Rivulet

Performance Report

14 Gore Street
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**Commission ID:** 8051

**Provider name:** Southern Cross Care (Tas) Inc

**Site Audit date:** 19 January 2021 to 22 January 2021

**Date of Performance Report:** 15 March 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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **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) | Non-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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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 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 dated 17 February 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.

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.

The management of the service transferred its current approved provider on 01 December 2020. An electronic assessment and care planning system is being implemented. The service currently uses the existing paper based assessment and care planning records as the primary source of information. As reassessments occur or care needs change, the new system is utilised. The Assessment Team noted some inconsistencies in information between the two systems, however, these were not systemic. Staff have accesses to assessment and care planning information relevant to their role.

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.*

The Assessment Team’s report outlines inconsistencies between assessment and care planning documentation in the service’s paper based records and electronic records.

The approved provider’s response notes that it took ownership of the facility on 1 December 2020 and is in the process of moving records from a paper based system to an electronic system. The response asserts that while information is in a ‘transition’ phase the paper based records remain ‘the single point of truth’ and information is accurate. The approved provider states the electronic record system will provide a greater level of detail and future assessments and care planning will be undertaken in conjunction with consumers and representatives. A planned approach to training and auditing of records until assessment and care planning is fully electronic is outlined in the approved provider’s response.

Based on the evidence (summarised above) the service complies with this Requirement. While some conflicting information is evident assessment and care planning is being undertaken.

### 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.*

The Assessment Team’s report notes some negative feedback from consumers and representatives regarding the extend to which they have been involved in care planning. The time frames of some of the comments relate to the previous provider’s tenure.

The approved provider demonstrated that the clinical care team have a schedule of planned case conferences and this is being generally adhered to.

Based on the evidence (summarised above) the service is demonstrating a partnership approach to assessment and planning, accepting that it will take some weeks to cycle through all consumers and their representatives.

### 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.

The Assessment Team found that sampled consumers did not always receive personal care and clinical care that is safe and right for them. For example:

* Practices for the use of psychotropic medication did not always align with best practice.
* Specific care directives were not implemented for some consumers placing them at risk.

The Quality Standard is assessed as Non-compliant as two 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 the service did not demonstrate a best practice approach to the use of chemical restraint. Clinical staff did not demonstrate that psychotropic medication was used as a last resort and only after all other strategies were exhausted. Further, the Assessment Team found documented strategies to reduce the use of psychotropic medications were not tailored to individual consumers but were generic. Staff were unable to articulate strategies they had trialled for consumers subject to chemical restraint. Staff interviewed did not demonstrate that relevant information, such as behavioural charting, was completed in a way that supported general practitioners to understand what strategies were working for the consumer in order to minimise the amount of psychotropic medication administered. Charting only occurred when behaviours occurred so did not provide a complete picture of what might be working, so that things that were helpful could be communicated to staff.

The Assessment Team reviewed the service’s psychotropic register which is used to monitor consent and other aspects of the use of chemical restraint and found the information was not accurate.

Representatives interviewed gave feedback that they were unaware of some of the medications being used and some had not consented to the use of psychotropic medication.

The approved provider’s response to the Assessment Team’s report asserted that consumer’s care is being managed in line with care plans. For example, to provide milo and encourage the consumer to attend activities. No evidence was presented via progress notes or similar that these strategies were actually applied by staff prior to the administration of the psychotropic medication. Some activity records were provided but the dates / timelines did not always align with the time / day of the administration of medications.

The approved provider noted further training is being undertaken with staff and that care plan consultations are occurring with consumers and their representatives.

Based on the evidence summarised above, the service’s approach to the use of psychotropic medication is inconsistent and a review of all the available information supports the Assessment Team’s finding that a best practice approach to the use of psychotropics is not always being used by the service.

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

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

The Assessment Team found risk assessments had not been undertaken for one of the consumers recently transferred into the service from another facility. Staff interviewed were unclear on how to manage the risk of a fall during transfers for the new consumer. For another consumer staff said they were unaware a compression bandage was to be used to reduce the risk of a poor clinical outcomes and to help pain management. The Assessment Team also observed medication to be unsecured in a consumer’s room. The Assessment Team were alerted by a consumer that their catheter bag was left on the floor and this was unsatisfactory.

The approved provider’s response refutes the Assessment Team’s findings. In relation to the consumer at risk of falls, an admission data base assessment form was submitted. The form identified a risk of falls. Instructions on the form state to complete a ‘falls risk and safety assessment’ if a risk of falls is identified. Evidence of this being undertaken was not submitted. In support of the approved provider, progress notes outline ongoing consultation with the physiotherapist, however the notes also support feedback from the consumer that they were anxious and felt unsafe. A skin tear sustained during a transfer is noted in the progress notes shortly after entering the service.

In relation to the application of compression garments the approved provider submitted a management initiated care planning partnership record, this is a record of consultation with a family member. It is dated 22 January 2021, the second day of the site audit. A skin risk assessment dated after the conclusion of the site audit and an update to the consumer’s care plan was also submitted.

In relation to the consumer who self-medicates, and the observation of the Assessment Team of medication being unsecured, the approved provider stated that the consumer, who is immobile, has agreed to have their room door locked from the outside, meaning that no one is able to enter their room, outside of staff members, however the room remains unlocked from the inside. The response stated the medications remain in the room in a locked medication box.

The approved provider’s response accepts the poor practice of staff in relation to the consumer’s catheter bag and has taken steps to address this issue.

Based on the evidence (summarised above) the approved provider does not comply with this Requirement. The approved provider’s response does address some of the deficits in risk identification which the Assessment Team’s report identifies. However, the management of the assessed risks is unsatisfactory. This is because one consumer’s experience of the care was unsatisfactory and has resulted in injury on one occasion. A second consumer’s risk mitigation strategies (use of compression garment) was not adhered to by staff, as reported by staff themselves.

### 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.*

The Assessment Team found the service did not comply with this Requirement and noted poor management of a consumer’s catheter bag and some infection prevention measures not being adhered to by staff, such as social distancing. Infection prevention training records were in order and staff described how they minimise the use of antibiotics.

The Assessment Team’s evidence on the catheter bag has been considered in Requirement 3b.

The approved provider’s response to the Assessment Team’s report states that the service has an infection control ‘lead’ at the site who has oversight of staff practice and is accountable for ensuring practices reflect the service’s infection control policies.

Base on the evidence (summarised above) the approved provider complies with this Requirement, the service has the expertise and resources to minimise infection related risks and is managing antibiotics effectively.

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Most consumers and their representatives confirmed they are offered a range of activities within the service which meet their needs and staff actively encourage all consumers to participate in activities. Overall consumers felt their independence and wellbeing was supported.

Consumer feedback on the quality of the dining experience was generally negative.

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

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

The Assessment Team interviewed a sample of consumers and representatives on the quality of the meals and received feedback that the food is sometimes of poor quality and lacks variety. Issues identified included the temperature of meals, overcooked food, item preferences not being adhered to and a lack of choice.

The approved provider’s response outlines that at the point of transfer of ownership from the previous provider (six weeks prior to the site audit) consumers did not wish to change to the menu. It also notes general catering staff remain in their positions and a qualified chef has been recruited. Further consultations have noted dissatisfaction in some areas and the approved provider is seeking to address these.

Based on the evidence (summarised above) the service does not comply with this Requirement. While the approved provider is taking actions to improve the quality and variety of the meals at the service, the overwhelming majority of consumers who provided feedback are dissatisfied with one or more aspect of their dining experience.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Most sampled consumers considered they feel they belong in the service and feel safe and comfortable in the service environment.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

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.*

The Assessment Team’s report notes mixed feedback on satisfaction levels with how complaints are resolved.

The approved provider’s response demonstrates that open complaints were not fully disclosed to them at the time of the change of ownership and provided evidence that they are working to resolve open complaints.

The approved provider complies with this Requirement, the evidence submitted evidences an active complaint resolution approach. Consumers and representatives told the Assessment team that since the ownership change management have offered their apologies to them after they raise an issue, or a complaint and actions are being taken to resolve complaints.

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

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

# STANDARD 7 NON-COMPLIANTHuman 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.

Most sampled consumers considered they get care and services from people who are knowledgeable, capable and caring. However, consumers and representatives expressed dissatisfaction with staff numbers and outlined how this impacts the quality of care they receive.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

Consumers and representatives interviewed by the Assessment Team expressed their dissatisfaction with the staffing level at the service and said there are insufficient staff to meet the care needs of consumers. Consumers described staff leaving them to attend to other consumers part way through care, feeling like a nuisance and trying to be strategic about when to use the call bell so as to avoid delays in staff attending to their needs.

The approved provider’s response states staffing rosters have not changed as a result of the business transition, outlined current staffing ratios and call bell response times. The response did not address consumer and representative feedback.

Based on the information (summarised above) the approved provider does not comply with this Requirement. Consumers described how they are negatively impacted by how the workforce is managed, and deficits in how care is delivered is evidenced in Standard 3 of this report.

### 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 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).

Some sampled consumers considered the organisation is well run and they can partner in improving the delivery of care and services. However, some also said the transition from the old service provider to new management team could have been handled better. Consumers and representatives are hopeful the new management will make positive changes to the service. Some of the changes made include the hiring of a chef and the implementation of an electronic case management system.

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.*

### 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.*
* Establish processes to ensure staff are knowledgeable about what constitutes best practice clinical and personal care and ensure clinical oversight is effective in identifying when care below this standard is being delivered.
* Ensure care strategies are tailored and individualised to minimise the use of psychotropic medication. Demonstrate that staff are aware of tailored strategies and that they undertake these specific strategies and use a pharmacological alterative when all the strategies are exhausted and only as a last resort.
* Ensure documentation of care delivery evidences best practice care.

### Requirement 3(3)(b)

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

* Where risks to the consumer’s health and wellbeing are known, ensure care is delivered by suitably trained staff in a way that is agreed with the consumer, mitigates any risk to as great an extent as possible, and optimises the consumer’s health outcomes.
* Ensure staff can articulate any relevant risks for consumers who they care for and how each risk is being minimised.

### Requirement 4(3)(f)

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

* In consultation with consumers ensure the dining experience meets consumers’ expectations. Ensure meals are appetising, served at the correct temperature, varied and of a quality and quantity that meets consumers’ expectations.

### Requirement 7(3)(a)

*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.*

* Deploy staff in a way that ensures consumers experience the delivery of care in a way that reflects their needs, supports their dignity, is timely and effective.
* Demonstrate that consumer feedback on care which does not meet their needs is addressed with staff and relevant action taken.