Jallarah Homes

Performance Report

10 South Terrace   
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**Commission ID:** 6053

**Provider name:** Jallarah Homes Inc

**Site Audit date:** 31 August 2021 to 1 September 2021

**Date of Performance Report:** 13 October 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others
* the provider’s response to the Site Audit report received 23 September 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 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.

Overall, consumers interviewed by the Assessment Team 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 interviewed confirmed staff know what is important to them and felt their identity, culture and diversity was valued. Consumers said their privacy is maintained at the service. Consumers interviewed said they had been supported to make decisions about their care, who is involved in their care, and maintain relationships of choice.

The Assessment Team observed staff engaging with consumers in a kind and respectful manner. Staff were observed to be knocking on consumer’s doors prior to entering their rooms. The Assessment Team reviewed evidence consumers were supported to exercise choice and independence in relation to their own care and service delivery including to take risks, communicate their decisions, make connections with others, and maintain relationships of choice.

Staff interviewed demonstrated knowledge of consumer’s individual preferences, identity, culture, and diversity and could describe strategies to promote choice and independence.

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, consumers interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed said they are aware of consumers’ care and services plan, and some described where this is kept to ensure the consumer and others have access as required.

Care files reviewed by the Assessment Team demonstrated a range of assessments relating to both clinical and lifestyle are completed on entry by clinical staff, and reassessments are conducted every four months and as required based on consumers’ needs and if there is any change to care and service provision. Care plans are developed in consultation with consumers and/or representatives and medical officers and allied health staff are involved in care and outcomes of assessments. Care files also included a palliative care assessment and care plan to identify consumer’s end of life wishes and preferences if they wish to discuss this.

Clinical staff interviewed described incident management processes which included assessment of consumers, notification to the consumer’s medical officer and representatives, completion of incident reports and referrals to allied health staff if required.

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

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 Assessment Team also examined relevant documents.

Overall, consumers interviewed by the Assessment Team considered that they receive personal care and clinical care that is safe and right for them.

The service demonstrated effective processes to identify, assess, manage, and monitor risks associated with consumers’ clinical and personal care regarding falls, malnutrition, skin breakdown, and diabetes management. The service was able to demonstrate effective weight loss management for one consumer who lost more than two kilograms of weight in one month. The consumer’s food and fluid intake were monitored, and they were referred to a dietician in line with the service Nutrition and Hydration Procedure. The service was able to demonstrate each consumer has effective pain management that is tailored to their needs and optimises their health and well-being.

The service was able to demonstrate staff practice supports the effective minimisation of infection related risks through the implementation of standard and transmission-based precautions to prevent and control infection.

However, the service did not demonstrate that it identifies and effectively manages all high impact or high prevalence risks associated with the care of each consumer. The service did not identify and effectively manage potential risks for two consumers who have a bed rail and one consumer who has a bed rail and overhead bed help bars in use at their representative’s request. The service did not demonstrate best practice medication storage for liquid and eye medications. The service has not implemented behaviour support plans in accordance with legislative requirements for consumers with chemical restraint prescribed. Directives for the management of a consumer’s potential epileptic seizures did not provide sufficient or appropriate guidance to staff in the identification or management of potential seizures.

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) 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) Non-compliant

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

The Assessment Team found the service did not demonstrate that it identifies and effectively manages the high impact or high prevalence risks associated with the care of each consumer. The service has processes to identify, assess, manage, and monitor some risks associated with consumers’ clinical and personal care, including falls, malnutrition, diabetes management, and skin breakdown. However, the service did not demonstrate effective assessment and management of the risks associated with the use of bed rails for two consumers, and overhead bed help bars for one consumer. This included when the use of overhead bed help bars for one consumer presented a potential strangulation risk. The Assessment Team found the service had not implemented behaviour support plans in accordance with new legislative requirements for minimising the use of restrictive practices for several consumers who are prescribed psychotropic medications for the purposes of behaviour management. The service did not demonstrate best practice medication storage for liquid medications. The Assessment Team found directives for the management of a consumer’s potential epileptic seizures did not provide sufficient or appropriate guidance to staff in the identification or management of their potential seizures.

In their response, the approved provider acknowledged the deficits identified by the Assessment Team in the effective management of risks associated with the care of consumers. The approved provider’s response outlines continuous improvement actions implemented since the Site Audit to improve risk mitigation and management. This includes a review of the service’s risk assessment processes, including informed consent. The service has updated their policy to include the requirement for behaviour support plans and are working to ensure all consumers who require a behaviour support plan have one in place. I acknowledge that the requirement for behaviour support plans was only effective as of 1 September 2021, which was during the Site Audit. The approved provider’s response demonstrates the service has improved medication management processes to ensure medication is stored appropriately.

For the consumer identified in the Assessment Team’s report whose overhead bed help bars presented a strangulation risk, the approved provider’s response demonstrates this has not been removed. For the consumer identified who did not have effective management of their potential seizures, the approved provider’s response demonstrates this has now been rectified by staff education, and care planning and assessment.

At the time of the Site Audit, the service did not demonstrate that the high impact or high prevalence risks associated with the care of each consumer were effectively managed.

I find this Requirement is Non-compliant.

### 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 Assessment Team also examined relevant documents.

Overall, consumers interviewed by the Assessment Team 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. Consumers said staff support them to do the things they like to do and are important to them, such as maintain independence and connection with family and friends. The service has a monthly activities calendar which is based on the preferences and interests of consumers.

All consumers sampled said they are satisfied with the meals provided by the service. Two consumers said the service looks after their personal laundry very well. They said their clothing is always returned folded nicely and smells very clean.

Care planning documentation reviewed by the Assessment Team demonstrated consumers’ needs, preferences and what is important to them is documented and communicated as required and informs how services and supports for daily living are delivered. Staff provided examples of how they assist and support consumers to do the things they like as well as provide emotional and psychological support when required.

Laundry is completed on site for consumers’ personal clothing and linen. Infection control processes are in place and staff said additional washes can be undertaken if a consumer is running short of clothing for any reason.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the Requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Assessment Team also examined relevant documents.

Overall, consumers interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed said they feel at home at the service as they can personalise their rooms. They said their families are always made welcome and there are places to sit and have private conversations or join in the social life of the service.

Consumers interviewed said the service is clean and well maintained with maintenance systems in place to ensure buildings, gardens, furniture, and fittings are kept in good condition. Consumers said cleaning is carried out regularly and to their satisfaction with both their private rooms and communal areas kept clean and odour free.

The Assessment Team observed the living areas of the service to have natural light available through large windows and open, uncluttered spaces. Furniture was observed to be clean, comfortable, and suitable for the consumers. Dementia enabling design has been incorporated into the layout of the service with a large, open plan lounge area and smaller, more private sitting areas containing comfortable chairs in fabrics and colours that enhance the living environment and are inviting to sit on. Small tables located in sitting areas contain items to stimulate interest such as magazines, flowers, and knick-knacks.

Maintenance systems include reactive and scheduled maintenance programs and sufficient appropriate equipment is provided for staff to enable them to undertake their roles.

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the Requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the Requirements under this Standard.

Overall, consumers interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives interviewed confirmed they can provide feedback through a range of forums which included the consumer and food focus meetings, surveys or directly with staff and management.

The service was able to demonstrate consumers are supported and encouraged to provide feedback through a range of internal mechanisms which includes consumer meetings, annual surveys, feedback forms and the care plan review schedule. The service maintains a complaint register with documented actions taken in response to feedback. The organisation has a Complaints, Feedback and Open Disclosure policy to guide staff in ensuring feedback provided is identified, captured, actioned, and reviewed.

Clinical staff interviewed were able to describe the process for acting on any consumers’ concerns or complaints and were familiar with the open disclosure process. Management described how the service monitors the frequency of complaints through the register and discusses complaints through a range of forums. Management demonstrated they monitor suggestions and complaints and include systemic improvements into the Continuous Improvement Plan to improve the quality of care and services across the service.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall, consumers interviewed by the Assessment Team considered they get quality care and services when they need them and from people who are knowledgeable, capable, and caring. Most consumers and representatives interviewed said there are enough staff, and they are adequately trained at the service to meet consumer’s clinical and care needs. Consumers and representatives indicated they were satisfied with the level of training provided to staff.

All consumers, representatives and staff said there are sufficient staff at the service to enable the delivery of safe, quality care. Although some staff said they were sometimes busy, they did not describe negative outcomes for consumers as a result.

The service demonstrated the workforce is recruited, trained, equipped, and supported. The service has policies and procedures to guide staff in recruitment and an initial induction process which includes service orientation, buddy shifts, and mandatory training based on job roles. Following induction, the service provides ongoing training to staff as part of the scheduled training calendar. Care and clinical staff described how they are provided adequate training and can access a variety of courses relevant to their role. The service demonstrated they support staff with face to face and online training, staff meetings, informal and formal feedback, and communications.

The service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The service has a performance appraisal and development process for newly employed and existing staff. Management provided examples of staff members being performance managed, where required. Staff confirmed they were supported in the performance review process.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

Overall, consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. The service demonstrated consumers have input into the development and delivery of care and services through several feedback mechanisms, including quarterly consumer meetings, consumer and representative surveys, informal and formal feedback, and the care plan admission/review process. Complaints are managed to the satisfaction of consumers and an open disclosure approach is applied for all complaints and incidents.

The service has a range of reporting mechanisms to ensure the Board is aware and accountable for the delivery of services. The service demonstrated effective governance systems with regard to continuous improvement, workforce governance, financial governance, and feedback governance. The service demonstrated information systems enable staff to access information which assists them to undertake their roles.

However, the Assessment Team found that governance systems were not consistently effective to ensure that the development or review of policies and procedures reflect current legislative requirements. The service does not have a policy which reflects changes to restrictive practices implemented 1 July 2021 and the implementation of behaviour support plans required by this legislation as of 1 September 2021 has not occurred. Governance systems have not ensured all staff are familiar with the Serious Incident Response Scheme (SIRS) requirements or that staff are aware of relevant policies and procedures.

The service did not demonstrate an effective risk management framework, including the identification of high impact or high prevalence risks associated with the care of consumers, effective policies describing how the abuse and neglect of consumers is identified and responded to, or how incidents are managed and prevented. However, the service was able to demonstrate how consumers are supported to live the best life they can.

The service demonstrated a clinical governance framework which included antimicrobial stewardship, minimising the use of restraint and open disclosure. The organisation has a documented framework to minimise the use of restraint and a commitment to a restraint-free environment. However, current policies and procedures do not provide sufficient guidance for staff and documentation reviewed showed the service had not completed relevant authorisations and communicated relevant information with the consumers and representatives.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

The Assessment Team found the service demonstrated effective organisation wide governance systems relating to continuous improvement, financial governance, feedback and complaints, and workforce governance, including the assignment of clear responsibilities and accountabilities. However, the service did not demonstrate that information management or regulatory compliance systems were effective in ensuring staff are informed and aware of changes to legislation relevant to their work or that policies and procedures are reflective of current legislative requirements. The service did not demonstrate understanding or application of regulatory compliance changes implemented 1 July 2021 and the implementation of behaviour support plans required by 1 September 2021 under this legislation had not occurred. Governance systems have not ensured all staff are familiar with the reporting requirements for SIRS or that staff are aware of relevant policies and procedures. The service had not made documentation regarding the service’s incident management system available to consumers, their representatives, or other stakeholders as per legislative requirements.

In their response, the approved provider acknowledged that the service had not fully complied with the legislative changes at the time of the Site Audit. The approved provider’s response identifies continuous improvement actions implemented since the Site Audit to ensure information management and regulatory compliance systems are effective in ensuring the service is up-to-date with legislative changes, and inform the service’s policies and procedures. The approved provider’s response demonstrates the service has conducted staff education, and consultation with staff, consumers and representatives regarding SIRS and the incident management system.

At the time of the Site Audit, the service did not demonstrate effective organisation wide governance systems relating to information management and regulatory compliance.

I find this Requirement is Non-compliant.

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

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

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

The Assessment Team found the service did not demonstrate an effective risk management framework, including the identification of high impact or high prevalence risks associated with the care of consumers, effective policies describing how the abuse and neglect of consumers is identified and responded to, or how incidents are managed and prevented. The service demonstrated limited risk identification and analysis at service-wide level. Policies, procedures, and work instructions reviewed by the Assessment Team did not consistently provide sufficient information to staff on the management of incidents to meet their regulatory obligations. The service did not demonstrate an effective incident management that enables the monitoring and analysis or incident reporting to prevent further incidents. However, the service was able to demonstrate how consumers are supported to live the best life they can.

In their response, the approved provider identified continuous improvement actions implemented since the Site Audit to improve the risk management systems and practices at the service. This includes the development of a consumer risk register, a SIRS register, review of relevant policies and procedures to ensure they are effective in managing risk and incidents, staff training, and further monitoring and analysis mechanisms to identify and manage the high impact or high prevalence risks associated with the care of consumers.

At the time of the Site Audit, the service did not demonstrate that risk management systems and practices were consistently effective in managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and managing and preventing incidents, including the use of an incident management system.

I find this Requirement is Non-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)(b)

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

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. This includes in relation to the safe storage and management of medication.
* Consumers are comprehensively assessed to identify risks associated with their care, and inform safe and effective management of identified risks.
* Risks associated with restrictive practices are minimised, and communicated to the consumer and/or representative to ensure informed consent is gained.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(c)

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

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

The approved provider must demonstrate:

* The organisation wide governance systems implemented at the service are effective. This includes in relation to information management and regulatory compliance.
* Policies, procedures and work instructions implemented at the service are in line with current legislative requirements, and updated as required.
* Staff are informed and aware of changes to legislation relevant to their work.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(d)

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

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

The approved provider must demonstrate:

* Risk management systems and practices implemented at the service are consistently effective in managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and managing and preventing incidents, including the use of an incident management system.
* Policies, procedures, and work instructions implemented at the service are in line with current legislative requirements, updated as required, and provide staff with sufficient information to meet their regulatory obligations and minimise risk and incidents.
* The incident management system at the service is effective in managing incidents, and preventing further incidents.
* The service has implemented all continuous improvement actions identified in their response.