Fairview Inc

Performance Report

30 Sargeant Street
WARRAGUL VIC 3820
Phone number: 03 5623 2752

**Commission ID:** 3070

**Provider name:** Fairview Village Limited

**Site Audit date:** 22 February 2022 to 25 February 2022

**Date of Performance Report:** 31 March 2022

# Performance report prepared by

J Liau, 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-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; 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 Approved Provider’s response to the Site Audit report received on 21 March 2022.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

All of the sampled consumers said that the staff treated them with respect and that their personal privacy was respected when staff provided them with care and assistance. For example:

* One consumer stated that staff are a “brilliant crew”, they will knock and wait for me to answer before they come into my room and will explain what care or service that they are there to provide.
* Another consumer said that staff are very respectful. They will always knock and wait for a response before they enter the room.

The Assessment Team observed consumers being encouraged to do things for themselves such as making a cup of tea or coffee. Consumers were observed around the service interacting with one another over coffee and tea that they had prepared for themselves and other residents.

Care planning documentation reviewed reflected consumers’ cultural needs and their individual preferences.

Staff spoke of individual consumer’s choices and maintaining relationships inside and outside the service and of its importance to consumers and how they were supported to stay connected via various telecommunication methods during lockdowns.

Staff were observed treating consumers with dignity and respect and demonstrated giving individual consumers choices when providing assistance and care during meal service and lifestyle activities.

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.*

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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.

The service did not demonstrate effective assessment and care planning for consumers entering the service for respite or permanent admission. Skin integrity and pain assessment are not consistently completed as part of their interim care planning. The service’s care planning procedure requires an interim care plan to be developed within the first 24 hours of consumer’ entry to the service. However, this was also not consistently completed.

The majority of sampled consumers have advanced care directives in place. Review of advance care directives was evidenced when a change in the consumer’s condition occurs.

Consumers and representatives interviewed are generally satisfied with the involvement in and the partnering on the planning of the consumer’s care. Care planning documents reflected that consumer and their representatives have been included in the planning process. Care files reviewed by the Assessment Team include the involvement of other health providers providing specialised assessment and care interventions.

The service does not have a process to consistently inform consumers and their representatives that they have access to care plans if requested.

The service was able to demonstrate that consumers’ care and services are reviewed on a three-monthly schedule, when circumstances change, or an incident has occurred. Care planning documents reviewed reflect the change to interventions following allied health or specialist review.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

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

### The Assessment Team found that assessment and care planning documentation did not demonstrate there is consideration of all risks to the consumer’s health and well-being during the initial admission process for respite and permanent consumers. Skin integrity and pain assessment were not completed for three consumers as part of their interim care planning. The service’s care planning procedure informs senior nursing staff to complete the interim care plan within the first 24 hours, however, this was not evident for the three sampled consumers.

The service has a care planning procedure last reviewed 26 July 2019, the document does not direct staff to prioritise and complete clinical risk assessments. The Assessment Team did not observe an initial assessment and care plan flow chart or a schedule for completing the comprehensive care plan within a defined time frame.

The Approved Provider’s response acknowledges that improvements are required in relation to this requirement. Based on the evidence summarised above, the service does not comply with this Requirement.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

### Requirement 2(3)(d) Non-compliant

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

The Assessment Team found the service did not demonstrate the outcomes of assessments and planning is readily available to the consumer, and where care and services are provided. Three out of four representatives stated they had not been offered a copy of a care plan. Staff stated the care plan is always verbally communicated to consumers and their representatives. Staff interviewed stated that the care plan is not offered to consumers/ representatives due to the size of the document. There is no information in the care planning policy to direct that the care plan be offered or made accessible to consumers or representatives.

The Approved Provider’s response acknowledges that improvements are required in relation to this requirement. Based on the evidence summarised above, the service does not comply with this Requirement.

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

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

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team found the service was unable to demonstrate that the use of chemical restraint was consistently identified, informed consent recorded, and consumers monitored and reviewed as required.

The service demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers interviewed expressed their wish to remain at the service when they were nearing the end of life. Staff were able to describe the palliative pathway and the resources available to them to support consumers nearing the end of life.

The Assessment Team reviewed clinical documentation and found that staff recognised and responded to changes in function, capacity, or condition of the sampled consumers. Representatives’ feedback expressed satisfaction with staffs’ response to any changes in the consumer.

The service’s daily handover sheet contains limited information to guide staff and staff rely on verbal handover and their knowledge of the consumers to provide required care.

Review of care planning documents demonstrates timely and appropriate referrals to allied health providers, medical specialists, and other organisations. Allied health providers’ reviews of consumers demonstrate comprehensive assessment, review and recommendations that are communicated to staff.

Staff demonstrated effective infection prevention and control practices to reduce the risk of transmission of infection. The service demonstrated policies in relation to infection control, outbreak management and antimicrobial stewardship have been documented, implemented and reviewed for best practice. Consumers and representatives expressed satisfaction in the service’s interventions to reduce a potential COVID-19 outbreak within the service.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team found all consumers who are prescribed any classification of psychotropic medication are documented in the psychotropic register. However, the service did not consistently identify consumers who are prescribed antipsychotic medication to manage their behaviour, as having chemical restraint. The service was unable to demonstrate that informed consent for the use of the medication had been recorded and that regular monitoring and review takes place.

For example, two consumers have not been identified as receiving antipsychotic medication as a chemical restraint to manage their behaviours. Records of the representative having provided informed consent were not available for these two consumers. While one consumer had required behavioural monitoring in place to inform medication reviews, there was no evidence of such monitoring taking place for the other consumer. Ten sampled consumers’ files had a completed environmental restraint consent.

Review of wound management documents demonstrated wounds are identified, appropriate wound care is provided, and wounds heal as expected. A comprehensive pain management approach includes regular reassessment of interventions to ensure effectiveness.

The Approved Provider’s response acknowledges that improvements are required in relation to this requirement. Based on the evidence summarised above, the service does not comply with this Requirement.

### 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 COMPLIANTServices 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 understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers said staff are supportive when they are feeling low.
* Consumers described how they can do things of interest either within or outside of the service and maintain social connections and how the service supports them to maintain family and social connectedness.
* Consumers said that their family and friends are made to feel welcome to the service and are treated respectfully when there are no lockdown restrictions.
* Overall consumers and representatives expressed satisfaction with the quantity, quality and variety of food provided and that they can provide feedback.

Care planning documents contain clear and up to date information about consumers’ needs and preferences for their activities of daily living.

Staff described how they access the care plans to understand individual consumer’s needs and preferences as well as how they are informed when needs change.

Consumers were observed attending a variety of lifestyle activities throughout 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 COMPLIANTOrganisation’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 understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Assessment Team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers generally feel at home in the service as they are able to have their rooms decorated with personal and items of significance.
* Consumers advised they feel safe and comfortable at the service.
* Consumers said the service is clean and well maintained and they are able to access outdoor areas.

The service is welcoming and offers a range of communal spaces that optimises consumer engagement and interaction.

The service was observed to be clean and uncluttered enabling the free movement of the consumers.

The service has scheduled and reactive maintenance of the living environment and equipment for the safety of the consumers.

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 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

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

For example:

* Consumers said they are satisfied with how complaints are managed internally and are comfortable raising them in meetings, speaking to staff or using advocates.
* Consumers said actions to resolve issues are consistently applied and issues do not generally reoccur.
* Representatives said management is receptive to issues being raised and proactive in seeking a resolution. Responses are timely and appropriate.

Management outlined improvements as a result of feedback including increasing staff numbers during morning shift.

The Assessment Team found the complaints and feedback system accessible and information on complaints to be appropriately directed to a person with authority to address the issue and noted the Governing body has oversight of the complaints system.

The service has a Residents Executive Committee that seeks feedback from consumers and will advocate for them.

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.*

# 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 understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

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

For example:

* All consumers interviewed said staff were kind, friendly and caring and considered staff knew about their personal care needs and preferences.
* Consumers said that during the recent COVID-19 outbreak there were times when staff were “very busy and pushed.” They said there were times when they had to wait longer for a response to the call bell. No consumer identified any adverse outcomes as a result of these delays.
* The service’s performance monitoring of staff occurs on an ongoing basis. Performance appraisals take place bi-annually and all staff interviewed confirmed they had participated in an appraisal in the past 18 months.
* Staff attendance at training is recorded and scheduled training is continuously revised to suit the needs of the workforce. The service demonstrates ongoing monitoring of performance to identify staff training needs. Staff feel confident and supported by management to deliver the outcomes required by the Quality Standards.

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 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers provided feedback about being consulted regularly on their preferences in relation to the care and services provided to them.

The Board's commitment to a culture of safe, inclusive and quality care is captured in the organisation’s vision, values and purpose. The recruitment process is designed to select staff who share the values of the organisation and who support the culture of safe, inclusive and quality care.

There are organisation wide governance systems to support effective, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. However, the service did not demonstrate an effective governance system relating to information management.

The Assessment Team found the organisation has a comprehensive risk management framework. Interview with staff confirmed they had been educated about the policies and were able to provide examples of their relevance to their work.

The service provided information to support the establishment of their clinical governance framework.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-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) Non-compliant

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

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

The Assessment Team found deficits in sub requirement (i). The service utilises an electronic care documentation system however, the majority of care staff interviewed said they do not use care plans to inform or guide their practices. The service’s daily handover sheet does not inform staff of the usual care required. The enrolled nurses who provide wound management described not being able to print out a list of current wounds to be attended. They use a handwritten list of the wound tasks for the day.

Management stated information about organisational policy/ procedures and changes to legislative and regulatory change is communicated via staff meetings and by staff accessing the services electronic system. However, some staff could not identify how they would access policies via the electronic system.

The organisation utilises electronic incident, complaints and policy systems. However, these are not use to their full potential and do not fully support monitoring and analysis of this data.

The Approved Provider’s response acknowledges that improvements are required in relation to this sub- requirement. Based on the evidence summarised above, the service does not comply with this Requirement because it has not complied with all of the sub- requirements.

### 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

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

**In relation to Standard 2 Requirements 2(3)(a) and 2(3)(d)**

* Implement an effective assessment and planning system that identifies risks related to consumers’ care and services on entry to the service and enables effective interventions to be planned ad recorded in a timely manner.
* Implement a process to inform consumers and representatives that they are able to access their care plan.
* Ensure consumers’ care plans are readily accessible to them.

**In relation to Standard 3 Requirements 3(3)(a)**

* When chemical restraint is proposed, ensure that the prescriber has assessed the resident, documented the reason for restraint and that they obtain the informed consent from the consumer or their substitution decision maker.
* When chemical restraint is used, ensure that monitoring and scheduled review processes are established to ensure that restraint is still needed and is the least restrictive form.

**In relation to Standard 8 Requirements 8(3)(c)**

* Establish an effective organisation wide governance system relating to information management, including staff access to and use of consumers’ care plans to guide care, ensuring current and comprehensive hand over information is available, ensuring staff have access to policies and procedures and ensuring complaint and clinical data is able to be monitored and analysed and information is used to improve care and services.