Juniper Hillcrest

Performance Report

40 Onslow Street   
GERALDTON WA 6530  
Phone number: 08 9920 8300

**Commission ID:** 7129

**Provider name:** Uniting Church Homes

**Site Audit date:** 31 August 2021 to 2 September 2021

**Date of Performance Report:** 17 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** | **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** | **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) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 22 September 2021
* other information and intelligence held by the Commission regarding the service.

# 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

Overall, consumers and representatives considered that consumers 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 advised they feel respected and valued, and staff know them as an individual and supported them to express their individuality. Consumers and representatives said consumers were provided with information so that they could make decisions, such as day-to-day activities, clinical care and consumer rights. Consumers and representatives advised ways in which staff ensure consumers’ personal privacy is respected, such as when providing personal cares staff ensure doors are closed and attendance to consumers’ care in a manner which respects the consumer’s dignity. While consumers and representatives did not identify that consumers had chosen to take risks, they expressed they felt comfortable raising this with staff to discuss if required.

Staff demonstrated knowledge of what was important to consumers and could describe how they ensured that consumers’ preferences were understood and respected. Staff described various ways in which they provided information to consumers, including consumers with cognitive impairment. For example, staff remind consumers about daily activities being held at the service. Staff demonstrated they were familiar with consumers’ backgrounds and the people of importance to consumers, and described how they supported consumers to maintain these relationships.

The Site Audit report provided information that evidenced the service supports consumer choice and independence through discussions at regular case conferences with consumers and/or representatives.

The organisation had documented policies and procedures to guide staff practice, including the protection of personal information, supporting consumer risk, and consumer decision making.

The Assessment Team observed staff interactions to be kind, caring and respectful of consumers privacy, including staff knocking on consumers’ doors, waiting for a response prior to entering the room, and staff completely shift handover in a staff workstation with doors closed.

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

Overall, consumers and representatives considered they are partners in the ongoing assessment and planning of consumers’ care and services. Consumers and representatives advised the service involved them in consumer care planning to the extent the consumer wished to be involved and listened to their wishes. Consumers and representatives said the service discussed with them what was important to in terms of how consumer care is delivered, including in relation to advance care and end of life planning. Consumers and representatives said that they are informed about the outcomes of assessment and planning through scheduled meetings, via phone, email or in person; and advised the service offers a copy of the consumer’s care plan during case conferences.

Registered Nurses demonstrated an understanding of the service’s assessment, care planning and evaluation process, including consideration of consumers’ risk, needs, goals and preferences. Registered Nurses described the service’s processes for ongoing assessment and care planning which included monthly consumer ‘Wellbeing Assessment’, a six monthly review of the consumer care plan and regular case conferences. The service provides a copy of the consumer’s care plan to the representative at the time of the monthly Wellbeing Assessment.

The Site Audit report provided information which evidenced that consumer care documentation reflected consumers, representatives and other providers of care and services are engaged in the assessment and care planning processes; and consumers care and services were reviewed when there was an incident, or a change in the consumer’s condition and/or health and well-being, such as on return from hospital.

Staff had access to the organisation’s policies and procedures on advance care planning and end of life planning to guide the assessment and care planning process.

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 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

Consumers and representatives considered consumers received personal care and clinical care that is safe and right for consumers, and provided examples, such as pain and medication management, and assistance with personal care. Consumers and representatives expressed satisfaction that consumers’ needs and preferences are effectively communicated and referrals to Medical Officers and/or other health professional were timely.

Staff described the high impact or high prevalence risks for consumers at the service, including responsive behaviours and provided examples of how these are monitored and managed. Review of care documentation identified individual consumers’ risks and strategies to guide staff in care and service delivery, including minimising these risk/s were documented. The service had a Registered Nurse who is a wound care specialist, and provided guidance to other nurses at the service in relation to consumers’ wound care management if necessary.

Care planning documentation included advance care planning and preferences for end of life care. The service had processes to guide staff in planning of end of life care in partnership with the consumer and/or their representative, including access to specialised equipment to deliver continuous medications for pain and symptom management.

The service had referral processes in place to ensure timely communication to other health professionals, including an electronic care management system which enabled staff to complete referrals as appropriate. Review of care documentation identified the service had referred consumers to the dietitian, dementia specialist service and other allied health professionals.

Staff demonstrated an understanding of the principles of infection control, and the practices required to be implemented in the management of an outbreak, including isolating of consumer who present with suspected infectious symptoms and use of pathology testing to confirm infection. Registered staff described how the service takes steps to minimise the need for antibiotics, such as laboratory testing to confirm sensitivities prior to the prescribing of antibiotics.

The service had systems and processes to monitor care delivery, including policies and procedures, monthly clinical incident reporting and analysis to support best practice.

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.*

The service had a *Deteriorating Consumer standard care procedure, which included the implementation of an early assessment tool to support staff in the* recognition of changes in a consumer’s physiological state; and a *Falls Management standard care procedure* which documented the process for consumer management and monitoring post fall.

The Site Audit report provided information in relation to the review of care documentation for five consumers. Review of care documentation identified for four of the consumers the service recognised and responded to their deterioration, including post fall, suspected infection and general decline.

For one named consumer, the Site Audit report provided information which evidenced the service had not followed its standard care for the management and monitoring of a consumer post fall. Review of consumer care documentation, including progress notes and observation chart identified the consumer experienced a fall on 10 July 2021, and after the fall presented as lethargic and unable to weight bear. The service’s post falls guideline identified clinical observations for consumers’ post witnessed fall (with no head injury) are to be completed every 4 hours. However, for the named consumer, clinical observations had been recorded once in a 24 hour period, and while the early assessment tool identified change in the consumer’s physiological state staff had not recognised these and followed the *Deteriorating Consumer standard care procedure.* Review of incident documentation identified the consumer was reviewed by the Medical Officer on the morning of the fall, however, continued to deteriorate and at the request of the consumer’s representative, was transferred to hospital 32 hours after the fall. The consumer was commenced on palliative care at the hospital and passed away several hours later.

The Approved Provider in its written response dated 22 September 2021, refuted the findings evidenced in the Site Audit report and provided information which evidenced the appropriate use of the early assessment tool, including progress notes which identified seven occasions in a 24 hour period where staff had documented the consumer’s condition.

The Approved Provider’s written response included an action plan to ensure staff are aware and understanding the service’s processes for consumer deterioration. Actions included distribution of the *Deteriorating Consumer and Falls Management standard care procedures* to staff who are required to sign and confirm understanding of these; a toolbox education session on the early warning assessment tool; and planned future staffing training in communication escalation processes; and shift handover to include communication of change and/or deterioration in consumer health and/or well-being.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. While I acknowledge the single instance of a consumer’s care not being managed in accordance with the service’s processes, I note that that the Site Audit report evidenced four consumers where the service recognised and responded to the consumer’s deterioration in a timely manner. I am satisfied the service does have systems and processes to recognise and respond to deterioration or changes in consumers’ health and or well-being. Therefore, it is my decision this Requirement is Compliant.

### 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

Consumers and representatives considered that consumers get the services and supports for daily living that are important for their health and well-being and that enable consumers to do the things they want to do. They felt supported to maintain social and emotional connections with those who are important to them, are supported by the service to do things of interest to them, including participating in activities as a part of the service’s lifestyle program and activities outside the service environment. Consumers and representatives said staff are supportive when a consumer is feeling low. For example, one named consumer advised when they are feeling down staff will visit and talk which lifts the consumer’s spirits.

Overall, consumers provided positive feedback in relation to food and confirmed it was of adequate quantity, quality and variety.

Staff described what is important to individual consumers and how they support consumers’ needs, goals and preferences to promote independence and quality of life. For example, one named consumer likes to play the organ and enjoys being part of the church community outside of the service.

The service’s lifestyle program is developed in collaboration with consumers, the therapy team, pastoral care and management and included activities, such as bingo and happy hour. Review of consumer documentation identified a leisure and lifestyle assessment is completed with consumers and representatives on entry to the service, and reviewed annually or where changes occur to support the development of a lifestyle program that is tailored to individual consumer’s needs, goals and preferences.

Staff are informed of any changes in consumers’ lifestyle arrangements or consumers’ emotional well-being through shift handovers which included allied health and therapy staff.

Catering staff described the processes for ensuring drinks and meals at the service are prepared according to consumers’ preferences and specific requirements. For example, each wing of the service had a list of a consumer’s dietary requirements and a copy is attached to food trolleys and available in satellite serveries throughout the service.

Care planning documentation included information about consumers’ activities of interest, evidence of consumers’ participation in activities and information about relationships consumers wish to maintain. Individual consumer’s dietary needs and preferences were reflected in care documentation.

Staff confirmed they have access to equipment used to provide and support lifestyle services and the equipment is suitable, clean and well maintained at the service.

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

Consumers and representatives considered that consumers felt safe and comfortable at the service, and expressed satisfaction with the service environment. Consumers and representatives said the service is clean and well maintained and consumers are supported to personalise their rooms to their liking.

Staff described the process of reporting maintenance requests, including the documentation of issues on hazard forms which are available in staff workstations throughout the service. Staff advised the equipment used for moving and handling consumers is safe, regularly serviced, and it is promptly fixed or replaced when maintenance requests are made.

The service environment was observed to be welcoming, including a kitchenette in the reception area for consumers and visitors to use if they wished. Consumer rooms were personalised and decorated with artwork and furnishings. Consumers’ independence and function was supported, for example, automatic doors provided access to large outdoors areas and ensuite bathrooms had handrails for consumers use when showering.

The service had a maintenance schedule and review of documentation confirmed maintenance was conducted as scheduled and maintenance issues were addressed in a timely manner. At the time of the Site Audit, there were no outstanding maintenance issues at the service.

The Assessment Team observed mealtimes at the service to be calm and quiet, with soft music playing in the background at the meal service. Meals were observed to be relaxed and unhurried with sufficient numbers of staff assisting consumers in dining areas and delivering meals to consumers’ rooms in line with the consumer’s choice.

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

Consumers and representatives expressed they felt comfortable in raising concerns and providing feedback. For consumers and representatives who had raised a concern, they said their feedback was addressed in a timely manner, and expressed satisfaction with the outcome of their feedback and the response provided by the service. For example, the representative for one named consumer expressed satisfaction with actions taken when they raised a concern regarding the cleanliness of the service environment, including providing an apology and actions the service implemented in response to the feedback.

Consumers and representatives described a variety of ways they could safely raise their concerns, including by speaking directly to staff or management and provide feedback at consumer meetings. The service also provided information for consumers and representatives in relation to external advocacy support services.

Staff described the avenues available to consumers should they wish to provide feedback or raise a complaint. Staff said if they can, they resolve complaints immediately within the scope of their role, however, if the issue could not be resolved, they would inform Management and support the consumer to complete a feedback form. Staff demonstrated an understanding of the open disclosure process, including providing an apology and offering an explanation. Review of training records identified staff had received training in open disclosure practices.

A review of the service’s feedback register identified the service management had reviewed all feedback, consulted with consumers and representatives in determining improvement actions, and documented outcomes, including if the complaint was resolved to the satisfaction of the consumer and/or representative.

The service had an Open Disclosure policy to guide management and staff in relation to complaints management.

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

Consumers and representatives said consumers received quality care and services when they need them from staff who are knowledgeable, capable, kind and caring. Consumers confirmed staff are respectful of their needs and preferences and provided examples, such as staff respecting the consumers’ personal choices, and ensuring medication is administered on time. Consumers and representatives considered that staff at the service had appropriate skills and training to provide care and services.

Staff confirmed there are sufficient staff to provide consumers’ care and services and they are provided with support from Management if needed. Staff advised training is provided at orientation, including the completion of mandatory modules; and ongoing, for example, staff advised the service had engaged an external education provider to deliver sessions on the Serious Incident Response Scheme, and care and therapy staff had received dementia essentials training.

Management described the service’s recruitment, selection, training processes that ensured staff are appropriately qualified with the skills required to perform their roles. For example, employment probation reviews, second yearly performance reviews, mandatory training programs and orientation on commencement of employment. The service had position descriptions specifying the core competencies and capabilities for each role at the service.

Management said staff are monitored formally through employment probation, performance appraisals, incident analysis, other staff and consumer feedback; and staff practice is monitored daily through direct observation.

Observations made by the Assessment Team during the Site Audit included staff assisting consumers in a kind, respectful manner which was not rushed.

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

Overall, consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers considered that they are involved in the development, delivery and evaluation of care and services and are encouraged to be involved in decisions about their care and services.

The service demonstrated the organisation’s governing body promoted a culture of safe, inclusive care and was accountable for their delivery. The organisation’s quality governance committee regularly reviewed clinical incidents and consumer feedback, including complaints to identify opportunity for improvements in performance and the delivery of care and services.

The service has an effective organisational wide governance and risk management system. Risks associated with consumer care are managed and staff were able to describe their roles and responsibilities with incident management, including the Serious Incident Response Scheme and applying an open disclosure processes to complaints received and consumer incidents.

The service’s continuous improvement plan identified the service uses feedback from consumers to inform and make improvements to care and services.

The service had a clinical governance framework that referenced antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. However, the service did not adequately demonstrate an effective clinical governance processes in relation to the identification and monitoring of consumers prescribed psychotropic medications.

The Quality Standard is assessed as Non-compliant as one 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) 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*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

The service had a clinical governance framework with a suite of policies and procedures to guide clinical care, including antimicrobial stewardship and a process for open disclosure. However, the Site Audit report provided information which evidence the service’s clinical governance framework was not always effective in relation to the minimisation of restraint.

The service had restrictive practices policy and a process, which included the review of consumers’ prescribed psychotropic medications with the Medical Officer.

At the time of the Site Audit, the information provided to the Assessment Team on entry to the service identified 59 of 78 consumers at the service were prescribed psychotropic medications, and the service did not consider any consumers subject to chemical restrictive practices. However, the Site Audit report provided information which evidenced two named consumers’ care documentation identified they were prescribed a psychotropic without a diagnosis to support. Additionally, the two named consumers had been administered psychotropic medications (regular and as required) regularly during the period of July and August 2021 without assessments, authorisations and consents in place.

The Approved Provider in its written response, acknowledges the information provided in the Site Audit report in relation to the two named consumers and provided information which evidenced actions had been taken by the service to address these deficiencies. Including, review and assessment of the two named consumers which resulted in the first named consumer having a diagnosis which supported the prescribing of the psychotropic medication; and the second named consumer’s psychotropic medications had been ceased. Further actions include referral of one named consumer to a specialist support service; review of the service’s psychotropic medication register and confirmation that all consumers have diagnoses to support the prescribing of psychotropic medication; toolbox education for staff on the service’s *Use of Restrictive Practices* procedure and on the use of as required medication; shift handover to include review of consumers administered a psychotropic medication to ensure monitoring of these consumers is in line with service policy; and review of processes to ensure consumers new to the service have immediate review of their medications to ensure consents are in place as required.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. While I acknowledge the immediate and planned actions taken by the service to address the deficiencies identified at the time of the Site Audit, improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-Compliant.

# 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 8(3)(e) – The service ensures that is has effective clinical governance frameworks in place, including minimising the use of restraint to ensure effective care of consumers