Kalyra Belair Aged Care

Performance Report

2 Kalyra Road
BELAIR SA 5051
Phone number: 08 8278 5444

**Commission ID:** 6054

**Provider name:** James Brown Memorial Trust

**Site Audit date:** 3 November 2020 to 5 November 2020

**Date of Performance Report:** 19 February 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **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) | 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 1 December 2020.

# 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

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

Consumers and their representatives interviewed confirmed consumers are treated with dignity and respect and staff understand their unique individual needs and culture and provide care and services in line with consumers needs. Consumers and their representatives confirmed the service and staff support consumers to make decisions and consumers decisions in relation to who they want involved in their care, who they wish to maintain relationships with are supported. Consumers confirmed the service supports their independence including in taking risks to continue doing things important to them. Consumers and representatives confirmed consumers’ privacy including confidential information is supported and maintained.

The service has policies, procedures and assessment tools to identify and support consumers’ individual and cultural needs, choices and decisions and the service provides consumers with appropriate and timely information. Consumer files confirm the service records consumer information, choices, people involved in their care and cultural needs to inform staff delivering care and services. Staff interviewed confirmed consumer preferences, choices and needs including how to support consumers independence and people who were important to the consumers. The service identifies risks associated with consumers choices to continue doing the things they like and completes assessments in consultation with the consumer and implements strategies to mitigate the risks and support consumer independence.

The Assessment Team found the service had not identified or recorded one consumers’ risk related to choosing to smoke and found the service not met in relation to Requirement (3)(d). However, based on additional information in the approved provider’s response, I find the service Compliant with Requirement (3)(d) in relation to Standard 1 Consumer dignity and choice and have provided reasons below.

## 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.*

The Assessment Team found one consumer who stores cigarettes and a lighter, and smokes occasionally while outside the service environment while supported by family, did not have the risks associated with smoking documented and discussed on the service’s risk forms. The service has completed risks assessment and consultation with the consumer in relation to independently leaving the service and has implemented strategies with the consumer to mitigate the risks associated with independently leaving the service.

The approved provider’s response provided additional information showing initial discussion occurred with the consumer in relation to smoking when he raised a wish to smoke. However, the consumer expressed they no longer wished to be supported to smoke while at the service and only smokes once a month while outside the service environment with the support of family. The service had completed assessments in relation to the consumers’ cognitive and decision-making functions and the consumer is able to make decisions and understand risks.

I find it reasonable the service has identified risks associated with the consumer choosing to independently leave the service and has implemented appropriate strategies to mitigate the risks. The consumer’s smoking only occurs outside the service environment while being supported by the consumer’s family and management of the risks associated with this are being managed by the family and the consumer who has cognitive ability to make the decision.

Based on the summarised evidence above I find the service Compliant in this Requirement.

### 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

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

Consumers and their representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of consumers’ care and services. All consumers interviewed were satisfied the service assesses potential risks associated with their health and wellbeing to ensure they are provided with safe and effective care and service. Consumers interviewed were satisfied the service meets their current needs. Consumers and representatives were satisfied the service had discussed and documented their advance care planning and end of life goals and requests.

Consumers’ files showed all consumers have an in-depth, personalised care plan which identifies actual and potential risks to their health and well-being. The service demonstrated their assessment and planning identifies and addresses consumer’s current needs, goals and preferences. Staff interviewed were able to describe each consumers’ preferences and needs.

The service was able to demonstrate consumers’ assessment and care planning is undertaken in conjunction with each consumer and/or their representatives. These choices are clearly recorded in consumer care plans and documentation. Assessments and care plans viewed showed input from other allied health professionals and external specialists to ensure all aspects of consumer’s care needs are documented.

## 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

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

The Assessment Team found the service not met in relation to Requirements (3)(a) and (3)(b) of Standard 3 Personal care and clinical care. However, based on additional evidence in the Approved Provider’s response I find the service Compliant with Requirements (3)(a) and (3)(b) and Compliant with Standard 3 Personal care and clinical care. I have provided reasons below in the relevant Requirements.

Consumers and their representatives interviewed confirmed consumers are provided safe and quality personal care and clinical care in line with consumers’ needs and preferences. Consumers and their representatives confirmed the service discusses and respects consumers’ end of life wishes and referrals and access to specialists are supported in line with consumers’ needs.

Consumers’ files viewed confirmed the service identifies consumers personal care and clinical care needs, goals and preferences and plans of care are implemented to direct staff in delivering the care. Incident reports are completed and used to identify changes and deterioration in consumers’ condition including where additional monitoring and reassessment is required. The service completes appropriate referrals to medical officers and other health specialists and the directives are communicated to staff responsible for the delivery of clinical care.

The service has effective clinical guidelines to support best practice care including the management of infections, infectious outbreaks and the appropriate use of antibiotics.

### 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.*

The Assessment Team found the service was unable to demonstrate each consumer gets safe and effective clinical care which is best practice, tailored to their needs and optimises their health and well-being. Summarised relevant evidence included:

* One consumer who is at risk of being fluid overloaded due to a cardiac history did not have their weight monitored on a daily basis in line with the medical officer’s directive.
* Staff do not consistently document catheter changes and catheter drainage bag changes in line with the service’s process.
* The service was unable to demonstrate staff effectively manage one consumer’s diabetes in relation to high blood glucose levels.
* Two consumers did not consistently have alternatives trialled for behaviour management documented prior to the administration of anti-anxiety medications.
* Staff do not consistently document the cleaning regime for specialised equipment, including oxygen therapy delivery systems.

The Approved Provider’s response disagreed with the Assessment Team’s findings and provided additional evidence including consumer clinical records and documentation to demonstrate consumers are provided safe and effective clinical care. Summarised relevant evidence included:

* One consumer had daily weight monitored and recorded and all fluctuations reported to the medical officer for review. On days where weights were not recorded the consumer was in hospital or refused weight to be taken due to transfers to hospital on the same day.
* The service maintains records of an external specialist changing a consumer’s catheter every six weeks. Consumer records show catheter bag changes were recorded.
* One diabetic consumer had their blood glucose readings reported in the medication charting system and not consistently on the electronic clinical documentation system. The service has provided clinical staff additional training in relation to diabetic monitoring and documentation.
* Clinical documentation for two consumers, show staff recorded alternatives tried prior to administering ‘as required’ medications for agitation and anxiety in line with medical officer directives and the strategies in the consumers’ care plans.
* The service undertook a full review and audit of clinical equipment including oxygen therapy equipment and acknowledged inconsistencies in staff documenting the changing or cleaning of equipment. However, the audit identified all equipment in use was clean, suitable and well maintained. Staff have been further educated on completion of documentation.

The service has demonstrated effective systems are in place to ensure consumers’ clinical care delivered is safe, effective and in line with best practice. The additional evidence in the Approved Provider’s response demonstrates staff complete appropriate documentation and records in relation to weights, administration of ‘as required’ medication and catheter care. The Approved Provider’s response acknowledges some inconsistencies in staff documentation of blood glucose monitoring and cleaning and replacing of oxygen therapy equipment. Evidence in the Assessment Team’s report and the Approved Provider’s response confirms consumer’s have been delivered safe and effective clinical care in line with their needs. Evidence shows inconsistencies in documentation have not negatively impacted on the safety, health or wellbeing of consumers.

Based on the summarised evidence above I find the service Compliant with this Requirement.

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

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

The Assessment Team found the service the service did not demonstrate it consistently manages high impact or high prevalent risks associated with the care of each consumer. Staff did not consistently attend three consumers’ neurological observations in line with the service’s process, following incidents of unwitnessed falls.

The Approved Providers response provided additional evidence showing neurological observations were commenced for the three consumers following falls. Staff monitored and recorded the neurological observations including where the observations had been refused or withheld due to a consumer sleeping or reporting they felt fine. The Approved Provider’s response demonstrated staff recognised through observations and monitoring when consumers’ condition changed following falls and appropriate and timely assessment and referral to medical officers or hospital occurred. The Approved Provider’s response acknowledges there were minor delays in completion of some neurological observations, however appropriate monitoring and recording of the consumers occurred following falls.

The service has systems in place including falls management and incident reporting to ensure consumers are monitored, assessed and appropriate clinical observations occur when a consumer has an unwitnessed fall. The Assessment Team report and the Approved Provider’s response show clinical assessment and observation was undertaken for three consumers following falls. The service identified changes in the consumers’ condition as a result of ongoing monitoring and observation following falls and appropriate response including referral to medical officers or hospital occurred. The high impact risks associated with consumers’ head injuries and deterioration following falls are monitored and effectively managed as appropriate action occurred when observations identified a change in the consumers’ condition.

Based on the summarised evidence above I find the service Compliant with this Requirement.

### 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

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

Consumers and their representatives interviewed confirmed consumers receive the services and supports for daily living that are important for consumers’ health and wellbeing and enable them to do the things they want. Consumers confirmed they are supported in a variety of individual and group activities and are supported to engage socially within and outside the service. Consumers confirmed they are emotionally supported through support from staff, volunteers and their families and friends and have access to religious services and supports in line with their preferences.

The service has systems including policies, procedures and assessments to identify, assess and monitor consumers individual needs and preferences in relation to activities of interest to consumers including consumers emotional, spiritual and social needs. The service develops, and reviews activity programs based on consumer needs and feedback and engages additional services from volunteers, religious groups and the outside community to support consumers needs. Consumers files viewed showed consumers are supported to engage in activities in line with their preferences and are supported to maintain their independence including through provision of suitable equipment.

Consumers interviewed confirmed they enjoy the meals which are of a good quality. The service records consumers’ dietary preferences and these are available to staff preparing and servicing meals and drinks to consumers.

## 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

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

Consumers interviewed confirmed the service environment is safe and comfortable and they are able to personalise their rooms to make it feel like home. Consumers confirmed they are satisfied the service is clean and well maintained and they have access to indoor and outdoor living areas.

Observations by the Assessment Team confirm the service is clean, comfortably furnished and easy to navigate. Consumers were observed enjoying social spaces including indoor and outdoor areas.

The service has systems to ensure scheduled and reactive maintenance and cleaning is completed of the environment and equipment. External contractors are utilised to ensure equipment is maintained and safe. Regular monitoring including through audits is conducted to ensure the environment is clean, well maintained and safe.

## 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

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

Consumers and their representatives interviewed confirmed they are supported and encouraged to provide feedback and raise complaints. Consumers confirmed a variety of ways they can provide feedback including verbally to staff, in writing or through consumer meetings. Consumers confirmed staff and management respond appropriately when they raise complaints or make suggestions and improvements are made.

The service maintains a feedback register to record and monitor feedback and complaints for trends. The feedback register confirmed all complaints are recorded and appropriate action is taken in response to complaints. The service provided examples of implementing improvements to meals and the gym equipment following feedback from consumers.

Staff interviewed confirmed the services complaints processes including knowledge of external complaints and advocacy services. Staff provided examples of assisting and supporting consumers to raise complaints and provide feedback consistent with the service’s policies and procedures.

## 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

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

Consumers interviewed confirmed staff interact with them in a kind, caring and respectful manner and staff have time to listen and talk with consumers. Consumers confirmed staff provide care which is respectful and there are staff there when you need something.

The service has a planned approach to planning rosters and staff allocations to ensure sufficient numbers and skill mix of staff are deployed to deliver safe and quality care and services. The service monitors the workforce through regular performance reviews, monitoring call bell response times, feedback from consumers and representatives and maintaining staff training records. Staff are recruited based on qualifications and experience and appropriate records are maintained and monitored including training on commencement of employment and annual ongoing training.

Staff interviewed confirmed they have sufficient time to complete their roles and are provided training, support and resources to enable them to undertake their roles. Some staff interviewed stated in one area of the service the workload had got busier, however staff confirmed on days where it is busy additional support from clinical staff can be requested.

## 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-COMPLIANTOrganisational 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

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

The finding of Non-compliance in Standard 8 Organisational governance is in relation to Requirement (3)(c)(v) and I have provided reasons for the finding in the relevant Requirement below.

Consumers confirmed they are actively involved in the development and evaluation of care and services including through engagement in various committees and meetings. Consumers confirmed they feel the service is well run and are requested to provide feedback about staffing and improvement activities.

The service is governed through a Board and regular reports and meetings are used to communicate the service’s performance, identify areas for improvement and ensure the Board are informed and accountable for care and service delivery. The organisation has overarching policies and procedures to ensure governance systems are effective including information systems, continuous improvement, financial governance, complaints management, workforce governance and regulatory compliance. However, the service failed to demonstrate they implemented and understood their regulatory responsibility in relation to reporting of one allegation of assault in line with legislation.

The service has effective risk management and clinical governance frameworks. Risk management policies and procedures guide staff in the management of risks associated with consumer care and in recognising and responding to elder abuse. The service demonstrated it has comprehensive procedures and guidance to support the minimisation of restraint, promote antimicrobial stewardship and use open disclosure when things go wrong. Incident reports and analysis are used at various clinical governance meetings to identify risks and improve clinical practice and delivery of care.

## 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 did not report an allegation of assault in line with legislative responsibilities. Relevant summarised evidence included:

* One consumer raised an allegation of assault with care staff which was reported to clinical staff and management.
* Management completed appropriate investigation including follow up interview and review of the consumer.
* However, clinical staff and management did not report the allegation of assault to the Commission or the Police in line with legislative requirements.

The Approved Provider’s response acknowledges the service did not report the allegation of assault as they were satisfied following their investigation no assault had occurred. The Approved Provider’s response demonstrates the service has a comprehensive system including policies, procedures and staff training to ensure allegations and suspicion of assault are reported and one incident not being reported does not demonstrate systemic failure in relation to Requirement (3)(c) in relation to Standard 8 Organisational governance.

The service has demonstrated it has an organisational framework to ensure staff, management and the service are aware of legislative responsibilities, have appropriate training and reporting systems in place. However, the service failed to report an allegation of assault made by a consumer to the Commission and the Police. While the service demonstrated it undertook internal reporting and investigation of the allegation of assault the service did not demonstrate an understanding and application of the compulsory reporting legislation and responsibility to report all allegations and suspicions of assault.

Based on the summarised evidence above I find the service Non-compliant with this Requirement.

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

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

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

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

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

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

# 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.

* Standard 8 Requirement (3)(c)(v): Ensure all allegations and suspicions of assault towards consumers are reported in line with legislative requirements.