with Requirement 1(3)(c). The reasons for my decision are detailed under the specific Requirement below.

## Assessment of Standard 1 Requirements

### 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.*

During this assessment contact the Assessment Team collected information confirming the service now demonstrates it understands, applies, reviews and monitors this Requirement. Consumers and representatives confirmed the service now supports them to exercise choice and independence over the way care and services are delivered, who should be involved in their care, and maintaining relationships. Specific feedback provided to the Assessment Team includes:

* A consumer who prefers to be cared for by female staff has a sign on their door stating this.
* A consumer’s family confirmed the consumer’s door is now unlocked enabling the consumer to go outside.
* A consumer’s family member brings in meals on the weekends that they look forward to.
* A consumer’s family reported they and staff support the consumer to maintain a friendship with another consumer.

Documents reviewed by the Assessment Team included the next of kin contact list and care plans. The contact list detailed all required contact details for consumers’ nominated representatives, including legally appointed guardians. Care plans contained information about consumer preferences in relation to care and services, who they wish to support them in making decisions about their care, and who they wish to maintain relationships with.

During interviews with the Assessment Team staff and management provided information confirming they maintain and access the next of kin contact details when required. Staff described an occasion when the next of kin contact details were updated for a specific consumer when their first nominated next of kin was not available for a short period of time. All staff interviewed provided information about consumers confirming they had a good understanding of consumers’ needs, preferences and wishes in relation to their care and those who support them in decision-making.

The Assessment Team reviewed surveys being used to monitor compliance with this Requirement and identify opportunities for improvement.

For the reasons detailed above I find the service Compliant with Standard 1 Requirement (3)(c).

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The service was found to be Non-compliant in Requirements 2(3)(a), 2(3)(c) and 2(3)(e) following a review audit conducted from 17 to 18 February 2020. The service was unable to demonstrate consumers are partners in ongoing assessment and planning to help them get the care and services they need. Consumers and their representatives reported they were not involved in the assessment and planning of consumers’ care, and while the service had an assessment and planning process in place, assessments were not always completed or used to inform care plan development or updates when incidents occurred, or care needs changed. During this assessment contact visit the Assessment Team reviewed evidence of appropriate action being taken to address the Non-compliance and they now consider these Requirements met.

Based on the Assessment Team’s report I find the service Compliant with Requirements 2(3)(a), 2(3)(c) and 2(3)(e). The reasons for my decisions are detailed under the specific Requirements below.

## 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.*

During this assessment contact the Assessment Team collected information confirming the service now demonstrates it understands, applies, reviews and monitors this Requirement. Consumers and representatives confirmed assessment and planning, including consideration of risks, informs the care and services delivered to consumers. Specific feedback provided to the Assessment Team includes:

* A consumer’s representative reported the consumer has had multiple health issues recently and staff reviewed and re-assessed their care and service needs and have acknowledged any risks they wish to take in relation to smoking.
* A consumer’s family member said they no longer need to visit every day as they are confident the consumer receives the care they require as recorded in their care plan. Family reported the management team are approachable and responsive and staff are kind and caring.
* A consumer’s representative reported staff identified their condition was deteriorating, a blood test identified a deficiency and treatment was arranged.

Documentation reviewed confirms a comprehensive assessment and planning process is now in place, including an admission checklist and use of validated assessment tools. The admission checklist for both respite and permanent consumers guides staff to complete required clinical assessments which are entered into the electronic client management system to inform care plan development and in turn provide direction to staff. Goals of care and individualised care interventions in relation to risks consumers wish to take are recorded and updated as required.

During interviews with the Assessment Team staff reported all consumers had recently been assessed and care plans had been updated as required to ensure they reflected consumers’ current goals and preferences, and all due annual case conferences have been completed and a schedule records when these are next due. Staff confirmed regular clinical meetings include discussion of the assessment and care planning process, including any newly identified risks consumers wish to take.

The Assessment Team reviewed audits and surveys being used to monitor compliance with this Requirement and identify opportunities for improvement.

For the reasons detailed above I find the service Compliant with Standard 2 Requirement (3)(a).

### 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.*

During this assessment contact the Assessment Team collected information confirming the service now demonstrates it understands, applies, reviews and monitors this Requirement. Consumers and representatives confirmed staff and management have invited them to participate in case conferences recently to discuss care planning. Specific feedback provided to the Assessment Team includes:

* Consumers and representatives said there had been an improvement in communication, they are informed about the outcomes of assessment and care planning and have access to consumers’ care plans.
* A consumer’s representative confirmed staff now acknowledge the consumer’s wish to take risks and support them to do this.
* Consumers and representatives confirmed consumers have access to a doctor, appropriate clinical staff and other health care specialists to manage their complex health needs.

Documentation reviewed by the Assessment Team showed the assessment and care planning process is completed using a checklist to ensure all required stages are completed and includes consultation with consumers and/or their representative. Records of care confirm external clinical teams such as the Residential Care Line and a palliative care advisory service contribute to the planning of care as required.

During interviews with the Assessment Team staff reported all consumers had recently participated in a re-assessment process to ensure their care plans reflected their current needs and preferences. Staff confirmed care plan reviews occur when a consumer’s condition changes or six-monthly and after the annual re-assessment and case conference process is complete.

The Assessment Team reviewed audits and surveys being used to monitor compliance with this Requirement and identify opportunities for improvement.

For the reasons detailed above I find the service Compliant with Standard 2 Requirement (3)(c).

### 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.*

During this assessment contact the Assessment Team collected information confirming the service now demonstrates it understands, applies, reviews and monitors this Requirement. Consumers’ care records included evidence of the service reviewing consumers’ care needs when circumstances change, or when incidents occur. Specific examples of when these reviews have occurred include:

* A consumer was admitted to the service with a history of displaying aggressive behavioural symptoms of dementia. Records confirmed ongoing assessment of these symptoms, and of pain. While the Assessment Team found the Abbey pain scale was not consistently used records confirmed staff observed for non-verbal signs of pain. This consumer was referred to an external palliative care service who reviewed their pain management.
* A consumer’s mobility was noticed to be deteriorating prompting re-assessment of their mobility and transferring. The consumer’s care plan and the staff handover sheet were updated with new care directives – staff were directed to use the full hoist if the consumer was unable to transfer safely and the consumer now requires the assistance of two staff for all transfers.
* A consumer’s care needs were re-assessed after they fell. The re-assessment prompted updates to their care plan which now directs staff to place a crash mat next to their bed, and for two staff to use a standing hoist to transfer the consumer safely.

During interviews with the Assessment Team staff confirmed care plan reviews occur when a consumer’s condition changes.

The Assessment Team reviewed audits and surveys being used to monitor compliance with this Requirement and identify opportunities for improvement.

For the reasons detailed above I find the service Compliant with Standard 2 Requirement (3)(e).

# 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

The service was found to be Non-compliant in Requirements 3(3)(a) and 3(3)(b) following a review audit conducted from 17 to 18 February 2020. The Assessment Team found consumers’ representatives were not satisfied that staff appropriately identified and managed risks associated with consumers’ care including pain and infections when consumers were unwell, or their care needs changed. While the Assessment Team found the service had a system in place to guide staff in identifying, communicating and delivering consumers’ personal and clinical care records showed the system was not effective as staff did not deliver care in line with best practice or the service’s procedures. During this assessment contact visit the Assessment Team reviewed evidence of appropriate action being taken to address the Non-compliance and they now consider these Requirements met.

Based on the Assessment Team’s report I find the service Compliant with Requirements 3(3)(a) and 3(3)(b). The reasons for my decisions are detailed under the specific Requirements below.

### 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.*

During this assessment contact the Assessment Team collected information confirming the service now demonstrates it understands, applies, reviews and monitors this Requirement. Consumers and representatives confirmed consumers are provided with timely personal and clinical care that is safe and provided in the manner they have requested. Specific feedback provided to the Assessment Team included:

* Consumers and representatives reported they were satisfied with the skin and wound care provided by staff.
* A consumer said their preference for female only staff to provide personal care is respected.
* A consumer’s representative reported staff identified the consumer’s health was deteriorating; staff noticed the consumer was less able to complete their activities of daily living and had lost some weight. A blood test confirmed a deficiency and treatment was arranged.
* A consumer reported they like to have their shower before breakfast and staff ensure this preference is met.

Documents reviewed by the Assessment Team included assessments, care plans and progress notes. All records confirmed staff were now following service policies and procedures in relation to aspects of care such as restraint management, maintenance of skin integrity including wound care, and pain management. Records also confirm allied health professionals such as the physiotherapist and occupational therapist complete assessments, contributed to the care planning process and provided specialised care and support as required.

During interviews with the Assessment Team management and staff reported the service has purchased a suite of clinical policies and procedures providing clinical staff best practice clinical pathways, aligned with current legislative requirements and the Quality Standards. Management reported clinical audits had also been purchased to guide staff in monitoring clinical outcomes against the new Standards. Staff confirmed they recently commenced using the new clinical audits.

The Assessment Team reviewed audits and surveys being used to monitor compliance with this Requirement and identify opportunities for improvement.

For the reasons detailed above I find the service Compliant with Standard 3 Requirement (3)(a).

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

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

During this assessment contact the Assessment Team collected information confirming the service now demonstrates it understands, applies, reviews and monitors this Requirement. Consumers and representatives provided positive feedback about how the service manages risks associated with their care or condition. Specific feedback provided to the Assessment Team included:

* Consumers who wish to smoke have been assessed as requiring supervision with smoking. Their cigarettes and lighters are stored in the nurses’ station and staff supervise these consumers smoking after lunch and when requested.
* A consumer’s representative said staff noticed the consumer had been losing weight and was not eating. Staff spoke with them about these changes and since being reviewed the consumer is now eating, putting on weight and walking around again.

Documentation reviewed by the Assessment Team included assessments, care plans and progress notes. All records confirmed high impact and high prevalence risks are considered during assessment processes and strategies put in place to mitigate risk as much as possible. Risks associated with unrelieved pressure were identified and pressure relieving equipment such as air mattresses were put in place and regular repositioning initiated. Restraint management consultations were held to ensure risk associated with the use of bedrails were discussed prior to their use. The regular application of emollients is included on consumers’ care plans who are at risk of skin breakdown due to urinary incontinence. Wounds are reviewed and photographed weekly to monitor wound healing. Validated assessment tools are used to assess pain and records confirm a multidisciplinary approach to pain management.

During interviews with the Assessment Team management reported the newly implemented policies and procedures are guiding staff in relation to effectively managing high impact and high prevalence risks. As an example, staff and management spoke about how the physiotherapist supports consumers who have fallen. Staff confirmed the physiotherapist reviews all mobility related incidents each morning. Any consumer who has fallen is re-assessed using the falls risk assessment tool and their care plan is reviewed to ensure strategies remain appropriate. Consumers who fall are discussed at handover and staff are notified of any resulting changes to their mobility and transfer need, and their families are consulted about the changes.

The Assessment Team reviewed audits and surveys being used to monitor compliance with this Requirement and identify opportunities for improvement.

For the reasons detailed above I find the service Compliant with Standard 3 Requirement (3)(b).

# STANDARD 6 Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The service was found to be Non-compliant in Requirement 6(3)(c) following a review audit conducted from 17 to 18 February 2020. The service was unable to demonstrate it provided opportunities for representatives to raise concerns verbally at resident/relative meetings or that it captured verbal complaints made by representatives to staff, to ensure appropriate action was taken to address the concerns raised. During this assessment contact visit the Assessment Team reviewed evidence of appropriate action being taken to address the Non-compliance and they now consider this Requirement met.

Based on the Assessment Team’s report I find the service Compliant with Requirement 6(3)(c). The reasons for my decision are detailed under the specific Requirement below.

## Assessment of Standard 6 Requirements

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

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

During this assessment contact the Assessment Team collected information confirming the service now demonstrates it understands, applies, reviews and monitors this Requirement. Consumers and representatives reported they have not had any complaints lately, but they are confident management will act appropriately and promptly when responding to feedback and complaints. Specific feedback provided to the Assessment Team included:

* A representative said they are confident the nurses would promptly follow up feedback.
* Consumers said they have not made any complaints lately as they are satisfied with their own arrangements.

The Assessment Team reviewed a newly introduced framework for receiving and responding to feedback and complaints and consider the framework appropriate and effective. The service has also recently introduced new policies and procedures framed around legislative requirements, the Quality Standards and principles of transparency, procedural fairness and natural justice.

The Assessment Team reviewed the complaints register which indicated the last logged complaint was recorded on 21 July 2020 and this has now been resolved. The register confirmed the service has practiced open disclosure as required, communicating openly about their complaint resolution process and apologising when mistakes have been made.

During interviews with the Assessment Team all staff confirmed they pass verbal and written complaints onto management for actioning. Staff were not able to provide examples of recent complaints as they had not received any.

The Assessment Team reviewed evidence of a process in place to monitor compliance with this Requirement.

For the reasons detailed above I find the service Compliant with Standard 6 Requirement (3)(c).

# 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

The service was found to be Non-compliant in Requirements 7(3)(a) and 7(3)(c) following a review audit conducted from 17 to 18 February 2020. The service was unable to demonstrate there were sufficient staff to meet consumers’ needs in line with their preferences, or in a timely manner, and deficiencies identified in Standards 2 and 3 showed care and clinical staff were not competently managing or delivering care to consumers. While the Assessment Team found the service has processes in place to recruit, train and monitor staff, documentation indicated the monitoring of staff response to call bells and monitoring of competence in relation to performing personal and clinical care was not effective. During this assessment contact visit the Assessment Team reviewed evidence of appropriate action being taken to address the Non-compliance and they now consider these Requirements met.

Based on the Assessment Team’s report I find the service Compliant with Requirements 7(3)(a) and 7(3)(c). The reasons for my decisions are detailed under the specific Requirements below.

## 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.*

During this assessment contact the Assessment Team collected information confirming the service now demonstrates it understands, applies, reviews and monitors this Requirement. Most consumers and representatives reported consumers get good care and they have no complaints about call bell response times. Specific feedback provided to the Assessment Team included:

* A consumer said staff are very good and they have no complaints.
* A consumer’s representative said nursing staff have been good to the consumer while staying at the service for respite care.
* Another consumer’s family reported the consumer’s care needs are recorded in their care plan and they are confident staff follow this to provide the required care.
* A consumer said staff can take longer to respond to their calls for assistance when they need to go to the toilet. The Assessment Team tested the consumer’s wireless call bell twice noting it sounded an alert once. Management confirmed maintenance staff will be asked to review the equipment.

The Assessment Team reviewed rosters, records of agency staff use, shift routine guidelines and call bell reports. Rosters confirmed consistent coverage of clinical, care and therapy staff throughout August 2020. While the number of agency staff hours did reduce between August and early September, this number increased in late September when staff were encouraged to stay home if they experienced any symptoms similar to COVID-19. Shift routine guidelines showed care and clinical staff work in teams and have allocated responsibilities and breaks. Call bell records for a 27-day period prior to the assessment contact visit indicated 60 per cent of call bells were turned off within 10 and 20 minutes of being activated. Management confirmed formal call bell review had been discontinued when improvements were observed.

During interviews with the Assessment Team care staff said the service replaces staff who require unplanned leave and the workload is shared among three teams. Staff reported when they do not have agency staff working they have enough time to complete their duties. Staff said while agency staff work alongside regular staff they can require additional support which takes time. Staff spoke of specific consumers and the support they are given to meet their needs and preferences.

The Assessment Team reviewed processes in place to monitor compliance with this Requirement and noted management confirmed they will re-commence auditing call bell response times and discuss it at staff meetings.

For the reasons detailed above I find the service Compliant with Standard 7 Requirement (3)(a).

### 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.*

During this assessment contact the Assessment Team collected information confirming the service now demonstrates it understands, applies, reviews and monitors this Requirement. Most consumers and representatives said they are confident staff are skilled enough to meet consumers’ care needs. Specific feedback provided to the Assessment Team includes:

* A representative of a consumer on respite care said the consumer did not complain about pain like they did when they were at home. The representative said, “they must have done something better than me”.
* A consumer who previously worked in a health care environment said, “the nurses complete their rounds effectively”.
* A consumer said staff check their catheter bag diligently.

The Assessment Team reviewed personnel files of recently engaged care and clinical staff noting an appropriate pre-employment process was followed including checking qualifications and experience relevant to the role, completing an interview process and checking references, and all completed a probationary period. Performance management reports confirmed care and clinical staff performance has been evaluated and training has been provided as deemed necessary. Training records showed attendance at mandatory training is monitored and all staff have attended additional training relevant to their roles. Clinical indicator data confirms a decrease in incidents from August to September 2020.

During interviews with the Assessment Team management described a comprehensive recruitment and performance monitoring process which has been implemented and reported there have been less hospitalisations since additional training has been provided. Management confirmed they are recruiting more registered nurses to improve supervision of care staff. While a carer expressed concern about the competency of agency staff management confirmed agency staff work alongside regular staff and are supported as they do their work. An agency carer confirmed said they are competent in manual handling, were orientated before they commenced the shift, and have an allocated ‘buddy’ to work with.

The Assessment Team reviewed processes in place to monitor compliance with this Requirement and identify opportunities for improvement.

For the reasons detailed above I find the service Compliant with Standard 7 Requirement (3)(c).

# 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

The service was found to be Non-compliant in Requirements 8(3)(c) and 8(3)(d) following a review audit conducted from 17 to 18 February 2020. While the Assessment Team found the service is supported by the wider organisation’s governance system and governing body the governance systems were not implemented in relation to management of risk, consumer information, complaints and workforce. During this assessment contact visit the Assessment Team reviewed evidence of appropriate action being taken to address the Non-compliance and they now consider these Requirements met.

Based on the Assessment Team’s report I find the service Compliant with Requirements 8(3)(c) and 8(3)(d). The reasons for my decisions are detailed under the specific Requirements below.

## 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.*

During this assessment contact the Assessment Team collected information confirming the service now demonstrates it understands, applies, reviews and monitors this Requirement. Overall, consumers reported they consider the service is now well run and they can partner in improving the delivery of care and services.

In relation to information management staff confirmed they have access to information they need to guide them in providing appropriate care. Databases are maintained to record reportable incidents, feedback and complaints, restraint use and personnel files. Staff have access to relevant electronic shared drives. The organisational governance committee reports on information management, including updates associated with the electronic care management system implementation, the procurement of portable touch screen devices to support on-the-go record keeping, installation of wireless network extenders and implementation of policies and procedures.

In relation to continuous improvement the organisation has systems and processes to assess, monitor and improve the quality and safety of the care and services provided. This includes collecting and analysing information about the experiences of consumers through feedback and surveys, and about care and service delivery through audits. Audit results are added to the plan for continuous improvement in the form of an action plan and associated improvement activities. Progress against action plans is monitored until the improvement has been implemented.

In relation to financial governance an annual budget is set taking into consideration the previous year’s expenses and managed at the service level with oversight from the organisation’s governance committee.

Workforce governance systems and processes ensure workforce arrangements are consistent with regulatory requirements. The organisational governance committee reports on human resource matters and how the organisation supports and develops staff to deliver safe and quality care and services. Requirements 7(3)(a) and (c) above include more detail in relation to workforce.

In relation to regulatory compliance the organisation’s quality and governance manager provides updates to relevant staff in relation to legislation changes, key messages from the Department of Health and information circulated by the Aged Care Quality and Safety Commission. The organisation has policies and procedures to guide staff in accurately reporting and actioning unexplained absences and reportable assaults. Staff have attended mandatory and elective training in relation to compulsory reporting, elder abuse and missing persons. Entries in the compulsory reporting register confirm allegations were reported as required by legislation.

In relation to feedback and complaints records confirm the organisation has applied a best practice approach to handling complaints. Verbal and written feedback is logged in a register and progress tracked until the feedback has been addressed.

The Assessment Team reviewed a process in place to monitor compliance with this Requirement and identify opportunities for improvement.

For the reasons detailed above I find the service Compliant with Standard 8 Requirement (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.*

During this assessment contact the Assessment Team collected information confirming the service now demonstrates it understands, applies, reviews and monitors this Requirement.

The Assessment Team found the organisation has systems and processes in place to identify and assess risks to the health, safety and well-being of consumers. A risk acknowledgement process supports consumers to engage in activities that put them at risk of harm, with appropriate risk mitigation strategies in place, supporting them to live the best life they can. The process includes completion of a clinical assessment using validated tools and a risk acknowledgement form. Handover sheets alert staff to consumers at high risk and clinical meetings include discussion of consumers choosing to participate in activities that put them at risk of harm. The annual family conference program also includes a discussion about risk.

Documents reviewed by the Assessment Team confirm staff are following policies and procedures relating to risk management, minimising the use of restraint and mandatory reporting. Incidents are reported and analysed to identify cause and action is taken to minimise future risk of harm. Clinical indicator reporting is framed around high impact and high prevalence risks to consumers and is analysed to identify opportunities for improvement.

During interviews with the Assessment Team clinical staff confirmed they received mandatory reporting training and risk management education. Staff accurately described reporting requirements associated with allegations and suspicions of abuse. Management confirmed one risk acknowledgement form has been completed relating to a representative’s choice to provide a consumer with normal fluids rather than textured modified fluids as were recommended by the speech therapist.

The Assessment Team reviewed processes in place to monitor compliance with this Requirement and identify opportunities for improvement.

For the reasons detailed above I find the service Compliant with Standard 8 Requirement (3)(d).

# 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.