Greenhill Manor

Performance Report

190 Princes Highway   
FIGTREE NSW 2525  
Phone number: 02 4239 5400

**Commission ID:** 1030

**Provider name:** Greenhill Manor Pty Limited

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

**Date of Performance Report:** 1 April 2022

# Performance report prepared by

Gill Jones, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Non-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) | Non-compliant |
| Requirement 2(3)(d) | 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) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-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 Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 25 March 2022.

# STANDARD 1 NON-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.

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

For example:

Consumers reported that they are treated with dignity and respect with their identity, culture and diversity valued. Care staff and clinical staff spoke about consumers respectfully and were observed to be respectful in their interactions with consumers.

Consumer and representative feedback were positive in relation to the service supporting their unique cultural identities and their individual preferences. Staff explained how they would provide culturally safe care and services to consumers from diverse backgrounds. However, the service has not used translating and interpreting services for consumers whose care plan state they need an interpreter for complex information.

Some consumers sampled said they feel they have a say in the care and support that is provided to them. The staff gave examples of how they help consumers make day-to-day choices and help with access to any support the consumer needs to live their best life. However, maintaining relationships of choice and making decisions about when family should be partners in care has not been supported for one consumer.

Whilst there are comprehensive risk assessments completed in some areas where consumers would like to make choices that involve risk, such as menu and diet choices, other areas of consumer choice demonstrated limited evidence of consumers supported to make informed decisions that involve some risk such as making a cup of coffee by themselves and community access for unvaccinated consumers.

The service has not demonstrated each consumer is provided with current, accurate and timely information to enable them to make decisions. Consumers and representatives confirmed staff provide them with day to day information to make decisions, but management have not provided up to date information they need to make informed choices.

Overall, the service has processes which are followed by staff to ensure the consumers privacy is respected and their personal information is kept confidential.

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

Some consumers sampled said they feel they have a say in the care and support that is provided to them. The staff gave examples of how they help consumers make day-to-day choices and help with access to any support the consumer needs to live their best life. However, maintaining relationships of choice and making decisions about when family should be partners in care has not been supported for one consumer.

The approved provider, in their response, did not dispute the Assessment Team’s findings. The approved provider acknowledged the need to educated staff around the Partnerships in Care initiative so that individual consumers can be supported to maintain relationships of choice, particularly during periods of lockdown due to COVID-19. In their response the approved provider provided documentation sent to consumers and their families stating ‘compassionate visitations would be granted on a case by case basis’ however they did not show how decisions were made about which consumers were able to have ‘compassionate visitations’. Neither did the approved provider respond to the allegation by a consumer’s family that requests for compassionate visits were denied which the family argued was detrimental to the consumer’s health and well being. The approved provider stated they had communicated visiting restrictions to families during this period but acknowledged that they could do better and will now review their communication processes.

I find this requirement not met.

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

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

Whilst there are comprehensive risk assessments completed in some areas where consumers would like to make choices that involve risk, such as menu and diet choices, other areas of consumer choice demonstrated limited evidence of consumers supported to make informed decisions that involve some risk such as making a cup of coffee by themselves, making use of outside space in the service and community access for unvaccinated consumers.

The approved provider, in their response, did not dispute the Assessment Team’s findings. They stated that facilities for consumers and their representatives to make tea and coffee had previously been available but had been identified as possible higher risk of transmission areas during the COVID outbreak in January/February 2022 and had been removed. Since the site audit they have surveyed consumers and, based on consumer wishes, re-instated tea and coffee making facilities in common areas and will be focussing on safe infection control practices. The approved provider has conducted a risk assessment in relation to the use of the service’s bus by vaccinated and unvaccinated consumers and revised their protocol to ensure all consumers can travel safely. Information has also been sent to all families clarifying the use of outside space so that it can be enjoyed by all safely by all.

Whilst I acknowledge that there were comprehensive risk assessments in place for some activities where consumers would like to make choices that involved risk, for example dietary choices, these arrangements were not in place to support all consumers and their representatives to make choices that involved some element of risk in other spheres of their lives.

I find this requirement not met.

### Requirement 1(3)(e) Non-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.*

The service has not demonstrated each consumer is provided with current, accurate and timely information to enable them to make decisions. Consumers and representatives confirmed staff provide them with day to day information to make decisions, but management have not provided up to date information they need to make informed choices. Management advised that there had not been a resident meeting since October 2021. Some consumers stated they did not understand the information provided to them including that provided to them at resident meetings and other information provided like activity calendars. Others stated there was a lack of information provided by management. Consumers stated that management and the board can be dismissive of their concerns and do not take the time to listen.

The approved provider, in their response, did not dispute the Assessment Team’s findings. They stated that the they were concerned about the feedback from consumers and have taken action to rectify this by introducing focus groups involving the Chief Executive Officer and consumers. The approved provider stated that complaints/feedback process has been reviewed and consumer feedback and complaints has been added to the Board meeting as an agenda item. The approved provider confirmed that the last Resident Meeting had been held in November 2021, not October as stated in the Assessment Teams report, (the January and February meetings were cancelled due to an outbreak) and meeting minutes were circulated to all.

I have considered consumer feedback about a lack of information from management and note that resident meetings had not been held since November 2021. During this period the approved provider was unable to demonstrate that they implemented any other communication mechanisms to provide consumers with information they needed during this period.

I find this requirement not met.

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

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

# STANDARD 2 NON-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.

Consumers or representatives were not able to confirm that they feel like partners in the ongoing assessment and planning of their care and services.

The service has processes to guide staff practice in relation to conducting assessments and care planning however they do not consistently inform the delivery of safe and effective care. Risks to each consumer’s safety, health and wellbeing are not always assessed or included in each consumer’s care plan. Gaps were identified in the assessment and care planning processes particularly in relation to behavior, incident reporting and risk assessment for environmental restrictive practice.

For sampled consumers, assessment and planning identifies and addresses their goals, preferences, and advance care planning needs, however goals identified were not consumer driven and the consumer’s current needs not always identified and addressed in assessment and planning.

Review of care documents and feedback from sampled consumers and representatives confirmed that the consumers or others that they wish to involve are not always involved in assessment and planning on an ongoing basis.

Outcomes of assessment and care planning are not effectively communicated or readily available to the consumers sampled or their representatives.

Consumers care records were not always updated to reflect changes in their circumstances. While staff said care plans are reviewed on a regular basis, meaningful review of them is not conducted when consumers’ condition or needs change. The regular review of care plans has not identified whether interventions have been effective in meeting the needs of consumers. Incident reports are not recorded, particularly in relation to behaviour management, and therefore are not escalated to prompt reassessment.

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 service has policies and processes to guide staff practice in relation to conducting assessments and care planning however they do not consistently inform the delivery of safe and effective care. Risks to each consumer’s safety, health and wellbeing are not always assessed or included in each consumer’s care plan. For example, gaps in nutrition and hydration assessment and planning processes were identified. Assessment and planning documents did not clearly describe the risks to the consumer’s health and wellbeing and the monitoring the consumer required to manage those risks. Gaps were identified in behaviour assessment, incident reporting in relation to behaviour, and risk assessment for environmental restrictive practice. Behaviour charting has not been correctly documented in consumer’s care records to ensure each consumer’s assessment and planning informs the safe and effective delivery of care. Risk assessment or consent form for environmental restrictive practice has not been completed for mobile consumers residing at the secured memory support unit.

The Approved Provider, in their response, did not dispute the Assessment Team’s findings and stated that they have conducted further risk assessments and updated consumer’s care plans to ensure that assessment and planning information accurately reflects the consumer’s needs, including risks to their health and well being and how that risk is being managed. The approved provided stated that they have commenced staff education to ensure incident reporting is conducted following any behaviour incident and have commenced literacy classes to ensure events are accurately reported. Staff are being educated in escalation process to ensure events are appropriately managed and reported in the Incident Management Scheme.

I find this requirement not met.

### 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.*

For sampled consumers, assessment and planning identifies and addresses their goals, preferences, and advance care planning, however their current needs were not always identified and addressed in assessment and planning. For the consumers sampled, the care planning documents detail care needs, goals and preferences, however, some care plan goals were generic and did not demonstrate an individualised approach as goals were similar or the same for each consumer. Inconsistent information about wound care was noted for one consumer resulting in care not being delivered as instructed by the GP. Care planning documentation did not include the consumer’s preferences in informing their behaviour management. Care plans did not include the restrictive practices being used for some sampled consumers.

The approved provider, in their response, queried the Assessment Team’s findings regarding care plans being generic, arguing that some consumers will have the same goals, for example, to maintain their skin integrity and this is to be expected. The provider’s response, however, demonstrates their lack of understanding of the Aged Care Quality Standards in that care assessment and planning processes should include listening and understanding what is important to the consumer and working out, with them, their goals and preferences and how these can be met. The approved provider, however, stated that they will provide education to staff in consumer goal setting as an improvement measure. The approved provider also stated that care plans for the consumers cited in the report had been updated, as appropriate.

I find this requirement not met.

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

The service did not demonstrate for each sampled consumer that assessment and planning is based on ongoing partnership with the consumers or others that the consumer wishes to involve. Consumer or representative feedback does not support their involvement in assessment, care planning and review of the consumer’s care and services.

The approved provider, in their response, acknowledged that a care plan was not up to date for one consumer but did not respond to the consumer’s feedback that they had not been involved in the assessment and care planning process. For one consumer who stated they had not been involved in their continence assessment the approved provider provided a date in early February 2022 (prior to the site audit) when this was conducted and stated the consumer was involved but provided no further evidence to support this claim. This consumer stated that they were buying their own continence pads as they were not provided with enough. The approved provider, in their response, stated that the consumer had been provided with ten continence aids following his continence assessment. On the basis that the consumer needed three pads per day this would not have been sufficient for their needs but the approved provider did not address this issue in their response or how this issue was being resolved with the involvement of the consumer. The Assessment Team cited two different consumer representatives not being able to obtain copies of care plans as evidence of lack of partnership working. The approved provider responded by providing dates when these consumer representative were sent a copy of the care plan (one in July 2021 and the other in November 2021) but did not provide supporting evidence to support this claim or how they had communicated since with these representatives. The provider’s response did not address how an ongoing partnership approach had been fostered with these consumers and representatives.

I have considered the approved provider’s response to the Assessment Team’s report. I have come to a view that the consumer and their representatives feedback in the Assessment teams’ report demonstrates a lack of involvement and lack of ongoing partnership working in assessment and care planning and the additional information provided by the approved provider has been unable to convince me otherwise.

I find this requirement not met.

### 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.*

Review of care planning documents, observation, and feedback from staff, consumer and representatives demonstrated that outcomes of assessment and care planning are not effectively communicated and care plans are not readily available to the consumers sampled or their representatives. This resulted in a sampled consumer not adhering to their fluid restrictions which may have negatively impacted their physical health.

The approved provider, in their response to Requirement 2(3)(c), stated that two representatives who said they had not received a copy of the consumer’s care plan had been sent a copy of the consumer’s care plan, one in July 2021 and the other in November 2021. I note however that the approved provider provided no supporting evidence to support this claim. The approved provider did not respond to concerns by two other representatives that they had not received a copy of the consumer’s care plan.

The Assessment team were concerned that the outcomes of assessment and planning were not communicated to all consumers as one consumer was unaware she was on a fluid restriction. The approved provider stated that the care plan for this consumer had not been updated since the fluid restriction had been removed which explained why the consumer did not know she was on a fluid restriction.

On balance, I have accepted the approved provider’s assertion that the consumer’s care plan was out of date and that the consumer was not on a fluid restriction. This matched what the consumer told the Assessment team and demonstrated that this consumer was aware of the outcomes of their assessment and care planning.

I find this requirement met.

### 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.*

Consumers care records were not always updated to reflect changes in their circumstances. While staff said care plans are reviewed on a regular basis, meaningful review of them is not conducted when consumers’ condition or needs change. The regular review of care plans has not identified whether interventions have been effective in meeting the needs of consumers. Incident reports are not recorded, particularly in relation to behaviour management and therefore are not escalated to prompt reassessment.

The approved provider, in their response, the Assessment Team’s findings, and acknowledged the gaps in care plan reviews and have implemented training for staff to address this.

I find this requirement not met.

# STANDARD 3 NON-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 relevant documents.

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

For example:

Sampled consumers or representatives provided feedback that staff responded to a certain degree to a deterioration in consumer’s condition or health. Overall consumers sampled thought they have access to doctors and other relevant health professionals when they need it.

Sampled consumers and representatives described issues with their personal care provision, provided negative feedback about how unmanaged behaviour by other consumers negatively impacted on their wellbeing, and felt that their needs and preferences are not always effectively communicated between staff.

Care and services are adapted to meet the needs of consumers nearing the end of life and maximise their comfort. Generally, staff demonstrated they were able to respond to a change or deterioration in consumer’s condition. For the consumers sampled, there is evidence of appropriate and timely referrals.

The service has policies and procedures relating to infection control and appropriate antibiotic use. The service has implemented appropriate COVID-19 preparedness procedures and consumers provided positive feedback in relation to the management of infectious outbreaks. Staff are trained in infection control and are generally aware of practices to minimise transmission of infections.

The service did not demonstrate that each consumer receives safe and effective care that is best practice, tailored to their needs and optimises their health and wellbeing. The organisation has written materials about best practice care delivery however this was not always applied by staff. The service uses chemical restrictive practice to manage sampled consumers’ behaviour and did not adequately demonstrate that it has explored other strategies or accessing services that may help develop person-centred strategies that is tailored to sampled consumer’s needs that may be successful in safely managing their behaviour and optimising their health and wellbeing. Deficits were identified in the care of a deteriorating wound. Feedback from consumers and representatives reflected issues with their care provision.

Gaps were identified in assessment, monitoring and evaluation of high impact or high prevalence risks for sampled consumers. Behaviour management has not been effective for the sampled consumers and it has negatively impacted other consumers. Effectiveness of interventions was not always evaluated and documented. Incident reports and post incident assessments are completed for falls, but not for behaviour related incidents.

Information about the care of consumers have not been communicated effectively for all consumers sampled. Sharing of information has not always occurred and information in consumer care files is inaccurate, incorrect or inconsistent.

The Quality Standard is assessed as Non-compliant as three 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 service did not demonstrate that each consumer receives safe and effective care that is best practice, tailored to their needs and optimises their health and wellbeing. The organisation has written materials about best practice care delivery however this was not always applied by staff. Consumer’s care plans have not been updated to include the use of restrictive practice and consents have not been obtained for consumers who are being environmentally restrained. There was a lack of evidence to support that staff explore other strategies to safely manage behaviour prior to the use of medication. There was a lack of clear documentation about the care and review of a deteriorating wound and the service did not demonstrate that it was managing the deteriorating wound effectively to optimise consumer’s health and wellbeing. Feedback from consumers and representatives reflected issues with their care provision which was having a detrimental effect on them.

The approved provider, in their response, provided further information in relation to a deteriorating wound care and was able to demonstrate that the wound was reviewed weekly by the consumer’s GP. The provider argued that two consumers with behaviour issues were provided with activities tailored to their needs but provided no evidence to support this claim. The provider acknowledged that consumers in the Memory Support Unit did not have consents in place for environmental restraint and stated that they have addresses this. The provider provided no further information in relation to concerns voiced by consumers about the delays experienced in being provided with personal care and the impact this was having on those consumers.

I find this requirement not met.

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

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

Gaps were identified in assessment, monitoring and evaluation of high impact or high prevalence risks for sampled consumers. Review of care documents and feedback from staff and consumers indicated behaviour management has not been effective for the sampled consumers and it has negatively impacted other consumers. Effectiveness of interventions was not always evaluated and documented. There was a lack of evidence that the service has explored other strategies or accessed services that may help develop person-centred strategies or useful activities that may be successful in managing consumer’s behaviour. Incident reports and post incident assessments are completed for falls, but not for behaviour related incidents. Review of care records for sampled consumers indicated a lack of post falls monitoring and blood glucose monitoring.

The approved provider, in their response, provided additional information in relation to the management of hyperglycaemia for one consumer. The provider largely accepted the Assessment Team’s findings, and stated they have provided instructions to the registered nurses about diabetes management, incident reporting and behaviour management and charting. The provider stated they will also provide further education to staff about identifying strategies and interventions to manage behaviour and have engaged a Nurse practitioner to reviews five consumers who experience behavioural issues.

I find this requirement not met.

### 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) Non-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.*

While there are systems in place for communicating information about the care of consumers, these have not been effective for all consumers sampled. Sharing of information has not always occurred and information in consumer care files is inaccurate, incorrect or inconsistent. Sampled consumers and representatives provided feedback that their needs and preferences are not always effectively communicated between staff.

The approved provider, in their response, accepted the Assessment Team’s findings, that information in consumer care files is inaccurate and incorrect and are undertaking training with staff to rectify this.

I find this requirement not met.

### 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 NON-COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

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

For example:

Consumer and representative feedback about services and supports for daily living overall was mixed. Whilst some feedback was positive, other feedback from consumers and representatives was not. Consumers and representatives raised issues that consumers are not being supported to optimise their independence and items they require for their quality of life are not being provided.

Consumers said they can attend church services and their spirituality and cultural beliefs are respected. However, the service has not demonstrated that supports for daily living promote consumers psychological well-being

Some consumers and representatives provided feedback about consumers being supported to participate in the community, to have relationships and to do things of interest to them. However, others provided feedback about a lack of support for these things to occur. Observations show a lack of support for many of the consumers to engage in any activities.

Staff are able to describe how communication is shared about consumers supports for daily living however consumers and representatives feedback indicate there are gaps in how this information is shared within the service.

Other than the pastoral care person for emotional support, there is no evidence the service has made links and collaborates with other individuals, organisations or providers to support the diverse needs of consumers. Consumer feedback, however, did not indicate a need to engage with other organisations and the care plan documentation and assessments did not reflect that a referral to another organisation or individual is required but has not occurred.

Consumers and representatives provided a mixture of positive and negative feedback about the food. The care plan documentation sampled indicated consumer preferences and dietary needs are recoded. However, it was not demonstrated that there is consistent application of the information contained within the care plans. It was not demonstrated the service provides opportunities for consumers to give feedback about the food, or that the consumer feedback is used to adjust the meals to reflect their needs and preferences.

Equipment used to support consumer lifestyle activities, catering, cleaning and laundry services are clean, well maintained and fit for purpose.

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

## Assessment of Standard 4 Requirements

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

Consumer and representative feedback about services and supports for daily living overall was mixed. Whilst some feedback was positive, feedback from some consumers and representatives was not. Consumers and representatives raised issues that consumers are not being supported to optimise their independence and items they require for their quality of life are not being provided.

The approved provider, in their response, provided a resident activity record for one consumer however it was not clear what this demonstrated as it was not completed to show the consumer’s attendance at activities. The provider also submitted evidence of survey activity commenced following the site audit to canvass consumer views on future activities.

I have considered the information submitted by the provider and the information in the Assessment Team’s report, particularly consumer feedback. The sentiments expressed by consumers does not demonstrate they are receiving services and supports that enhance their quality of life and help them maintain their independence, health and well being.

I find this requirement not met.

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

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

Consumers said they can attend church services and their spirituality and cultural beliefs are respected. However, the service has not demonstrated that supports for daily living promote consumers psychological well-being.

The approved provider, in their response, clarified information in relation to one consumer around their psychological health and well being and the level of family visitations she was permitted during lockdown. An ACFI 10 Depression score was provided which demonstrated that an assessment of this consumer had been undertaken post lockdown which did not show depression. However these the results were questionable as an interview with the consumer or her representative had not been conducted and it was during lockdown that the consumers representatives were concerned about her mental health. Information provided about this consumer showed a dramatic drop in family visitations for this consumer in January during lockdown with no further information provided about how the service supported this consumer’s psychological well-being during this time. The provider did not provide any further information regarding another consumer who the Assessment Team witnessed in prolonged periods of emotional distress except to confirm that this consumer had a diagnosis of depression confirmed 8 February 2022 and that she has since been reviewed by a nurse practitioner following the site audit.

In their response the provider stated they have undertaken education for staff on engagement and providing individual supports for consumers.

### I have considered the information submitted by the provider and the information in the Assessment Team’s report, particularly the Assessment Team’s observations regarding the care provided to a consumer showing signs of emotional distress and consumer/representative feedback.

I find this requirement not met.

### 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.*

Some consumers and representatives provided feedback about consumers being supported to participate in the community, to have relationships and to do things of interest to them, however, others provided feedback about a lack of support for these things to occur. Observations show a lack of support for many of the consumers to engage in any activities.

The approved provider, in their response, provided some clarification on restrictions regarding access to garden areas by consumers but did not dispute the Assessment Teams findings. The provider stated they have engaged a dementia nurse practitioner to review a number of consumers and advise on an activity program for these consumers.

I find this requirement not met.

### 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.*

Staff are able to describe how communication is shared about consumers supports for daily living however consumers and representatives feedback indicate there are gaps in how this information is shared within the service.

The approved provider, in their response, did not dispute the Assessment Team’s findings.

I find this requirement not met.

### 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 NON-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 sampled consumers considered that the service is clean and well-maintained and feel safe and comfortable in the service environment.

Several consumers and representatives stated that their comfort and enjoyment of the service environment was often severely disrupted by the noise of another consumer at the service.

Several consumers and representatives did not consider that there was free access to all areas of the facility including the gardens for consumers who need assistance with their mobility.

The Assessment Team identified that environmental risk assessments were not implemented to enable some consumers to move freely in and out of the service.

The service has systems in place to maintain furniture and equipment.

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

*The service environment:*

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

Some consumers and representatives responded that they were generally satisfied with the cleanliness of the facility and felt they were able to move freely indoors and outdoors. However, several consumers and representatives said they were not satisfied with the cleanliness of consumers rooms, that rooms were not always safe or comfortable. Several consumers and representatives stated that they were not satisfied regarding being able to have sufficient access to outdoor courtyards and gardens. Consumers in the Memory Support Unit were being environmentally restrained in that unit without their consent. Several consumers stated they did not feel comfortable and that they were severely impacted by the noise disturbance made by one consumer.

The approved provider, in their response, did not dispute the Assessment Team’s findings, and has taken action to address the access issues to the garden and for those consumers in the Memory Support Unit. The provider stated they will review the complaints made about cleanliness. No further information was provided regarding how noise levels will be managed to ensure the service is a comfortable place to live.

I find this requirement not met.

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

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

# STANDARD 6 NON-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 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 did not consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

The service has information available for consumers and representatives to provide feedback and make complaints however the service has not demonstrated it encourages and supports consumers and representatives to provide feedback and make complaints.

Whilst some consumers and representatives interviewed said they were satisfied in the way management addressed their concerns others did not. Some representatives expressed their concern about repercussions to the consumer if they made a complaint and some consumers did not feel confident action would be taken in response to their feedback.

Whilst the service has written information available for the consumer to access, it is not demonstrated that the service actively involves advocacy and language services to represent the diversity of its consumers, to improve consumer opportunities to raise and resolve complaints, however, it has not been demonstrated that this has had an adverse effect on the consumer.

The service was unable to demonstrate appropriate action or investigation is taken in response to feedback and complaints or that open disclosure is always used when things go wrong.

Service management advised of some improvements made as a result of consumer feedback or complaints and one consumer said they believed there had been improvement as a result of complaints. However, other consumer and representatives advised there had not been improvement as a result of complaints and the documentation provided showed very few improvements made as a result of consumer complaints. Overall, it has not been demonstrated feedback and complaints are used on an ongoing basis to improve the quality of care and services.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Non-compliant

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

The service has information available for consumers and representatives to provide feedback and make complaints however the service has not demonstrated it encourages and supports consumers and representatives to provide feedback and make complaints. Some consumers did not feel confident action would be taken in response to their feedback. Some representatives expressed concern there would be repercussions to the consumer if they made a complaint.

The approved provider, in their response, provided comments from management in response to the feedback from consumers and representatives. The provider stated that they will provide mentorship for the Facility Manager to improve communications with consumers and their representatives.

I find this requirement not met.

### 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) Non-compliant

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

The service was unable to demonstrate appropriate action or investigation is undertaken in response to feedback and complaints, or that open disclosure is always used when things go wrong.

The approved provider, in their response, sought to minimise the Assessment Team’s findings in relation to complaints made by consumers and consumer representatives but did not dispute that appropriate action is not undertaken in response to complaints and open disclosure is not used when things go wrong.

I find this requirement not met.

### Requirement 6(3)(d) Non-compliant

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

Service management advised of some improvements made as a result of consumer feedback or complaints and one consumer said they believed there had been improvement as a result of complaints. Other consumer and representatives advised there had not been improvement as a result of complaints and the documentation provided showed very few improvements made as a result of complaints. Overall it has not been demonstrated feedback and complaints are used on an ongoing basis to improve the quality of care and services.

The approved provider, in their response, stated they were unaware of some of the complaints consumers spoke to the Assessment Team about but did not dispute the Assessment team’s findings that feedback and complaints are not used to improve the quality of care and services.

I find this requirement not met.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall sampled consumers felt that staff were kind, caring and respectful however they did not consider that there were enough staff to meet or understand consumer’s needs. Whilst the service has a system to plan its workforce, it is not effective in enabling the delivery and management of safe and quality care and services.

Staff mandatory and competency training is not always effective and staff are not always supported by the service to deliver the outcomes required under this Standard.

For example:

* Feedback from consumers, representatives and some staff indicate that the service has insufficient staff and many staff who do not know consumers well.
* Consumers and representative feedback and documentation reviewed would indicate that the service has a system to provide mandatory and competency training, however gaps in Standards 2 and 3 indicate that mandatory and competency training is not effective to optimise the health and well-being of consumers.

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) Non-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.*

Most consumers and representative stated that staff are kind and caring but that there are not enough of them. Information provided by the facility manager and documentation reviewed, shows workforce planning occurs, however, several consumers and representatives provided information about constant changes in staff impacting on their understanding of consumers’ needs. Several consumers and representatives had concerns regarding consumers waiting a long time for assistance in toileting or to be assisted from the dining/activities room after meals.

The approved provider, in their response, did not dispute the Assessment Team’s findings, and stated that, as result of increases in care needs of consumers, they have rostered an extra member of care staff on the morning and afternoon shift. The provider also stated they will investigate consumers concerns regarding lack of timely personal care.

I find this requirement not met.

### 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) Non-compliant

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

The service was able to demonstrate that the workforce is recruited, trained and equipped appropriately in their roles, however it has not demonstrated that all training has been effective in delivering care in accordance with the Quality Standards.

The approved provider, in their response, did not dispute the Assessment Team’s findings, and stated they will implement a training programme for staff.

I find this requirement not met.

### 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).

The organisation is unable to demonstrate that it is actively engaging consumers in the development and delivery of care and services. Overall sampled consumers and representatives did not consider that they can partner with the service in improving the delivery of care and services.

Whilst board members promote a culture of safe, inclusive and quality care and services, gaps in Standards 1-7 indicate that the organisation is not effectively delivering quality care and services to consumers and is accountable for their delivery.

The organisation wide governance systems are in place however cannot always be seen in practice at the service in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

The service does not demonstrate it has effective risk management systems and practices in place to manage risks and identify and respond to abuse and neglect of consumers. Quality management of consumers identified of increased risk relating to clinical care has not been adequate, as identified in Standards 2 and 3. Deficits were identified in the organisation’s understanding of some aspects of the Quality Standards regarding regulatory compliance. Gaps in Standard 6 identify that the open disclosure policy is not put into practice.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Non-compliant

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

The organisation has not demonstrated that it supports consumers to be engaged in the development, delivery and evaluation of care and services.

The approved provider, in their response, did not dispute the Assessment Team’s findings and stated they will take action to improve communication with consumers by reviewing their meeting processes and having the CEO co-chair resident meetings with the Facility Manager to improve engagement with consumers.

I find this requirement not met.

### 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 organisation’s governing body has not demonstrated that it is actively involved in the planning, delivery and evaluation of care and services at this site and its accountability for consumer wellbeing.

The approved provider, in their response, did not dispute the Assessment Team’s findings.

I find this requirement not met.

### 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.*

In summary, the organisation wide governance systems are in place however are not effective at the service in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

The approved provider, in their response, disputed the Assessment Team’s findings regarding policy documents not being undated. The provider stated that, since the site audit, the service has implemented a new risk and compliance management system and have revised their continuous improvement plan to effect changes.

I find this requirement not met.

### 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 service does not demonstrate it has effective risk management systems and practices in place to manage risks and identify and respond to abuse and neglect of consumers. Care and services plans, and staff and consumer interviews demonstrate the service is not supporting consumers to live the best life they can. The service has systems to identify deficiencies in care and services through audits, surveys, consumer and staff feedback and the analysis of incidents and clinical data. These systems, however, do not effectively manage high impact and high prevalence risks associated with the care of consumers. The Assessment Team identified deficits in the management of high impact and high prevalence risks associated with the care of consumers. This includes falls management, behaviour management, medication management and wound care. Medical directives and the organisation’s policy/procedure have not been consistently followed. The safety and comfort of consumers has not been effectively monitored by the staff.

The approved provider, in their response, did not dispute the Assessment Team’s findings and stated that further training on risk management will be undertaken and they plan to involve consumers and staff in the risk management process.

I find this requirement not met.

### 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 service has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint, and open disclosure. The service has clinical policies and procedures to guide management and staff to deliver safe and quality clinical care.

Whilst a documented clinical governance framework is in place, it has not ensured that clinical needs are assessed or that clinical needs are met. Multiple deficiencies have been identified in relation to assessment, planning and delivery of clinical care. These deficits were identified in the performance assessment of 24 November 2020 and, although some improvement have been made, issues remain. The clinical governance framework in place has not identified and rectified gaps. The organisation has promoted the use of open disclosure although it has not been demonstrated in practice.

The approved provider, in their response, did not dispute the Assessment Team’s findings.

I find this requirement not met.

# 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 1(3)(c)

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

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

### Requirement 1(3)(d)

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

### Requirement 1(3)(e)

*Ensure 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 2(3)(a)

*Ensure 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)

*Ensure 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)

*Ensure 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)(e)

*Ensure 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.*

### Requirement 3(3)(a)

*Ensure 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)

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

### Requirement 3(3)(e)

*Ensure 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 4(3)(a)

*Ensure 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)

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

### Requirement 4(3)(c)

*Ensure 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)

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

### Requirement 5(3)(b)

*Ensure the service environment:*

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

### Requirement 6(3)(a)

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

### Requirement 6(3)(c)

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

### Requirement 6(3)(d)

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

### Requirement 7(3)(a)

*Ensure 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)(d)

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

### Requirement 8(3)(a)

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

### Requirement 8(3)(b)

*Ensure 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)

*Ensure 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)

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

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

### Requirement 8(3)(e)

*Ensure 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.*