Groves House

Performance Report

**131 Main Road**

**Cardiff Heights NSW 2285  
Phone number:** 02 49541700

Commission ID: 0894

**Provider name:** Christian Brethren Community Services

**Site Audit date:** 2 February to 4 February 2021

**Date of Performance Report:** 10 March 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

The following information has been considered 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 Assessment Team’s Infection Control Monitoring Checklist, dated 02 February 2021, completed during the site audit
* The provider’s response to the Site Audit received on 26 February 2021, which consists of a letter of response and supporting documentation.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

## Summary of 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 Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Most sampled consumers considered 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. All consumers representatives have confirmed that staff make the consumers respected by meeting their needs promptly. The representatives also confirmed that consumers are encouraged to exercise their choice in their daily life. All consumers interviewed confirmed that their personal privacy was respected by the staff. It was noticed confidential information was secured following use.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 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

## Summary of 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.

Overall, sampled consumers considered that they felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives felt involved in the management of the consumer’s health and wellbeing and care planning process.

The Assessment Team interviewed the representatives of sampled consumers who said they were notified immediately of any consumer incidents and changes to care plans. Most consumers and representatives interviewed were aware of the formal assessment or care plan process; however, they felt more comfortable with informal discussions over the phone and in-person with care staff.

The Assessment Team reviewed consumers care plans which shows their needs, preferences and goals were documented.  The computerised assessment and care planning documents do not document the consumers direct responses to domain questions but rather generic statements. However, all consumers and representatives interviewed said consumers receive the care and services as per the consumer’s wishes.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

### Requirement 2(3)(d) Compliant

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

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

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

# STANDARD 3 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

**Summary of 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. The Assessment Team reviewed the care plan, assessments and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents. Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

Consumers interviewed confirmed that they have access to medical officers, such as their doctor, or other health professional when they are need it. Representatives confirmed consumers get the care they need, and representatives receive communication of any changes immediately.

The Assessment Team noted most of the consumers clinical documentation was appropriate for their health status and their clinical needs were being met. However, there were deficits in management of chemical restraint at the time of site audit.

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

### Assessment of Standard 3 Requirements

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

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

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

Most consumers care plans identified safe and effective personal and clinical care is being delivered by the staff. However, the Assessment Team identified incomplete information for the management of consumers’ prescribed chemical restraint. There were deficits in the assessment process; five consumers prescribed chemical restraints did not have assessment and care planning documentation completed nor evidence of alternative strategies to be used prior to administration of a chemical restraint. Assessment and care planning documentation was completed during the site audit for three consumers after the Assessment Team identified this issue. The service does have a policy for chemical restraint, but the Assessment Team noted this was not being followed. The Assessment Team reported the service does not have an overarching documentation system to monitor psychotropic medications.

The approved provider in their response confirmed chemical restraint authorisations were completed for three consumers during the site audit. Since the site audit, chemical restraint assessments and care plans have now been completed for the five consumers identified by the Assessment Team. The approved provider response included evidence to clarify the service did have an overarching psychotropic medication documentation system at the time of the site audit.

While I acknowledge the approved provider has taken action to address the deficits in the management of chemical restraint, at the time of the site audit this had not been completed.

I find this requirement is Non-complaint.

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

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission-based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

**Summary of 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 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. The Assessment Team reported that consumers confirmed staff assist them in staying connected with people who are important to them and to do the things which the consumers enjoy doing.

The Assessment Team observed consumers with limited mobility were assisted by the staff to move throughout the facility. The sampled consumers confirmed that they were provided choices with the meals and they received meals as per their preference.

The Assessment Team identified that the service did not have effective systems in place to ensure preventative and reactive maintenance of equipment was consistently completed. Staff provided feedback that there had been delays in maintenance requests being addressed.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

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

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

The Assessment Team observed the equipment throughout the service appeared clean and maintained. The sampled consumers and representatives said they had all the equipment they needed, and it was in good working order. All staff interviewed said the facility manager was very responsive to requests for new equipment.

Some care staff provided feedback that preventative maintenance requests are not consistently being addressed in a timely manner and their progress is not communicated to them. The Assessment Team identified the service does not have an effective system to ensure preventative maintenance of equipment is undertaken regularly. They also identified that actions in the maintenance request log and environmental audits are not consistently actioned or closed off. I have considered this information and the approve provider response in relation to Standard 5 Requirement 5(3)(c).

At the time of the site audit, equipment provided to consumers for their use was safe, suitable, clean and well maintained.

I find this requirement is Compliant.

# 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

**Summary of 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. Sampled consumers confirmed that they felt at home at the service and their representatives said they are made welcome when they visit. The Assessment Team observed the service has sitting area and café available for consumers and their representatives and they are happy with the cleanliness of the facility inside and outdoor. The Assessment Team observed consumers’ rooms were furnished with their personal belongings.

The Assessment Team noted some concerns in the provider’s equipment maintenance system at the time of the site audit. These include incomplete maintenance requests logs, some care staff reporting delays in equipment being fixed and concerns around storage and access of paperwork related to maintenance.

The Quality Standard is assessed as Non-complaint 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) 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) Non-Compliant

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

Consumers and representatives reported that equipment they needed is in working order. Some are staff reported delays in maintenance requests being fulfilled although, the maintenance officer clarified that this was due to awaiting equipment parts. Care staff demonstrated strategies of use and cleaning of shared equipment and to log maintenance requests when faulty equipment or a hazard is identified.

Some care staff provided feedback that preventative maintenance requests are not consistently being addressed in a timely manner and their progress is not communicated to them.

The Assessment Team reviewed the maintenance request log and identified maintenance requests are not consistently actioned, correctly documented or closed off. The maintenance officer does not proactively monitor when external contractors attend the facility and service the equipment, he is only aware a servicing has occurred the external contractor invoices the service. The Assessment Team raised the concern that external contractor maintenance reports are stored in the mountainous officer’s email and management are not able to access. The facility manager acknowledged this and said they would review access to the preventative maintenance program at the service. The manager advised the Assessment Team a review of the maintenance request system was planned. The Assessment Team advised that issues identified in maintenance reports and corrective actions are not discussed in WHS meetings.

The approved provider response gave evidence of a maintenance schedule that all key stakeholders have access to. They also provided the agenda of the WHS meeting in which maintenance reports are a standing agenda. The approved provider has since updated their outstanding maintenance log since site audit.

While the provider has acted to address the deficit identified by the Assessment Team, this has occurred since the site audit.

I find this requirement is Non-compliant.

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

**Summary of 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.

The Assessment Team received feedback that the consumers and their representatives were aware about internal and external complaints processes. Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. The service had established processes to facilitate feedback, staff and management demonstrated how they follow through and address consumers’ concerns. The complaint’s register was evaluated and showed documentation of complaints and feedback and actions taken.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

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

### Requirement 6(3)(b) Compliant

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

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

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

### Requirement 6(3)(d) Compliant

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

**Summary of 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 appraisals.

The majority of sampled consumers and representatives stated staff are knowledgeable, skilled in their role and do a good job. They said staff were kind, caring and gentle in their interactions with consumers. This was supported by observations by the Assessment Team. Sampled consumers and representatives provided feedback that there were enough staff to provide care and their requests for assistance are addressed promptly.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Compliant

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

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 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

**Summary of 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.

Most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Sampled consumers indicated that they could communicate issues with staff and their concerns get resolved.

The service has governance systems, a risk management plan and clinical governance framework in place for the delivery of safe and quality care and services. The service provides information to senior management across a range of clinical areas to enable management to monitor any trends. However, it is noticed that care files reviewed identified not all consumers were assessed prior to the use of a restraint and restraint authorisation documentations were not complete.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

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

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

Staff provided positive feedback regarding the information management system at the service and confirmed that information they need to perform their work is readily available and accessible. The service utilises external audit reports to monitor and improve the performance of services. Feedback for continuous improvement is also sourced from consumers and their representatives through resident and relative meetings and also via the complaints system.

Regarding financial governance, interviewed service management confirmed and provided examples of the board being supportive of additional expenditures to address changing care needs. The Assessment Team found the service has appropriate workforce governance structure to enable delivery of safe and quality care and services. Sampled consumers and representatives felt they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Staff demonstrated understanding of how feedback and complaints are important for continuous improvement and how they could encourage and support consumers.

The service has systems to communicate regulatory changes throughout the workforce and to monitor if the information has been received successfully by their electronic messenger board. The Assessment Team noted that the service’s self-assessment tool for monitoring the usage of psychotropic medicine was incomplete. They also noted in their review of care documentation that restraint authorisations had not been completed for all consumers administered a restraint which has been considered in Standard 3 Requirement 3(3)(a).

The approved provider response included evidence to show that the service has an overarching psychotropic medication system which includes all the relevant information to monitor consumers.

I find this requirement is Compliant.

### Requirement 8(3)(d) Compliant

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The organisation has a documented risk management framework. Staff interviewed by the Assessment Team were aware of the organisation’s systems and practices for managing high impact and high prevalence risks, elder abuse and reportable events. Staff were able to describe how consumers are supported to live the best life they can.

I find this requirement is Compliant.

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

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

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

# Areas for improvement

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

### Requirement 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.*

The service must ensure that:

* The service completes chemical restraint authorisation for each consumer who is prescribed chemical restraint.
* Assessment and care planning should be completed for all consumers prescribed a chemical restraint including detailing individualised alternative strategies to be used prior to the administration of chemical restraint.
* The service should monitor the use and effectiveness of alternative strategies to ensure they are being used prior to the administration of chemical restraint.

### Requirement 5(3)(c)

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

The service must ensure that:

* The preventative maintenance log for is reviewed for its effectiveness.
* The maintenance log is up to date; requests are actioned in a timely manner and closed off when completed.