Regis Burnside

Performance Report

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**Commission ID:** 6085

**Provider name:** Regis Aged Care Pty Ltd

**Site Audit date:** 27 September 2021 to 30 September 2021

**Date of Performance Report:** 5 November 2021

# Performance report prepared by

Samantha Hicks, delegate of the Aged Care Quality and Safety Commissioner.

# 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** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **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** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 25 October 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall, sampled consumers considered 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.

Staff were observed speaking to consumers in a kind and courteous manner, addressing consumers by name, and generally interacting with the consumers. In addition, care planning documentation used respectful language and recorded the consumer’s life story, preferences, interests and spirituality.

The service was able to demonstrate how they support consumers to take risks and how they respect consumers’ wishes and preferences relating to the risks they choose to take, to enable them to live the best life they can. Staff were able to provide examples of how they support consumers to take risks, such as leaving the service to go on outings unaccompanied and smoking.

All consumers’ personal information is kept confidential. Medication trolleys were not left unattended and nurse’s stations were locked. I addition, the service has policies and procedures in place to ensure consumers are supported to exercise choice and independence regarding the care and services they receive.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, sampled consumers considered they feel like partners in the ongoing assessment and planning of their care and services. Consumers said they were consulted about their care needs and preferences and consulted about any related recommended changes.

Representatives said they received updates following incidents or changes in care. Care files also demonstrated identification of risk using validated assessment tools and history. Progress notes included summaries of consultation with the consumer demonstrating care plans were regularly reviewed.

Care, clinical and Allied Health staff could all identify using care plan and progress notes to understand consumers’ needs, and progress notes showed Allied Health staff and Medical Officers had access to care files.

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-COMPLIANTPersonal 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.

Most sampled consumers considered they receive personal care and clinical care that is safe and right for them. Consumers interviewed said they got the care they needed, staff are familiar with their care needs and updated with changes, and available when they need help. In addition, representatives said they are informed of changes in their family members condition, such as following an incident or deterioration prior to commencing on a palliative care pathway.

Care files sampled demonstrated use of risk using validated assessment tools to identify high risk needs and inform strategies for care. Staff also demonstrated familiarity with consumers cares and preferences and strategies to manage risks or minimise resulting harm.

However, the service was unable to demonstrate consumers get consistently safe and effective personal care is best practice, tailored to their needs and optimises their health and well-being in relation to consumers’ behaviours and use of restrictive practices. Behaviour care plans did not include personalised strategies and consumers with escalating behaviours of concern did not have behaviour charting. When chemical restraint was used, it was not always used in alignment with the circumstances it was prescribed for, and the service did not demonstrate all non-pharmacological strategies had been attempted prior to use for two consumers.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 that the service did not demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care is best practice, tailored to their needs, and optimises their health and well-being. Behaviour Care Plans, used as Behaviour Support Plans, were not tailored to include personalised strategies for management of behaviour. When chemical restrictive practises were used, documentation did not demonstrate all non-pharmacological strategies had been trialled prior to use. In addition, the service had not identified all restrictive practices used and did not have consent for use of restrictive practices for all affected consumers. A representative expressed concern to the Assessment Team that they were disappointed that alternative strategies were not trialled prior to the use of restrictive practices.

Consumers with escalating behaviours did not have behaviour charting or review of care plans in alignment with the service’s policy or in alignment with best practice. Care plans for two consumers with cognitive impairment and recurrent incidents did not identify all behaviours of concern or strategies for management.

Five Behaviour Care Plans were sampled and observed to include description of behaviours with check boxes for staff to identify triggers, goals, and interventions and free form fields available for additional information. Goals appeared identical in all care plans sampled, including to prevent, manage or reduce verbal behaviours, provide other residents with a peaceful environment, maintain other resident’s safety and enable staff to provide care effectively.

The Approved Provider did not refute the Assessment Team findings and instead acknowledged there was improvements required. In response, the Approved Provider submitted a continuous improvement plan to address the issues found on the day of the Site Audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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.*

The service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Validated assessment tools are used to determine risk and inform care, clinical and care staff could identify key areas of risk for consumers in alignment with their care plans, and management analyse clinical indicators for trends to inform staff education and auditing requirements.

Care plans identified key areas of risk, identified through use of validated risk assessment tools and consumer history and incidents. Clinical and care staff could describe consumers’ risks and recent incidents in alignment with their care files. In addition, care staff could describe strategies implemented to prevent further incident or minimise harm for sampled consumers.

Lastly, clinical indicator reports are prepared monthly in relation to weight loss, infections, pressure injuries, behaviour incidents, falls and incident reports, and these are analysed and reported on at a regional level. These reports were used to inform staff education and care audits.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that effective management of high impact or high prevalence risks associated with the care of each consumer.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and 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, sampled consumers considered 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 confirmed they are satisfied with the services and supports for daily living they receive and the services and supports help them do the things they want to do. They are supported to provide feedback on the activities programme.

Consumers confirmed the service has supported them to develop and maintain social and personal relationships, participate in the community and do things of interest to them. In addition, consumers confirmed they are referred to outside services to supplement the lifestyle programme.

Documentation viewed demonstrated a care and lifestyle assessment is undertaken on entry and this information is used to develop a care and service plan based on individual preferences for daily living. The Assessment Team observed a range of activities being undertaken throughout the Site Audit where consumers were observed to be engaged and enjoying activities.

Staff were able to describe what is important to consumers, their needs and preferences and could provide examples of how they support consumers to do things they enjoy and participate in the community, as well as provide emotional and psychological support when required.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall, sampled consumers considered they feel they belong in the service and feel safe and comfortable in the service environment. However, some consumers expressed they were unable to access other areas of the service freely.

Consumers interviewed indicated they are satisfied with the service environment, equipment provided to them to assist them with their daily living activities and feel staff are trained with the use of equipment. In addition, consumers confirmed the service environment is safe, clean and well maintained, one consumer said cleaning staff are very friendly and always do a great job with cleaning my room.

Consumers’ rooms were observed to be personalised, based on their likes and preferences. Communal areas were welcoming and easy to navigate. Staff were observed to be attending to the service environment regularly throughout the Site Audit.

Staff and management interviewed described how they ensure the service environment, equipment and consumers’ rooms are safe, cleaned and maintained. The Assessment Team viewed maintenance and cleaning documentation showing the service has reactive and preventative processes in place to ensure the service environment is safe, clean and well maintained.

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

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

The Assessment Team found that whilst the service demonstrated that most of the service environment was safe, clean, and well maintained, the smoking area did not have an accessible fire extinguisher posing a safety risk to consumers. Additionally, the service was unable to demonstrate that the environment enables all consumers to move freely inside and outside onto balconies and external courtyard areas.

The service environment layout consists of eight wings spread over two buildings. The Assessment Team found that some consumers were unable to move around the service due to keypad/keycodes applied to lifts, buildings and courtyards. Furthermore, the Memory Support Unit sliding door was observed locked and when it was unlocked, it was difficult to slide open, due to the heaviness of the glass doors and debris and dirt located in the door slides.

The Assessment Team interviewed staff about how consumers access the outside area and one said consumers wishing to access the area would need to be supervised by staff and consumers could ask staff for assistance to go outside. However, other staff interviewed said they cannot always take consumers outside if they are busy, as most require supervision. The Assessment Team found an instance of this on the day of the Site Audit where a consumer was restricted in doing what she wanted due to staff unavailability.

The nearest fire extinguisher for the smoking area was observed to be located inside the building in a dining area. The fire provision was in a locked cupboard with a fire extinguisher sign which was not be readily accessible in the event of an emergency. Again, the Assessment Team provided feedback to management, who actioned improvements immediately.

The Assessment Team viewed the service’s reactive and preventative maintenance documentation confirming actions in relation to fire safety checks were conducted by an external contractor, pest control, equipment, hot water systems and waste management. There were no significant outstanding maintenance issues and any open maintenance requests were in the process of being actioned by maintenance.

Lastly, the environment was mostly well-maintained with inside furnishings and structures in good condition. Communal areas and consumers rooms observed were clean and odour free. Cleaning staff member indicated they follow a cleaning schedule ensures inside areas are cleaned regularly. Staff member said they follow guidance provided by the service in relation to the cleaning of rooms of consumers with an infection.

The Approved Provider submitted further information to provide clarity, improvements and refute some of the Assessment Team findings. It is acknowledged that some additional information did provide clarity and predominantly the service did improve areas identified as problematic by the Assessment Team. However, this information did not provide explanation for some of the Assessment Team’s findings, such as accessibility of fire safety equipment. In addition, at the time of the Site Audit, the Assessment Team did find a range of areas that were not easily accessible for consumers nor were consumers supported to move indoors and outdoors at the service to do the things that interest them due to staff availability.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that the service environment:

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall, sampled consumers considered they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. Consumers and representatives interviewed confirmed they felt comfortable and safe to provide feedback. In addition, they have access to provide feedback through a range of forums which included feedback forms, resident meetings, surveys, consultation forums or directly to staff and management.

Management described how the service monitors the frequency of complaints through the register, discusses complaints through a range of forums, and described how they monitor suggestions and complaints. The organisation has an ‘Open Disclosure Policy’ statement to guide staff in ensuring feedback provided is identified, captured, actioned, and reviewed.

Clinical staff were able to discuss the process for acting on any consumers’ concerns or complaints and were familiar with the open disclosure process.

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, sampled consumers considered that they get quality care and services from people who are knowledgeable and capable. Some consumer representatives were not satisfied staff interacted with consumers in a manner that was respectful, and information provided by staff in relation to consumers care was not meaningful.

However, the service demonstrated the workforce is recruited, trained and equipped to deliver the outcomes required by these standards. In addition, the service was able to demonstrate regular assessment, monitoring and review of workforce performance, and staff confirmed the service supports them to maintain the contemporary knowledge required to deliver care.

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.*

The Assessment Team found that the service was unable to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Some consumer representatives were not satisfied staff interacted with consumers respectfully. Practices and documentation observed did not consistently promote the dignity, culture and respect of consumers. In addition, some representatives did not feel consumers were always treated in a manner that was respectful or promoted their well-being.

The Approved Provider submitted further information to provide clarity, context and refute some of the Assessment Team findings. This information also included documented evidence. It is clear from this information and evidence that although the Assessment Team did conclude that there were inconsistencies in workforce interactions with consumers, contextual information provided was able to satisfactorily explain what was seen on the day of the Site Audit. In addition, representative feedback was shown to be in opposition to the wishes of the consumer. Based on what the Approved Provider has submitted there is not enough evidence to show a systemic concern with workforce interactions with consumers.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall, sampled consumers considered the organisation is well run and they can partner in improving the delivery of care and services. The service was able to demonstrate consumers are actively engaged and supported in the development, delivery and evaluation of care and services. Consumers are provided information through feedback processes and when suggestions, feedback, complaints and compliments are made, the service actions them immediately.

The service has an established and documented governance framework and demonstrated the governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Management provided documentation showing the Board meets monthly, and topics discussed include committee reports from subcommittees, including the Audit, Risk and Compliance Committee and Clinical Governance and Care Committee.

The organisation demonstrated effective identification and monitoring of high impact or high prevalence risks related to the care of consumers. In addition, the service monitors abuse and neglect of consumers, investigates alleged incidents and take action.

The service’s complaints register showed complaints were documented, managed and resolved in accordance with the organisation’s open disclosure policy and complaints resolution/feedback processes.

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

## Assessment of Standard 8 Requirements

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

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

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

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

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

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

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

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

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

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

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 3(3)(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.
* Continue to implement continuous improvement plan as supplied to the Commission.
* Ensure restrictive practices are reviewed so they are reduced as much as possible. Where they are still required, ensure that there have been other strategies tried, evaluated and recorded. There should also be the right consents in place.
* Review behaviour plan management to ensure that consumers are receiving individualised strategies relating to their behaviour management needs.

### 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.
* Review all fire safety equipment and ensure it is easily accessible.
* Review all practices at the service to ensure that consumers can easily access both indoors and outdoors freely and ensure that this is maintained.
* Continue to make improvements to the availability of staff to assist consumers to move more readily between indoors and outdoors.