Greenhill Manor

Performance Report

190 Princes Highway
FIGTREE NSW 2525
Phone number: 02 4744 6000

**Commission ID:** 1030

**Provider name:** Greenhill Manor Pty Limited

**Site Audit date:** 24 November 2020 to 26 November 2020

**Date of Performance Report:** 23 December 2020

# 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-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) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-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 23 December 2020.

# STANDARD 1 NON-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.

There was mixed feedback from sampled consumers in relation to being treated with dignity and respect, that they can maintain their identity and make informed choices about their care and services and live the life they choose.

The Assessment Team identified issues in Standard One, such as:

* Some feedback, observations, and review of care documentation demonstrated that not all consumers are treated with dignity and respect and their identity, culture and diversity is valued.
* Consumers from special needs groups are not identified on entry to the service and relevant issues associated with specific special needs groups have not been considered in care planning and ensuring care and services are culturally safe.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

The Assessment Team found that the service did not demonstrate that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

The Assessment Team provided examples in their report demonstrating that not all consumers considered that staff treated them with dignity and respect. The Assessment Team observed some staff not acknowledging consumers wishes, and staff infringing on a consumer’s space without prior permission. Review of care documentation did not always provide insight on how care staff can provide care that valued a consumer’s identity, culture and diversity.

In their response, the approved provider disputed information regarding two consumers and provided some clarification that I have considered and accept. The approved provider has also supplied a plan for continuous improvement with the improvement activities identified occurring after the audit, and the Approved Provider has not refuted some of the Assessment Teams findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as consumers are not always treated with dignity and respect.

### Requirement 1(3)(b) Non-compliant

*Care and services are culturally safe.*

The Assessment Team found that the service does not demonstrate that care and services are culturally safe.

The Assessment Team found that consumers from special needs groups are not identified on entry to the service and relevant issues associated with specific special needs groups have not been considered in care planning and ensuring care and services are culturally safe. Management and staff were not able to articulate all seven different special interest groups or how care and services would be tailored for these groups. There does not appear to be mechanisms for staff to address this information for individual consumers in a meaningful way, after the initial admission process. The use of interpreters to aid staff in conducting effective communication with consumers with language barriers does not appear to have been considered.

The approved provider in their response disputed information regarding some sampled consumers and provided some clarification that I have considered and accept. The approved provider has also supplied a plan for continuous improvement addressing the gaps raised by the Assessment Team, with the improvement activities occurring after the audit. The Approved Provider has not refuted the remainder of the Assessment Teams findings. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

For the requirement, care and services are culturally safe, I am of the view that the approved provider is not compliant.

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

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

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

The Assessment Team found that the service does not demonstrate that each consumer is supported to exercise choice and independence.

The Assessment Team provided examples in their report which demonstrate that not all consumers are supported to exercise choice and independence including to make decisions about their own care and services, about when family, friends, carers or others should be involved in their care or to communicate their decisions. This is due to the service not identifying consumers during admission, of how care and services would be tailored specifically for consumers from special interest groups. The Assessment Team also identified potential issues in determining consumer’s needs, goals and preferences without interpreters.

In their response, the approved provider disputed the recommendation from the Assessment Team and further clarified information in the report, and how communication is managed with consumers at the service.

I have considered the Assessment Team’s report and the approved providers response and on balance, find that the service does demonstrate that each consumer is supported to exercise choice and independence, and any weakness in this ability is more suitably dealt with under Standard 1 Requirement 1(3)(b).

For these reasons, I am on the view that this requirement is compliant.

### 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.

Most sampled consumers and/or their representatives were able to confirm they are partners in their ongoing assessment and care planning.

The Assessment Team identified issues in Standard Two, such as:

* The service’s assessment and planning does not effectively assess pressure injury risk, weight loss, infections, pain and behaviours to ensure delivery of safe and effective care and services to optimise consumers’ health and well-being.
* The service’s assessment and planning does not capture all consumer needs, goals and preferences in relation to their care.
* The service does not demonstrate they effectively communicate the consumers care and service plan to the consumer or make it available to them.
* The service does not demonstrate that care and services plans are updated with current needs, goals and preferences as circumstances change for consumers, or following an incident that has impacted on the consumer.

The Quality Standard is assessed as Non-compliant as four 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 the service does not demonstrate 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 provided information that assessment and planning conducted by staff does not always capture sufficient individual information to effectively deliver safe and effective care and services to promote consumers health and well-being in the areas of pressure injury risk, weight loss, infection, pain and behaviour management.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted the Assessment Teams findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as risks to consumers health and well-being do not adequately inform the delivery of safe and effective care and services.

### Requirement 2(3)(b) Non-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.*

The Assessment Team found that the service does not demonstrate 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.

Consumer care and services plans do not always clearly identify current needs, goals and preferences across the different care domains, potentially leading to care and services inappropriate for the consumer. For example, for one consumer their care and services plan documents his wife’s preferences, and contains conflicting information related to his current needs.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted the Assessment Teams findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as consumer’s needs, goals and preferences are not adequately considered in their assessment and planning.

### 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 that the service does not demonstrate they present the outcomes of assessment and planning to the relevant consumer, and they do not offer them a copy of their resultant care and services plan.

When surveyed about their individual care and services plan, all consumers seemed unaware of what their documentation may contain, and they had not been offered a copy. Management had also identified this issue and have plans to correct it.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted the Assessment Teams findings of the service at the time of the audit. However, the approved provider had identified this issue and had taken steps to rectify this. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as the outcomes of assessment and planning at the service were not adequately communicated and a care and services plan was not made readily available.

### Requirement 2(3)(e) Non-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.*

The Assessment Team found that care and services are not reviewed when circumstances for consumers change, or when incidents impact on the needs, goals and preferences of the consumer. While care and services are regularly reviewed, this does not appear effective; as care documentation showed that current needs, goals, or preferences have not been corrected, by the service.

While care documentation showed evidence that it had been reviewed, some of the care documentation did not show that the review had identified that the documentation did not reflect the current needs, goals and preferences of the consumer.

The approved provider in their response confirmed that they have a schedule for care and services review, which are conducted. They also acknowledge they missed this review for two consumers. The approved provider has also supplied a plan for continuous improvement and has not refuted the Assessment Teams findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as care and services were not adequately reviewed for effectiveness and when incidents impact on the needs, goals and 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.

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

The Assessment Team identified issues in Standard three, such as:

* Consumers do not always get personal and clinical care that is tailored to their needs and best practice, in pain management and skin integrity and wound management.
* High impact and high prevalence risks in care for each consumer in pressure area care, wounds, pain and behaviours are not managed effectively.
* Deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition, is not always escalated in an appropriate time frame.
* The service does not always identify the need to manage referrals to individuals, other organisations and providers of other care and services, or facilitate the timely referral of consumers.

The Quality Standard is assessed as Non-compliant as four 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 that the service does not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; is tailored to their needs; and optimises their health and well-being.

Th Assessment Team described examples in their report that for some sampled consumers, pain and skin/wound management are not best practice or tailored to their needs, resulting in negative outcomes for their health and well-being

The approved provider in their response confirmed that they were deficient in the safe and effective care for three of their consumers and provided information related to correcting those deficiencies; including updated assessments and treatment plans and engagement with specialists. The approved provider has also supplied a plan for continuous improvement and has not refuted the Assessment Teams findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that each consumer gets safe and effective personal care which is best practice, tailored to their needs and optimises their health and well-being.

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

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

The Assessment Team found that the service does not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

While the service has systems in place, the Assessment Team noted that the service’s management of high impact or high prevalence risks associated with the care of some sampled consumers was not always effective. For example, the Assessment Team cited examples related to the delivery of pressure area care, and wound, pain and behaviour management.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted the Assessment Teams findings of the service at the time of the audit. The approved provider also recognised opportunities for improvement in their education system to ensure staff are supported to provide care in accordance with their policies and procedures. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate 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) Non-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.*

The Assessment Team found that the service did not always demonstrate 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.

The Assessment Team identified situations where consumers’ well-being has been negatively impacted because the service’s response has not been timely for some of the sampled consumers in relation to wound management, and behaviour management.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted the Assessment Teams findings of the service at the time of the audit. The approved provider recently implemented a new deterioration identification tool to assist staff in identifying changes in respiratory function, bowel and behaviours, communication, deterioration in general condition, changes in skin integrity and food and nutrition requirements. The approved provider acknowledged these techniques still need further experience to embed this system. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that deterioration or a change in the consumers mental health, cognitive or physical function, capacity or condition is recognised and responded to appropriately.

### 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) Non-compliant

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

The Assessment Team found that timely and appropriate referrals to individuals, other organisations and providers of other care and services, does not always occur to assist staff provide effective care.

Evidence noted by the Assessment Team included referrals to allied health and other services, however these have not always escalated in a reasonable time. This has affected consumers health and well-being, for example: dietitian review for appropriate nutrition advice, Clinical nurse consultant for wound care, and psychogeriatrician advice for behaviour management.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted the Assessment Teams findings of the service at the time of the audit. The approved provider supplied information that confirmed that the service does engage with external providers as required, but identified they needed to improve this aspect of their care. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate appropriate referral to individuals or other organisations where relevant.

### 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 NON-COMPLIANTServices 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.

Overall, most sampled consumers did confirm that they get the services and supports for daily living that are important for their health and well-being and that enables them to do the things they want to do.

While most consumers get safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life, there are some consumers that may have difficulty communicating, that are not adequately catered for. These consumers also do not receive individualised care related to their emotional, spiritual and psychological well-being. Services and supports for daily living do not always assist consumers to do the things of interest to them and participate in community within and outside of the service.

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

The Assessment Team found that the service does not demonstrate that 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.

The Assessment Team were of the view that as the service has consumers with special needs, there are deficits in the services’ application of practices and processes, that impedes these consumers from receiving 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.

In their response, the approved provider disputed the recommendation from the Assessment Team and further clarified information in the report, and how lifestyle engage with each consumer, and how the service supported the lifestyle staff during the COVID19 pandemic. The response also described how they enabled effective communication with consumers at the service.

I have considered the Assessment Team’s report and the approved providers response and on balance, find that the service does demonstrate that each consumer gets safe and effective services and supports for daily living, and any weakness in this ability is more suitably dealt with under Standard 1 Requirement 1(3)(b).

I am of the view that the approved provider does comply with this requirement as the service did adequately demonstrate that consumers receive appropriate supports for daily living which meet consumer’s needs, goals and preferences and optimises their independence, health, well-being and quality of life.

### Requirement 4(3)(b) Non-compliant

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

The Assessment Team found that services and supports for daily living do not promote each consumer’s emotional, spiritual and psychological well-being.

Due to some consumers having English being a second language, this language barrier has affected the service’s ability to effectively conduct assessment and planning to meet these various standards. This includes their emotional, spiritual and psychological well-being. They also noted that the changes in some consumers circumstances related to their emotional and spiritual well-being was not documented.

In their response, the approved provider disputed the recommendation from the Assessment Team and further clarified information in the report, and how the service employs a pastoral team, and how lifestyle engages with each consumer. They also detailed how psychologists and church groups visit the service. The response also described how they enabled effective communication with consumers at the service.

I have considered the Assessment Team’s report and the approved providers response and on balance, find that while the service does demonstrate they have services and supports available, however, I am satisfied with the Assessment Teams findings that changes that have occurred in the emotional and spiritual well-being for some consumers has not been met.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that consumers receive services and supports for daily living which promote each consumer’s emotional, spiritual and psychological well-being.

### Requirement 4(3)(c) Non-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.*

The Assessment Team found that services and supports for daily living, do not assist each consumer to participate in their community within and outside the organisation’s service environment; and have social and personal relationships; and do the things of interest to them.

The Assessment Team provided examples in their report where care planning documents had recently been updated with generic goals, needs, and preferences without consumer and stakeholder involvement. Some consumers expressed that they often felt alone as their lack of English ability, affected staff involvement beyond medications and meal engagement.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted the Assessment Teams findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that it provides appropriate services and supports for daily living to assist each consumer participate in their community undertaking activities of interest to them or have social and personal relationships.

### Requirement 4(3)(d) Non-compliant

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

The Assessment Team found that information about the consumer’s condition, needs and preferences is not effectively communicated within the organisation, and with others where responsibility for care is shared.

Consumers goals do not always reflect the consumers personal preferences, in most cases they are written generically. With consumer’s needs, goals and preferences not recorded, it means that information is left to basic understanding of their current health, but not how to best meet their individual needs. Staff do not seem aware of what information can be shared with whom regarding a consumer’s well-being.

In their response, the approved provider disputed the recommendation from the Assessment Team and further clarified information in the report. Specifically, the approved provider disputed the Assessment Teams use of the word ‘generically’, when discussing care planning, and the use of handovers to promote lifestyle or emotional needs, as opposed to clinical needs.

I have considered and accept that handovers can be expressly for clinical requirements, however there should be a system in place to convey any shift specific directions for consumers, rather than rely on care staff to read all care plans, to capture if a consumer requires monitoring for emotional support. I have also considered the use of the term ‘generically’ as it was used with examples in the Assessment Teams report, however despite the dispute over the term, there is no evidence provided that these terms were not used in this way.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that 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 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.

Consumers said they feel safe and at home and they believe the service is clean and well maintained. The Assessment Team observed the environment to be spacious, clean, well maintained and welcoming.

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 NON-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 team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

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

Consumers and representatives interviewed felt they could make complaints and felt safe to do so. They confirmed open disclosure processes were used by management to achieve resolution to issues they had raised and that follow up occurred later to check continuing satisfaction. Most consumers and representatives interviewed said they hadn’t had any complaints but feel safe to approach the facility manager and other staff if they did.

However, consumers who do not speak English or speak very little English have not had access to language or interpreter services for the purposes raising and resolving complaints.

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

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

The Assessment Team found that not all consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Consumers who do not speak English or speak very little English have not had access to language or interpreter services for the purposes of raising and resolving complaints. There are several consumers who do not speak English or speak very little English. An interpreter had not been engaged at initial assessment or later to check the circumstances when consumers with independent or supported decision making ability may wish to use an interpreter including when making a complaint or accessing an external advocacy service. The service has not established links or pathways with external organisations specialising in assisting culturally and linguistically diverse consumers or consumers with other special needs.

In their response, the approved provider disputed the recommendation from the Assessment Team and further clarified information in the report. The approved provider has acknowledged they have not established links or pathways with external organisations specialising in assisting culturally and linguistically diverse consumers or consumers with their special needs. The approved provider does not believe this is required, however guidance material for this requirement states “organisation has involved advocacy services and community groups, which represent the diversity of its consumers, to improve consumers’ opportunities to raise issues and resolve complaints.” This guidance is provided as “consumers may have barriers to using the complaints system, such as diversity of culture or language.” The approved provider has also described ways the service promotes the involvement of all consumers to provide feedback.

I have considered the Assessment Teams report, the approved providers response and the guidance material provided for this requirement, and on balance I am satisfied with the information provided by the Assessment Team.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that 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 NON-COMPLIANTHuman 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 sampled consumers considered staff provide safe quality care which is delivered when they need it and that staff are knowledgeable, capable and caring.

The service did not demonstrate that staff and management are always trained and supported to deliver the outcomes required by these standards and staff do not always have the knowledge to effectively perform their roles in care planning, best practice personal and clinical care and clinical monitoring and oversight.

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

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

The Assessment Team found that the service was unable to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Care documentation showed deficiencies in staff knowledge in completing care planning and assessment, and best practice in personal and clinical care and in clinical monitoring and oversight.

The approved providers response did not address or therefore, dispute this requirement.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

### Requirement 7(3)(d) Non-compliant

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

The Assessment Team found that the workforce is not trained, equipped and supported to deliver the outcomes required by these standards.

The Assessment Team provided information that while management recruit staff with sufficient skills and qualifications, staff have not received adequate support and training to deliver the outcomes required by the Quality standards. The service has a training program which includes mandatory training and training needs analysis prompting further training, but this has been ineffective in determining staff needs, or evaluating the training delivered; as clinical and personal care assessment and planning, has not been effective.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted the Assessment Teams findings of the service at the time of the audit. The approved provider has recognised this issue and has taken steps to rectify this. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that 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).

Some sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Management, the Board and staff confirmed there are relevant systems and processes in place relating to organisational governance. However, the service did not demonstrate these processes were effective. The governing body does not promote and ensure systems and processes are in place to effectively deliver safe quality inclusive care, ensure that staff are trained to deliver required outcomes, manage information and manage high impact high prevalence risks associated with consumer care. The service did not demonstrate the clinical governance framework is effective.

The Quality Standard is assessed as Non-compliant as four 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) Non-compliant

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

The Assessment Team provided information that the governing body did not provide evidence that it effectively promotes a culture of safe inclusive quality care and services. The governing body does not promote and ensure systems and processes are in place to effectively deliver safe quality inclusive care and services in respect of consumers’ identity and culture, ongoing assessment and planning, personal care and clinical care, service and supports for daily living, access to interpreters for decision making, complaints resolution, ensuring staff have the knowledge to effectively perform their roles and are trained to deliver required outcomes, information management, managing high impact high prevalence risks associated with consumer care, clinical governance and supporting consumers to live the best live they can. The service has a new electronic risk management system that is not yet embedded, and impedes the governing body effectively promoting a culture of safe inclusive quality care for consumers.

The Assessment Team also found concerns identified by the governing body were not actioned or planned to effectively address risks to consumers to keep them safe.

In their response the approved provider disputed the recommendation from the Assessment Team and provided further information concerning the board’s actions in overseeing the service. Specifically, the approved provider gave information related to the involvement of the board members in many aspects of the service, including daily visits. While I recognise and accept the board is qualified and promotes a culture of safe, inclusive and quality care and services; the number of Quality Standards the service is non-compliant in, does not demonstrate that the board is being accountable for the service’s care delivery, as some of these requirements were not dealt with prior to the audit. For example: wound care.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that 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 that the service did not demonstrate they have effective organisation wide governance systems relating information management.

**Information management**

The Assessment Team noted that the service did not demonstrate that there were effective governance systems relating to information management to ensure ongoing consumer assessment and planning in consultation with consumers, effective communication to consumers about their written care plans and ensuring current information about each consumer’s condition, needs and preferences is communicated within the service to ensure safe quality care. Please refer to not met requirements 2(3)(a), 2(3)(d), 2(3)(e), 3(3)a, 3(3)(b) and 4(3)(d) for relevant information and examples.

#### Continuous improvement

To test understanding and application of this requirement, three specific scenarios were explored with management: opportunities for continuous improvement are identified; how critical incidents are used to drive continuous improvement; and how the governing body satisfies itself the Quality Standards are being met.

Management confirmed opportunities for continuous improvement include feedback from consumers, representatives and staff, complaints feedback and changes required as a result of incident root cause analysis including changes to policies and procedures. Other opportunities include feedback from food forums, consumer and representative surveys and meetings.

#### Financial governance

To test understanding and application, service management were asked how they seek changes to budget or expenditure to support changing needs of consumers.

The facility manager and managing director confirmed there are specific policies and procedures to support meeting financial governance including formal financial delegations for expenditures. The Assessment Team reviewed Board meeting minutes which included financial information for review.

#### Workforce governance, including the assignment of clear responsibilities and accountabilities

Refer Standard 7.

#### Regulatory compliance

To test understanding and application of this requirement, two areas were examined: how the organisation tracks changes to the aged care law and communicates these to staff (by reference to the communications/training that relevant staff have had about the new restraint requirements that took effect on 1 July); and how the organisation tests that the system they have for staff identifying, escalating, addressing and recording reportable assaults is working.

The facility manager and managing director confirms the service tracks changes to aged care law by multiple sources including receiving information from legal advisors, the Commission and the Department of Health (Commonwealth) and their peak body. Information relating to changes in new restraint requirements was communicated to staff through staff meetings, toolbox talks, dedicated education presentations. Policies and procedures have been updated accordingly.

The service has a system for compulsory reporting alleged assaults and unexplained absences. Staff are have received relevant training.

#### Feedback and complaints

Refer Standard 6.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted the Assessment Teams findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that they have effective organisation wide governance systems.

### 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.*

The Assessment Team found that the service does not demonstrate effective risk management systems and practices, including but not limited to the following, managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can.

The Assessment Team provided examples in their report which demonstrate that the service’s risk management processes are not effective for managing high impact high prevalence risks associated with consumers to support them to live the best life they can. Systems and processes are not in place to effectively deliver safe care and services in respect of consumers’ ongoing assessment and care planning, or information being effectively recorded and shared to manage high impact high prevalence risks. Staff are not trained, equipped and supported to deliver care and services to effectively manage high impact high prevalence risks. The governing body did not provide evidence that it is accountable for managing high impact high prevalence risks.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted the Assessment Teams findings of the service at the time of the audit. The approved provider also recognised opportunities for improvement in their education system to ensure staff are supported to provide care in accordance with their policies and procedures. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that they have effective risk management systems and practices.

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

The Assessment Team found that while the service provides clinical care, their clinical governance framework, including antimicrobial stewardship, minimising the use of restraint, open disclosure, is not effective.

The Assessment Team stated that the service provided information including a documented clinical governance framework, and policies related to antimicrobial stewardship, minimising the use of restraint, and an open disclosure policy. The Assessment Team noted that the clinical governance framework related to antimicrobial stewardship, minimising the use of restraint, and open disclosure is compliant.

The Assessment Team provided information that while there is a clinical governance framework in place, not met requirements across Standards 2, 3, 7 and 8 demonstrate that this framework is not effective.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has recognised opportunities for improvement in their education system to ensure staff are supported to provide care in accordance with their policies and procedures. The approved provider refutes that the service has a clinical governance framework that is ineffective. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have considered the Assessment Teams report and the approved providers response, and while I accept that the service has a clinical governance framework that meets the requirements for antimicrobial stewardship, minimising the use of restraint, and open disclosure; where clinical care is provided – a clinical governance framework is not limited to these requirements. In the guidance material for this requirement it states, “Clinical governance is the set of relationships and responsibilities between the organisation’s governing body, executive, clinicians, consumers and others to achieve good clinical results. It puts systems in place for delivering safe, quality clinical care and for continuously improving services.” With clinical requirements non-compliant with evidence of consumers not receiving good clinical results or quality clinical care, I do not agree the clinical governance framework is effective.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that they have an effective clinical governance framework.

# 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.

**Standard 1**

### Requirement 1(3)(a)

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

Ensure staff understand and display respectful conduct towards consumers, including verbally and consideration of their personal space.

### Requirement 1(3)(b)

*Care and services are culturally safe.*

Ensure during initial entry each consumer is identified for any special needs in relation to the special interest groups, and how the service will best meet those needs and how they may affect how care and services are conducted.

**Standard 2**

### Requirement 2(3)(a)

*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.*

Demonstrate that assessment and planning considers all relevant information in relation to consumers and is incorporated into care processes to inform delivery of safe and effective care and services.

### Requirement 2(3)(b)

*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.*

Demonstrate that assessment and planning identifies and addresses the consumers current needs, goals and preferences.

### Requirement 2(3)(d)

*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.*

Demonstrate that the results of assessment and planning are effectively communicated to consumers and this documentation is available to them.

### Requirement 2(3)(e)

*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.*

Demonstrate that 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, including when clinical deterioration is noted or indicated or when strategies implemented are no longer effective.

**Standard 3**

### Requirement 3(3)(a)

*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.*

Demonstrate that care is appropriate to each consumer’s needs, and that it is reviewed and evaluated in a timely manner. Staff are trained, equipped and supported in best practice in pain and skin/wound management and relevant treatments and strategies are effectively documented.

### Requirement 3(3)(b)

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

Demonstrate that high impact and high prevalence risks are identified and monitored with staff equipped and supported in best practice in relation to pain management, pressure area care and wound care, and behaviour management.

### Requirement 3(3)(d)

*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.*

Demonstrate 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. Ensure staff are able to identify and respond to deterioration or changes in consumers in relation to wound and behaviour management.

### Requirement 3(3)(f)

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

Demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services, always occurs to assist staff provide effective care.

**Standard 4**

### Requirement 4(3)(b)

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

Demonstrate that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Ensure that changes in a consumers emotional, spiritual and psychological well-being is effectively communicated and documented.

### Requirement 4(3)(c)

*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.*

Demonstrate services and supports for daily living, assist each consumer to participate in their community within and outside the organisation’s service environment; and have social and personal relationships; and do the things of interest to them. Ensure assessment and planning are individualised and meet the consumers’ needs and preferences.

### Requirement 4(3)(d)

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

Demonstrate information about the consumer’s condition, needs and preferences is effectively communicated within the organisation, is individualised and captures what is important to the consumer. Ensure all relevant information that is time important is shared at an appropriate time to assist staff meet the consumer’s needs.

**Standard 6**

### Requirement 6(3)(b)

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

Demonstrate that all consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Ensure service has involved advocacy services and community groups, which represent the diversity of its consumers.

**Standard 7**

### Requirement 7(3)(c)

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

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

### Requirement 7(3)(d)

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

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

**Standard 8**

### Requirement 8(3)(b)

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

Demonstrate 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)

*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 that the service did not demonstrate they have effective organisation wide governance systems relating information management.

**Information management**

Demonstrate effective governance systems relating to information management to ensure ongoing consumer assessment and planning in consultation with consumers, effective communication to consumers about their written care plans and ensuring current information about each consumer’s condition, needs and preferences is communicated within the service to ensure safe quality care.

### Requirement 8(3)(d)

*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.*

Demonstrate effective risk management systems and practices, including but not limited to the following, managing high impact or high prevalence risks associated with the care of consumers, and supporting consumers to live the best life they can.

### Requirement 8(3)(e)

*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.*

Demonstrate their clinical governance framework is effective in ensuring good quality care and results.