IRT Five Islands

Performance Report

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**Commission ID:** 0523

**Provider name:** Illawarra Retirement Trust

**Site Audit date:** 19 January 2021 to 22 January 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** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **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) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-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 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 26 February 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall 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. Consumers and representatives could not speak more highly of how well they are treated by the staff. Consumers and representatives advised staff and management are respectful and uphold all consumer’s individual needs.

All consumers and representatives interviewed advised they are encouraged to remain as independent as possible. If there is risk involved with tasks consumers are wanting to do, it is discussed in consultation with consumers, representatives and the management team.

The service has several consumers that attend their social and church groups that they attended prior to moving into the service. The service supports families to hold celebrations with their consumer living in the service. However, COVID-19 and the restrictions on the service has now changed how this is done.

The Assessment Team observed, and consumers interviewed, confirmed staff are always extremely respectful of consumer’s personal privacy. Consumers advised staff are aware of family and friends visiting and will not disturb the visit, staff always knock and close their door behind them. Consumers also stated they do not hear staff discussing other consumers care or service needs where other consumers or

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

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 feel like partners in the ongoing assessment and planning of their care and services. Most representatives interviewed confirmed that they are actively involved in care planning to some extent. Care plans incorporate what is important to the consumer and their representative.

A review of consumer care planning documentation provided evidence that comprehensive assessment and planning in relation to clinical matters occurs for sampled consumers. The review of assessments and care plans shows input from consumers or their representatives to address specific needs and preferences.

Review of documents, consumer representative and staff feedback confirm that the outcomes of assessment and planning are readily available and shared with consumers and representatives.

While the Assessment Team found that care and service plans are not readily accessible to the consumer in a format they can understand, the organisation has processes to facilitate communication and understanding of the care plan with consumers and/or representatives.

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.*

The Assessment Team found that while the organisation has avenues for consumers and representatives to obtain a copy of care and service plans, they are not readily accessible to the consumer in a format they can understand.

In their response, the Approved Provider identified that the care plan provided to consumers and representatives is the summary care plan. The summary care plan outlines the outcomes of assessment and planning. In addition, consultation is part of the organisation’s case conference process, where the care plan is reviewed together with consumers and/or representatives and they are offered a copy at this time. Additionally, staff interviewed by the Assessment Team were about to discuss how they communicate the outcomes of care planning during case conferences, including printing the care plan and reviewing each area of care with the consumer and/or representative.

In the Assessment Team’s report and the Approved Provider’s response, it was demonstrated that the organisation is currently undertaking projects to improve the care planning platform to facilitate more timely and user-friendly access to consumer care plans.

I am of the view that the Approved Provider complies with this requirement as the Approved Provider was able to demonstrate that the outcomes of assessment and planning are communicated in a care and services plan that is readily available to the consumer and where care and services are provided. The organisation has processes to facilitate communication and understanding of the care plan with consumers and/or representatives, and is undertaking continuous improvement to improve access to consumer care plans.

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them and in line with their preferences. Consumers and representatives interviewed confirmed that they have access to a doctor or other health professional when they need it. Representatives interviewed said they were advised of any referrals made and discussions were had if consumers had any changes in their condition or care needs.

Care planning documents demonstrated care provided is tailored to the consumer’s needs and preferences. Clinical deterioration is usually recognised early, and interventions are put in place in a timely manner. Appropriate referrals occur in a timely manner. Overall consumer care documentation shows evidence of updates about consumer’s condition and staff could describe how information is shared with relevant parties.

Staff were able to demonstrate understanding of the importance of infection control and could describe infection control processes in their work.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall sampled consumers considered they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. They are able to participate in planning for the seasonal meal menus which are displayed at the service. Consumers and representatives sampled confirmed they are supported by the service to do the things they like to do and to keep in touch with people who are important to them. Some consumers interviewed said they like the food and are provided with plenty of food.

The service has an experienced lifestyle team who help facilitate consumers to meet their lifestyle goals, needs and preferences. To assist them to provide quality lifestyle services, staff can access individual and group activity evaluations for consumers, life stories, photo folders, lifestyle assessments and consumers’ social, cultural and spiritual care plans.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 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 they feel they belong in the service and feel safe and comfortable in the service environment. Consumers and representatives said they feel at home and their visitors are welcomed by staff. They confirmed the service is clean.

The service environment was observed by the Assessment Team to be welcoming, easy to understand and optimises each consumers’ sense of belonging. The outdoor areas are large with interesting features for consumers to walk around or sit out in the gardens.

However, the Assessment Team observed that not all consumers were able to move freely indoors and outdoors, and one of the smoking areas was not adequately equipped with fire protection or extinguishing 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.*

The Assessment Team found that not all consumers were able to move freely, both indoors and outdoors. The door leading to the outdoor courtyard for one of the service’s units was locked and required a passcode to exit. The automatic opening function of the door was not working as it was designed to do during the site audit. One of the smoking areas in the service was observed by the Assessment Team to not be adequately equipped with fire protection or extinguishing equipment in the event of a fire.

In their response, the Approved Provider demonstrated that during the site audit they investigated options to allow consumers to move freely indoors and outdoors of the unit and requested a quote for the installation of a new door to facilitate this. This quote has been approved and the service is currently awaiting the installation date from the contractor.

In their response, the Approved Provider demonstrated they rectified the issues raised by the Assessment Team regarding the smoking area. The service purchased a fire blanket and wall-mounted ashtray to ensure the area is safe for consumers.

I am of the view that the Approved Provider does not comply with this requirement. At the time of the site audit, the service was unable to demonstrate that all consumers were able to move freely between indoors and outdoors. While I accept that the service worked quickly to rectify the safety issues raised by the Assessment Team, the service needs time to implement more proactive and preventative processes to identify and action risks to the safety of consumers and ensure consumers are able to move freely indoors and outdoors to meet compliance of this requirement.

### 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 considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives interviewed said they know how to raise concerns, make a complaint or give feedback and felt comfortable and safe in doing so, with no fear of repercussion. Consumers and representatives commented on the open-door approach of the management team saying the facility manager is visible and proactive in seeking feedback and in managing concerns. Some consumers and representatives identified where the service had used principles of open disclosure in the management of their, or the consumer’s concern. However, one consumer stated that she did not feel that the service was open, transparent nor apologised after a concern was raised.

The organisation is in the process of implementing a more interactive and streamlined system to log complaints both in the individual services and organisation-wide. The aim of this new system is to ensure services are addressing complaints in a timely manner, for all levels of the business structure to be aware of the complaints being logged and for the organisation to learn from the feedback and complaints being logged, to improve the organisation care and services and to prevent the same incidents/ complaints from reoccurring.

However, the Assessment Team found that two consumers interviewed were not satisfied with the action taken by the service in response to complaints they raised. One staff member interviewed could not demonstrate they understood or were aware of open disclosure despite the organisation having provided online training.

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

## Assessment of Standard 6 Requirements

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

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

### Requirement 6(3)(b) 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 Assessment Team found that two consumers interviewed were not satisfied with the action taken by the service in response to complaints they raised. One of the consumers was not satisfied with the service’s action and response regarding review and updating of her medical and personal history. The consumer said she did not feel heard or validated with the complaint she had raised. Another consumer stated he made a complaint approximately six months ago and nothing had been done to address it. The consumer said he had spoken to staff about his complaint, and his concerns were documented in his care planning documents and assessments. However, when raised by the Assessment Team, staff did not recall the complaint, and the Assessment Team were unable to find any further documentation of his complaint or what action had been taken to address it. One team leader interviewed by the Assessment Team was unable to provide a correct meaning to what open disclosure is and how it impacts the consumers

In the Approved Providers response, they identified the service was unaware that the consumers were dissatisfied with the outcome of their complaints until this was raised by the Assessment Team. The service demonstrated that they followed up with the two named consumers from the Assessment Team’s report and worked to resolve their complaints to their satisfaction. Through investigation, the service identified that one of the complaints was not escalated appropriately by the staff member involved, and have reinforced this process to all staff.

I acknowledge that most of the service’s feedback is managed effectively, however the Approved Provider has not outlined the action they will take in the future to ensure consumers and/or representatives are satisfied with the outcomes of complaints or feedback. The process of ensuring consumer/representative satisfaction with the outcomes of their complaints is also not clear in the supporting evidence provided in the Approved Provider’s response.

I am of the view that the Approved Provider does not comply with this requirement. While the service followed up with the two named consumers from the Assessment Team’s report and worked to resolve their complaints to their satisfaction, the service was unaware that the consumers were dissatisfied with the outcome of their complaints until this was raised by the Assessment Team. The service requires time to implement more proactive processes to ensure consumer and representative satisfaction regarding the outcome of complaints.

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers and representatives interviewed provided positive feedback regarding staff being kind and caring. Consumers and representatives gave several examples where staff had sat and talked with them and had gone out of their way to help.

Consumers said they felt staff were knowledgeable about their care needs. Some consumers said they felt safe when staff had used equipment to assist them as they were being re-assured by the staff throughout the process. Consumers generally felt there were enough staff as they do not have to wait for staff to attend if they used their call bell. However, a representative raised concern with the staff doing double shifts followed by short shifts.

The Assessment Team observed staff in the service were busy, but they did not appear rushed and interactions were overall, respectful, kind and caring.

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

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

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers were able to describe how they are involved in decision making around all aspects of care and service. This includes in care planning, in identifying needs specific to them and in setting goals for what they want.

Management described corporate and clinical governance as key aspects of the organisational structure, business performance monitoring and management arrangements. The aim of which is to ensure the organisational design reflects and delivers the Quality Standards in partnership with key stakeholders, primarily consumers.

The Assessment Team found that while the service had policies outlining the organisation’s clinical governance framework, these were not always effective regarding some staff members understanding of open disclosure and minimising the use of restraint. The service’s open disclosure policy and procedure were under review at the time of the site audit. In their response, the Approved Provider was able to demonstrate a documented clinical governance framework including antimicrobial stewardship, minimising the use of restraint, and open disclosure. In general, the service was able to demonstrate understanding of these policies and procedures.

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.*

### 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.*

### 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.*

The Assessment Team found that while the service had policies outlining the organisation’s clinical governance framework, these were not always effective regarding some staff members understanding of open disclosure and minimising the use of restraint. The service’s open disclosure policy and procedure were under review at the time of the site audit.

In the Approved Provider’s response, it was identified at the time of the site audit the organisation had a clinical governance framework, antimicrobial stewardship policy, restraint policy, and complaints policy. Since the site audit, the organisation has implemented a feedback and complaints policy which outlines the principles of open disclosure. I acknowledge this policy was out for consultation at the time of the site audit.

While access to the external courtyard in one unit was restricted to consumers, I accept that the provider did not intent to restrain consumers, and I have considered this under Standard 5, Requirement 3(b). In general, the service demonstrated understanding of the requirement and policies of minimising the use of restraint. While one staff member interviewed by the Assessment Team was unable to provide a correct meaning to what open disclosure is and how it impacts the consumers, most staff demonstrated they have a basic understanding of open disclosure and how it is relevant to complaints. In their response, the Approved Provider identified that education of the new complaints policy, including open disclosure, is planned for staff, consumers and representatives.

I am of the view that the Approved Provider complies with this requirement as the Approved Provider was able to demonstrate a documented clinical governance framework including antimicrobial stewardship, minimising the use of restraint, and 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 5(3)(b)

*The service environment:*

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

The Approved Provider must demonstrate that:

* The service has effective processes in place to identify and actions risks to the safety, cleanliness and maintenance of the service environment.
* The service environment enables consumers to move freely indoors and outdoors.

### Requirement 6(3)(c)

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

The Approved Provider must demonstrate that:

* The service implements more proactive and effective processes to ensure consumer and representative satisfaction regarding action taken, and the outcome of, complaints.
* The organisation’s new feedback and complaints policy is implemented, and staff are educated on the appropriate complaints escalation and open disclosure processes.