Glenview Community Services Inc.

Performance Report

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**Commission ID:** 8060

**Provider name:** Glenview Community Services Inc

**Site Audit date:** 20 July 2021 to 23 July 2021

**Date of Performance Report:** 25 August 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **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** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 18 August 2021.

# 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.

Overall 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 lives they choose.

* Consumers and representatives said consumers are treated with dignity and respect. They described in various ways how staff make them feel valued and accepted.
* Consumers and representatives confirmed staff know what is important to consumers and that they are encouraged to do things for themselves.
* Consumers and representatives expressed satisfaction with the way staff value consumers’ cultures and diversity. Consumers confirmed feeling safe in relation to how they are treated by staff.
* Consumers and representatives confirmed that consumers have a choice in their daily activities and are supported in maintaining connections inside and outside the service. Staff provided meaningful examples of how they help consumers to make choices and assist them to achieve their desired outcomes.
* Consumers and representatives confirmed consumers receive support from the service in pursing activities that may have an element of risk. The service’s policies support consumers to take appropriate risks.
* Consumer care plans include information about the consumer’s background, needs and preferences, and this information was mostly consistent with information documented in initial and on-going reviews with consumers and their representatives.
* Most consumers are satisfied with communication at the service, however two representatives said they have to follow up information or make sure the correct information is recorded.
* Consumers and representatives are satisfied that the service promotes and protects consumers’ privacy and confidentiality. The service has policies to ensure consumer privacy and the protection of personal information. Staff provided examples of how consumer privacy is respected.

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. *August 202communicate 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 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 consumers considered that they feel like partners in the ongoing assessment and planning of their care and services, however most don’t specifically recall giving information about their needs and preferences to staff. Representatives, however, mostly confirmed that they were involved in assessment and planning of the care and services for consumers.

* Two out of four consumers and two out of six representatives confirmed that they have been involved in assessment and care planning to some extent.
* Few consumers were aware of care planning documents although representatives confirmed that staff keep in contact with them about consumer care needs, and staff gave examples of showing representatives the consumer’s care plan.
* The service maintains consumer care plans on a password-controlled electronic software program and staff stated that they are available for any consumer and/or representative if requested. This information is confirmed in the service’s consumer handbook.
* File review demonstrated that each consumer undergoes a comprehensive assessment and planning process from which care plans are derived to inform staff of consumers’ needs, goals and preferences. Where risks are identified, specialised nursing care plans are developed, and strategies are implemented to manage and/or minimise risks. These include clinical risks such as a consumer having a high risk of falls or undergoing complex clinical procedures, in addition to consumers who may be at risk of leaving the service without notifying staff.
* The service demonstrated systems which guide staff in the process of assessment and planning, including advance care planning and end of life care.
* Consumer assessment and care planning documentation has evidence of regular reviews and care consultations. Reviews of care also occurs when care needs change or incidents occur.
* Care planning documentation showed input from others such as consumers’ representatives, medical practitioners, allied health professionals and other health professionals who are involved in the assessment, planning and review of consumers’ care and services.

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 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 other relevant documents.

Overall, consumers considered that they receive personal care and clinical care that is safe and right for them.

* Consumers, where able, and representatives confirmed that personal and clinical care delivered is mostly safe and right for each individual.
* One consumer stated that they are “confident of staff competency in regard to nursing care but not so confident in some of the care staff”.
* Representatives mostly expressed satisfaction with care and services provided by staff. However, one representative said they identified past issues which were resolved satisfactorily by management.
* Consumers and representatives confirmed that consumers receive the care required with access to medical practitioners and other health professionals as needed.
* The service demonstrated consumers are provided with individualised personal and clinical care that is evidence-based, safe, effective and tailored to their specific needs.
* The service demonstrated an understanding of the end of life needs of consumers and showed how this has been applied to individual consumers. Staff described the palliative care pathway and the resources available to them to support consumers nearing the end of life.
* Clinical and care staff have access to up to date information about consumers’ needs and preferences and the service provides information to others involved in providing care. Referral systems are in place where external services are required.
* High prevalence risks for consumers are assessed and appropriate strategies to address risks are devised. Care staff are aware of risks and implement strategies to reduce or mitigate risks.
* The service has a process to ensure any change in a consumer’s condition is identified and assessed, and that appropriate actions are taken in response to the change.
* Appropriate strategies to minimise infections and strategies to promote appropriate antibiotic prescription are used, and staff demonstrated an understanding of how these strategies are applied.

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 support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 team also examined relevant documents.

Most 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.

* Most consumers and representatives stated that consumers are supported by the service to do the things that they like to do.
* There are activities provided throughout the service and in a new community area, as well as one on one activities conducted within consumers’ rooms.
* Consumers and representatives confirmed that they are supported to keep in touch and observations noted many consumers going out with family, or families and other acquaintences visiting the service.
* Consumers said they like the meals provided, with comments relating to a recent improvement in quality and variety.
* Consumer files demonstrate that assessments and planning occur in relation to gaining information on what services and support is required to meet consumers’ needs, goals and preferences and to optimise their independence, health, well-being and quality of life.
* The service demonstrates that consumers’ emotional, spiritual and psychological well-being is supported through a range of formal and informal activities and facilitated by qualified and caring staff.
* An activities calendar outlines a variety of activities and events for consumers to participate in and enjoy. Community-based activities such as bus outings and visiting performers are now recommencing following restrictions imposed by COVID-19 percautions. Volunteers supplement the activities in which consumers can engage.
* The service demonstrates that equipment is provided and maintained by the service according to a maintenance schedule where applicable. Staff confirmed the quantity of equipment is adequate and it is suited to purpose.

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 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 team also examined relevant documents.

Overall, consumers considered that they have a sense of belonging in the service and feel safe and comfortable in the service environment.

* Consumers confirmed they feel safe and comfortable at the service and provided positive feedback regarding the layout and functionality of the service.
* Consumers confirmed they feel welcome to personalise their own living areas, and their relatives and friends are made to feel welcome.
* The Assessment Team observed the service is welcoming and offers a range of indoor and outdoor communal spaces that optimise consumer engagement and interaction, and noted the living environment, furniture, fittings and equipment to be well-maintained.
* Staff described how they help consumers to feel at home.
* Staff confirmed they have access to the equipment they need and described how shared equipment is cleaned after use between 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 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 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 responses. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

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

* Consumers and representatives said that they understand how to make complaints and provide feedback. A small number of consumers and representatives said that responses and resolution of issues are sometimes slow.
* Some consumers and representatives said they are aware of supports available, such as advocacy services, to assist them make complaints. Most consumers and representatives said they are comfortable raising issues directly with the service.
* Most consumers and representatives confirmed action is taken in response to complaints. The service demonstrated established feedback management processes. Formal complaints are documented, actioned and mostly resolved in a timely manner. The service’s complaints policy incorporates the application of open disclosure.
* Management described how complaints data is reviewed and how action is taken to improve the quality of consumer care and services. Management monitors and reviews all comments and complaints. Trends are reported to various committees as well as to the Board.
* The Assessment Team observed internal and external complaints information on display within the service, as well as information regarding advocacy and language services. Information is available in a number of languages, including German, Croatian and Italian.

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.

Most consumers considered they get care and services from people who are knowledgeable, capable and caring and expressed satisfaction with the numbers of staff available to care for consumers. Two representatives expressed dissatisfaction with staffing numbers, but were not able to describe any specific negative outcomes related to insufficient staff.

* Consumers provided positive feedback about the staff being kind and caring, and that staff attend to consumers in a respectful manner.
* Feedback, staff interviews, observations and supporting documentation demonstrated how the service ensures the workforce is competent and qualified. However, some staff said they have not received any or adequate training in relation to the Serious Incident Response Scheme (SIRS).
* Management described and demonstrated processes to assess, monitor and review the performance of staff working at the service. Staff confirm appraisal of their performance occurs.
* Roster documentation demonstrated shifts are filled, including unplanned leave. Documentation demonstrated staff have qualifications relevant to their roles and that their competency is monitored. Documentation demonstrated staff participate in an induction program and are supported through both mandatory and other training that is needs-based.
* Documentation demonstrated staff have qualifications relevant to their roles and their competency is monitored.

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-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 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, consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example, consumers described how they attend ‘resident’ meetings, are involved in ‘resident of the day’ care planning and review, and are engaged in recruitment and selection.

The service did not demonstrate how it understands and responds to high-impact and high-prevalence risks, or how incidents are managed and prevented

Consumers and representatives provided examples of how they are engaged in care planning and service provision. The service demonstrated it involves consumers and representatives in the planning, delivery and evaluation of care, lifestyle and services.

* The service’s governing body has developed, implemented and documented clear expectations for the service to follow to promote safe, inclusive and quality care and services. The service has a ‘Glenview Promise’, strategic plan objectives, and governance frameworks. These are supported through documented policies and procedures.
* The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance.
* The service does not have robust systems to support the management of high-impact or high-prevalence risks such as consumers leaving the service without staff knowledge. The service did not demonstrate how it maintains a safe environment for all consumers.
* The service’s incident management system does not support staff to understand risk, prevent incidents from occurring, and take actions to prevent recurrence of incidents.
* Management described how their clinical governance framework was developed and introduced, and how this provides an overarching monitoring system for clinical care. The framework addresses antimicrobial stewardship, open disclosure and minimising the use of restraint.

The Quality Standard is assessed as Non-compliant as one of the six 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) 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.*

### Requirement 8(3)(d) Non-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.*

The Assessment Team recommended the service did not meet this requirement as it failed to demonstrate how it effectively manages impact or high prevalence risks associated with the care of consumers, and how incidents are managed and prevented.

* In the early hours of a day in July 2021, a consumer was found walking the streets and was returned to the service by a member of the public. The consumer was assessed, had no apparent injuries and appeared to be oriented to place and person.
* The incident was recorded in the service’s incident management system but was not reported to the Serious Incident Response Scheme.
* The consumer was immediately placed on 30 minute visual observations and staff arranged for a door sensor to be supplied and installed to monitor the consumer’s movements outside their room at night.
* There were no strategies documented to guide staff in how to maintain a safe environment or manage any of the consumers’ triggers or anxieties which may contribute to their desire to leave the service.
* The service did not demonstrate how the incident was used to improve the service environment for other consumers who may be at risk of leaving without alerting staff.
* In June 2021, a consumer was found in bed with cords wrapped around their neck. The consumer did not suffer any harm as a result of the incident.
* The incident was not recorded in the service’s incident management system. Management described steps undertaken to ensure the consumer’s safety, including cords have now been relocated to under the consumer’s bed.
* However, management said other consumers have not been risk-assessed in relation to any cords, such as call bell cords.
* Management did not demonstrate how the service’s risk assessment of beds against walls was updated to reflect consideration of this risk to other consumers residing at the service.

In response to the Assessment Team report the approved provider is undertaking facility wide initiatives, including:

* A review of the incident management reporting process, including the escalation and review of incidents to determine if they are reportable under SIRS. A number of SIRS reports have been made following this incident.
* The Consumers at Risk of Absconding document was updated with residents’ photos and their location within the facility.
* Potential absconding alerts have been recorded on residents’ electronic PCS records, included on Care Plans, and Dignity of Risk forms have been completed.
* Investigation into options to improve the security for entry and exiting the home is being reviewed.
* A review of the functionality of door alarms on exit points.
* Restraint safety-based risk assessments for all residents.
* Environmental audits, which take place quarterly, will now include cord placement as part of the audit.
* Staff education and information provided about the Serious Incident Response Scheme (SIRS) and further face to face education education planned for August and September 2021 and the launch of a new online training platform.

I note the action taken by management at the time of and since the audit to address the deficit identified. However some actions are still to be fully implemented and the measures put in place since the site audit are yet to be evaluated and effectiveness is yet to be demonstrated. I find that at the time of the site audit the service was non-compliant with this requirement.

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

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

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

# Areas for improvement

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

Requirement 8(3)(d)

* Effectively implement organisational risk management and incident management systems to ensure the service is managing high impact or high prevalence risks associated with the care of consumers and managing, preventing incidents and reporting incidents.