Juniper The Residency

Performance Report

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**Commission ID:** 7910

**Provider name:** Uniting Church Homes

**Site Audit date:** 9 August 2021 to 11 August 2021

**Date of Performance Report:** 22 September 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) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-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) | Non-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** | **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 2 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 (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 pertinent 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 said their culture is respected and they can continue living their life at the service following their customs and traditions. Consumers said they are encouraged to be active participants in their own care and are offered choices. Consumers interviewed confirmed staff and management respect their personal privacy and they are supported to take risks to live their best life.

Staff interviewed by the Assessment Team spoke of consumers with respect and demonstrated knowledge of the specific cultural and personal support needs of each consumer. Staff described how they support consumers to maintain relationships inside and outside the service.

Documentation reviewed by the Assessment Team including policies and procedures, feedback systems, handbooks and information pamphlets demonstrated the organisation’s approach to supporting consumers to make informed decisions in relation to the care and services they receive. Activity calendars, newsletters, and other printed materials support consumer’s access to community activities within and outside the service, assisting in maintaining social contact. Documentation including consumer care plans and assessments demonstrated systems and processes in place to assess, plan, implement, monitor, and review consumer’s care including where the consumers choose to do something that involves a degree of risk.

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, including 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 the service works with them to develop a safe and effective care plan, and staff including nurses, physiotherapist, occupational therapist and lifestyle coordinator, regularly discuss consumer’s care in person, via email or by telephone and explain things to them.

Consumers and representatives interviewed confirmed that they are informed about the outcomes of assessment and planning and have ready access to their care plan if they wish. Consumers interviewed advised they had been asked who they would like to be involved in care planning discussions and who they would like the service to contact about the results of external appointments, medical tests and when incidents occur.

Assessment and planning documents for the sampled consumers evidenced current needs, goals and preferences of the consumers including end of life planning. They also reflect that the consumer and others such as public guardians, family members and those the consumer wishes to be involved in the planning of their care, are involved in assessment and planning on admission, and on an ongoing basis.

A review of the sampled consumers’ files shows changes are made to the care plans in a timely manner following re-assessments of consumer’s changed needs, goals or preferences. The organisation monitors, reports and continuously improves assessment and planning of care and services.

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 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. Most consumers and representatives interviewed expressed their satisfaction with the personal care delivered to the consumers, which is provided in a person-centred way, considering individual preferences and promoting independence. However, one consumer advised they would like to have more support to maintain their nails in a clean condition and to have them cut more often.

Consumers said when incidents happen, such as falls or medication incidents, the service informs them or their nominated representative of the incidents, and reviews care for the consumer to reduce the likelihood of a reoccurrence.

A review of the sampled consumers’ files, interviews with consumers and representatives, and observations by the Assessment Team demonstrated effective management of high impact and high prevalence risks such as risks of falls, pressure injuries, unplanned weight loss, behavioural and psychological symptoms of dementia, hypo and hyper glycemia and risks of infections. The service gathers and analyses clinical incidents data to identify and manage risks across the service.

Staff demonstrated an understanding of how the service minimises the need for, or use of, antibiotics and ensures when they are prescribed, they are used appropriately.

Records reviewed for the sampled consumers confirmed where identified deterioration to a consumer’s cognitive or physical function occurred, it was investigated by clinical staff, and the consumer was referred to their medical officer or an appropriate allied health specialist.

However, the service did not demonstrate effective systems and processes are in place to ensure each consumer receives safe and effective clinical care in relation to bowel management, urinary retention, and pain management.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found the service did not demonstrate that clinical and personal care provided to each consumer is safe, effective, tailored to their needs, and optimises their health and well-being. While feedback from most consumers indicated they are satisfied with the personal and clinical care provided, one representative expressed their dissatisfaction with personal hygiene and continence care provided to the consumer. Three consumers were observed to have overgrown and dirty nails and one consumer said they need help to keep their nails clean and trimmed and do not understand why this is not being done.

Care documents reviewed by the Assessment Team demonstrated that two sampled consumers did not receive safe and effective clinical care in relation to bowel management, urinary retention, and pain management. The service did not demonstrate pharmacological interventions for managing behavioural and psychological symptoms of dementia were consistently used as a last resort. Where an antipsychotic medication was used to reduce the calling out of a consumer, documentation did not support this was used as a last resort after non-pharmacological interventions were evaluated as not effective.

The approved provider’s response identifies continuous improvement actions commenced since the Site Audit to ensure consumers consistently receive safe and effective clinical and personal care. This includes distribution of relevant organisational policies and procedures to staff, staff education, audits and root cause analysis conducted, improved clinical oversight, and discussion at handovers and clinical meetings of consumers with changes to their health status. The approved provider’s response identifies that consumer care plans have been reviewed and updated to ensure they reflect consumer’s personal and clinical care needs including nail care, pain management, bowel management and behaviour management.

At the time of the Site Audit, the service did not demonstrate that all consumers consistently receive safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being.

I find this requirement is Non-compliant.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

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 they are supported to engage with the lifestyle program and are supported to maintain their independence in various ways. Consumers provided feedback that the service supports them to do things of interest to them by including these on their individual plans and wider activity program. Consumers stated they are supported to maintain relationships of importance to them and when they need it staff provide them with emotional support. Consumers stated they don’t have to repeat information about care and service preferences, and they are referred to other providers of care when required.

Consumers stated they enjoyed the food and the dining experience. Documentation reviewed by the Assessment Team showed dietary requirements, likes, dislikes and preferences for food are included in consumer care plans and located at the dining area where food is prepared and served.

However, the Assessment Team found the service was unable to demonstrate that its system and process to maintain equipment for consumers to support their lifestyle is effective and two consumers were observed with unclean mobility devices. The consumers use the aids for all ambulation throughout the service on a daily basis. Whilst there is a schedule in place to clean the equipment used by consumers for mobilising and self-ambulation including wheelchairs, walkers and walking frames, staff confirmed the wheelchairs for the two consumers observed were not always cleaned as they use them all the time.

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

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

The Assessment Team found that most equipment provided at the service was safe, suitable, and well maintained. However, for two sampled consumers their wheelchairs and wheelchair cushions were observed by the Assessment Team to be dirty. For one of these consumers, pressure-relieving devices used by the consumer were also observed to be heavily stained. Staff interviewed advised that is it hard to keep these consumer’s wheelchairs clean as they are used all throughout the day.

The approved provider’s response identifies continuous improvement actions commenced since the Site Audit to ensure equipment provided to consumers for supports for daily living is kept clean. This includes the implementation of a cleaning schedule for mobility aids, staff education, regular observational audits of the cleanliness of equipment, and review of consumer’s skin and mobility care plans. The approved provider’s response identifies that the equipment for the consumers named in the Assessment Team’s report has been cleaned.

At the time of the Site Audit, the service did not demonstrate that all equipment for supports for daily living is consistently clean.

I find this requirement is Non-compliant.

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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, 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 confirmed they are able to move freely indoors and outdoors in external courtyard areas. Consumers said they are encouraged to personalise their rooms with items important to them.

The Assessment Team observed the service to be generally clean, safe, and welcoming. Signage assists consumers and others to navigate the environment. Where required, staff support consumers to move to different areas of the service. Staff were observed to welcome visitors and orientate them to where they were going. The service has processes to ensure there is suitable, safe and maintained furniture and equipment.

However, consumer feedback and observations by the Assessment Team indicated the service environment can be noisy and cold. One consumer is not provided with effective strategies to store an excessive number of various items including food, clothes, toys and chemicals, safely and securely.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements has 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.*

Most consumers and representatives interviewed by the Assessment Team were satisfied with the safety and cleanliness of the service environment and said consumers are able to move freely indoors and outdoors. However, two consumers provided negative feedback about the noise that is caused by catering, laundry and medication trolleys when they are being pushed along brick-paved corridors. Two representatives said while bedrooms are warm, corridors can get ‘freezing cold’. The Assessment Team observed a consumer sitting on a couch in one of the corridors repeating ‘I’m cold’. The consumer was settled once they were covered with a blanket. Management advised, and documentation reviewed, shows a proposal to the Board is planned to refurbish the service environment which will include new flooring to reduce noise. The Assessment Team observed the service environment was not consistently clean and safe. For example, ceiling fans covered with a thick coat of dust, a build-up of dust and dead insects were observed behind some furniture and near floor skirtings, and one consumer’s room was observed to not be clean and safe due to the clutter kept in their room which is per the consumer’s preference.

The approved provider’s response identifies continuous improvement actions commenced since the Site Audit to ensure the service environment is safe, clean, and comfortable for all consumers. This includes a review of the trolleys and equipment that contribute to the noise levels and the implementation of noise reduction strategies, implementation of strategies to identify and respond to cold temperatures for consumers, cleaning of the areas identified in the Assessment Team’s report, and environmental audits. Regarding the consumer identified whose preference is to have a cluttered room, the approved provider’s response demonstrates a review of the consumer’s room has occurred and more effective strategies implemented to ensure the room is kept safe and clean.

At the time of the Site Audit, the service did not demonstrate that the service environment was consistently safe, clean, and comfortable for all consumers.

I find this requirement is Non-compliant.

### 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 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. Most consumers and representatives interviewed said the service is responsive to feedback and said they feel they can raise concerns should they have any with staff and management. However, one representative provided feedback they felt they could not raise complaints and were concerned for their consumer if they did raise any. Consumers said they are aware of the feedback forms available at the service and are able to also raise feedback including complaints with staff or at the regular resident and relative meetings.

The service has a feedback system which includes formal feedback forms and verbal complaints. Staff and management were able to describe trends in consumer feedback which was reflective of information provided to the Assessment Team during the Site Audit.

The organisation demonstrated feedback and complaints are reviewed and used to improve the quality of care and services and included on the continuous improvement plan where appropriate.

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 that they get quality care and services when they need them and from people who are knowledgeable and capable. Consumers stated they felt there were enough staff and the right mix of roles to deliver their care and services. They advised staff were well trained and qualified to deliver care and services in line with their needs, goals and preferences. Consumers stated they were treated with respect; staff were kind and caring and treated them as if they were part of their family.

Documentation reviewed by the Assessment Team demonstrated staff are recruited with qualifications suitable to the roles they are designated. They are trained regularly and monitored for competency through observations and feedback from consumers and staff.

The service undertakes performance appraisals when a staff member completes their probationary period and then at regular intervals. Where required, management undertakes performance management to improve staff practice where deficits are identified through observation or feedback processes.

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 the development and review of care and service delivery.

The Assessment Team found the service has effective organisational wide governance and risk management systems. Risks associated with consumer care are managed and staff were able to describe their roles and responsibilities regarding incident management and responding to abuse and neglect of consumers.

However, while the service has a clinical governance framework, they were unable to demonstrate it is effective regarding the minimisation of restraint. The Assessment Team found consumers do not always have an appropriate diagnosis to support the administration of antipsychotic medications. Consumers are not always reviewed in a timely manner where medications are not effective, they are not always monitored when they are administered medications without a supporting diagnosis, and the risks associated with administration of psychotropic medications is not always discussed with consumers or their representatives.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has 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 demonstrated 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 Assessment Team found this framework is not always effective in identifying and minimising the use of restraint. While management advised that there were no consumers who were prescribed chemical restraint, the Assessment Team identified two consumers who have antipsychotic medication administered on a regular or as required basis without an appropriate supporting diagnosis. The service was unable to provide evidence of consent and discussion of the associated risks with consumers and/or representatives for the use of these medications. The service advised the medical officer is responsible for this and have sent correspondence advising medical officers of the requirement to document these discussions.

The approved provider’s response identifies continuous improvement actions commenced since the Site Audit to ensure effective clinical governance and minimise the use of restraint. This includes distribution of relevant organisational policies and procedures to staff, staff education, improved evaluation of the effectiveness of as required medications, and review of all as required psychotropic medications. The approved provider’s response identifies the service plans to reiterate to medical officers the need to gain informed consent from consumers and/or substitute decision makers prior to prescribing psychotropic medications and subsequently document the agreed informed consent in consumer records.

At the time of the Site Audit, the service did not demonstrate that clinical governance was effective in relation to identifying and minimising the use of restraint.

I find 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 3(3)(a)

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

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

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Restrictive practice processes are best practice, including used as a last resort, and with informed consent from the consumer and/or representative.
* Consumer pain and bowel management is appropriately assessed, managed and monitored to optimise their health and well-being.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 4(3)(g)

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

The approved provider must demonstrate:

* Equipment provided is clean and well maintained.
* The service has effective cleaning and monitoring processes to ensure equipment is consistently cleaned.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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:

* The service environment is safe, clean and comfortable.
* The service has effective reporting systems to ensure risks to the safety and cleanliness of the service environment are identified and actioned.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 8(3)(e)

*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 approved provider must demonstrate:

* The clinical governance framework implemented at the service is effective in minimising the use of restraint.
* The service demonstrates best practice regarding restraint including effective monitoring, reporting and consent practices and that chemical restraint is used as a last resort after non-pharmacological interventions are evaluated as not effective.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.