Rosewood Care Leederville

Performance Report

5 Britannia Street
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**Commission ID:** 7094

**Provider name:** Rosewood Care Group (Inc)

**Site Audit date:** 27 October 2020 to 29 October 2020

**Date of Performance Report:** 27 January 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) | 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** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-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 representatives interviewed confirmed consumers are treated with dignity and respect and are supported to make informed decisions and choices about their care and services. Consumers confirmed they feel valued as individuals and staff know what is important to them and how to support them to continue doing what they enjoy, including where risks are involved and encourage independence. All consumers confirmed their information and confidentiality is maintained. Majority of consumers confirmed staff respect their privacy, however two consumers stated staff at times don’t support their privacy during the provision of care.

The service has policies and procedures to direct staff in supporting consumers to make choices and decisions in relation to care, others they wish to be involved in decision making and who they wish to connect with. The service has assessment processes to identify what is important to consumers, including consumers’ cultural preferences and unique life histories. Information about the consumers is documented and communicated to those providing care. Consumers who choose to take risks to continue doing the things important to them are supported through consultation and risk mitigation strategies which are documented to guide staff in supporting consumers to live their best life. Staff interviewed provided examples of supporting consumers’ cultural needs, independence and decision making in line with the service’s policies and procedures.

## 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

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 are partnered and consulted in the assessment and planning of consumer care. Consumers confirmed staff discuss consumers’ care preferences with them. Consumers and their representatives confirmed staff meet with them to discuss the care plan and inform them of any changes or incidents.

The service uses validated assessment tools to identify consumers’ needs, including risks and the assessments are used to develop personalised care plans for consumers. Consumer assessments and plans viewed showed consumers’ current needs, goals and preferences including advance care directives are identified and documented in a care plan to direct the delivery of care and services. Medical officers and other health professionals are involved in the assessment and planning of consumers’ care and their directives are reflected in the care plans.

Staff interviewed confirmed an assessment processes in line with the service’s procedures including completing assessments when a consumer enters the service, when incidents and changes occur and regular reassessment and review of care plans. Staff provided examples of how they support the consumer and their representatives to be involved in the assessment process.

## 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

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

The Assessment Team found the service did not meet Requirement (3)(b) in relation to Standard 3 Personal care and clinical care. Based on the Assessment Team’s report and the approved provider’s response I find the service Non-compliant with Requirement (3)(b) and have provided reasons below.

Consumers and their representatives interviewed confirmed staff provide safe and effective personal and clinical care. Consumers confirmed they have access to medical officers and other health professionals when required. Some representatives were not always satisfied staff managed behaviours of consumers living with dementia effectively.

The service has policies and procedures to direct staff in providing personal and clinical care in line with best practice and staff interviewed demonstrated they understood and delivered personal and clinical care in line with the policies. Consumer clinical assessments and plans show consumers with complex clinical needs including pain and wounds are provided effective clinical care and health specialists are involved in the planning and provision of care including when changes or deterioration occurs. Consumers’ end of life needs, and wishes are identified, recorded in the care plan and staff interviewed demonstrated how they support the comfort of consumers at end of life.

The service did not demonstrate it effectively manages the challenging behaviours of consumers living with dementia including aggression towards others. The service does not ensure effective strategies are implemented to prevent and reduce incidents and risks associated with aggression between consumers. The service demonstrated it has systems to identify and manage other high impact risks associated with consumer care including weight loss, wounds and pain.

### Assessment of Standard 3 Requirements

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

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

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

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

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

The Assessment Team found the service did not demonstrate it effectively managed the risks associated with aggressive behaviours for three consumers living with cognitive impairment, mental health conditions or dementia. Evidence included:

* One consumer with known risk of aggression towards others had 11 incidents in eight months of aggression towards others including eight incidents in seven weeks prior to the Site Audit. Incidents included hitting other consumers on the head and face and pushing them aggressively. The service did not review the effectiveness of current strategies or implement new strategies to manage the consumer’s behaviours of aggression.
* One consumer did not have all incidents of behaviours including entering others’ rooms and threatening others documented in progress notes or evaluations of the effectiveness of the strategies used to manage the behaviour documented.
* One consumer did not have the effectiveness of behaviour management strategies reviewed or updated following three recent incidents of physical aggression towards others.

The approved provider’s response acknowledges the deficits identified by the Assessment Team and have implemented appropriate actions to address the deficits including; review and update of the behaviour management policy, comprehensive review of the three consumers’ assessments and care plans, implementation of new strategies to manage behaviours, education and training for staff, reporting, recording and analysis of behaviour incidents weekly and evaluation of behaviour charting every shift. The service has implemented additional actions of audits, meetings and additional clinical support to monitor the system and staff practice of documentation and recording of behaviour incidents including review of strategies and behaviour charts.

The service has undertaken appropriate actions to address the deficits identified by the Assessment Team in relation to managing risks associated with consumers’ aggressive behaviours. However, at the time of the Site Audit, the service did not demonstrate it was effectively managing high impact risks associated with aggressive behaviours. My finding is specifically in relation to one consumer who had a history and known risk of physical aggression and hitting others and had multiple incidents in the weeks prior to the Site Audit. The incidents impacted multiple other consumers including consumers being hit in the face and pushed. While the service recorded the incidents and monitored the behaviours the service failed to review the effectiveness of the current strategies being used and did not implement additional strategies to reduce or prevent the consumer from hitting and pushing other consumers.

Based on the summarised evidence above, I find the service Non-compliant in relation to 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 to their health, well-being and enable them to do the things they want. Consumers confirmed they are supported to engage in a variety of activities of interest to them including exercise, outings, music, games, spiritual events and special groups. Consumers and their representatives confirmed the service supports the consumers’ spiritual, psychological and emotional well-being.

The service has processes to identify and assess the needs, goals and preferences of each consumer in relation to consumers’ social, emotional, spiritual and relationships and the supports they require to continue doing the things they enjoy. Consumers’ lifestyle plans, and activity charts show consumers are actively engaged in a range of activities in line with the consumers’ needs and preferences. Consumer care plans show others are involved in planning and delivering social supports and maintaining consumer independence including volunteers, families and physiotherapists.

The service has a planned menu based on consumers’ needs and preferences and a variety of meals are ‘home cooked’ on site by a chef who actively seeks consumer feedback and suggestions to improve the food. Consumers confirmed they enjoy the food and are provided choices and alternatives where required. Consumers’ dietary needs and preferences are recorded and available to staff preparing and delivering meals and drinks.

Equipment provided to consumers to assist with independence and enjoyment of their life was observed to be clean and well maintained and processes are in place to monitor and maintain equipment.

## 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 and their representatives interviewed confirmed the service environment is comfortable, safe, clean and inviting. Consumers confirmed they have access to a variety of indoor and outdoor living areas which are comfortable, and they enjoy using for both individual and group social events.

Observations of the service environment show a warm and inviting environment which is easy to navigate, and decorations, lighting and furnishings enhance the environment. The service appeared clean, well maintained and appropriate safe systems were in place including security and coded access to staffing areas.

A schedule is maintained to ensure maintenance and cleaning of the environment and equipment occurs and processes are in place for managing as required cleaning and maintenance. Monitoring is conducted to ensure the environment is clean and safe. Records of maintenance and safety checking of the environment and equipment by contractors are maintained and monitored.

## 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 can provide feedback and make complaints and felt safe and comfortable in doing so. Consumers and their representatives confirmed they are encouraged to raise complaints and feedback through a variety of forums including verbally, at meetings and through surveys and feedback forms. Consumers confirmed staff and management support them and respond appropriately when they raise complaints.

The service has an effective system to gather all feedback and complaints which are then recorded on a complaints, compliments and suggestions register. The register is monitored to ensure all feedback is responded to and appropriate action is taken. Areas for improvement identified from feedback are transferred to the continuous improvement plan.

Staff and management interviewed provided examples of supporting consumers and their representatives to provide feedback in line with the service’s policy and procedures. Management demonstrated they report on complaints and analyse trends to identify improvement areas.

## 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 and representatives confirmed staff interactions with consumers are kind, caring and respectful when providing care for consumers. Consumers confirmed there are enough staff available to provide them assistance when they need it. Consumers and representatives confirmed staff are knowledgeable and have the skills to perform their roles.

The service demonstrated they have a roster which ensures an appropriate mix and number of skilled staff, including nurses, care staff, lifestyle staff and hospitality staff are deployed to provide care and services for consumers. Staff interviewed confirmed they have adequate time to provide care and complete their tasks as allocated and when staff leave occurs the shifts are replaced by appropriate staff.

The service has a system to ensure staff are provided training on commencing employment, annually and when specific training needs are identified. The service has systems to monitor staff practice to ensure staff are competent in performing their roles including regular and as required performance reviews. Professional registrations and police checks are maintained, recorded and monitored.

## 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 service is Non-compliant in Requirement (3)(d) in relation to Standard 8 Organisational governance, reasons for the decision are detailed below.

Consumers interviewed confirmed they believe the service is well run and provided examples of how the service involves them in the development, delivery and evaluation of care and services including through meetings, case conferences and focus groups.

The service’s governing body consists of a Board who the executives report to in relation to outcomes and care and services delivered. The Board promotes a culture of safety and quality through review of services, promotion of continuous improvement and ensuring appropriate policies and support are provided to drive quality care.

The service demonstrated effective governance systems at the service in relation to continuous improvement, regulatory compliance, management of feedback and complaints, workforce governance and management of information. Governance systems include a clinical governance framework which is effective at ensuring policies and systems are in place to guide clinical best practice, infection control management, antimicrobial stewardship and the use of open disclosure when things go wrong.

The service did not demonstrate its risk management system was effective as staff practice was not in line with the organisation’s expectations and processes in managing risks associated with consumers living with dementia and experiencing aggressive behaviours towards others.

## 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) Non-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.*

The Assessment Team found the service did not demonstrate effective risk management systems specifically in relation to staff practice, documentation, assessment, review and reporting of consumer incidents of aggression. The deficits identified were systemic across multiple consumer files and incident reports and multiple staff not implementing processes to identify and manage risks of a period of time. Evidence included:

* The service has ongoing incidents in the dementia specific area of the service of aggression between consumers involving multiple consumers. The service has not effectively used their reporting processes to analyse and identify the risks associated with ongoing incidents.
* The service does not document or record reviews or actions following incidents where the service has used discretion not to report following incidents of aggression including physical assault between consumers.
* There is no evidence of implementing or trialling new strategies following ongoing incidents of aggression and behaviours impacting consumers’ health and well-being.
* The service has undertaken review of the risk management framework and has plans in place to impellent improvements including policies. However, the service had not implemented the improvements or actions prior to the Site Audit.

The approved provider’s response acknowledged the deficits in the risk management system and staff practice as identified by the Assessment Team. The service has implemented the following actions to address the deficits:

* The service has updated the mandatory/discretionary reporting policy and flow charts to direct staff in completing reviews following incidents.
* Staff training in relation to dementia, aggressive behaviours and incident reporting and follow up.
* An audit of all consumers’ care plans to ensure all have current and effective strategies, particularly in relation to behaviours.
* Increased monitoring and reporting of clinical incidents and risks through clinical meetings, documented analysis of incidents and ‘deep dive’ review of individuals or issues prior to discussion at meetings.
* An additional registered nurse has been placed in the dementia support unit to support and monitor staff practice including management of behaviours and completion of documentation.

The service has undertaken appropriate actions to address the deficits identified in the risk management system and shows a commitment to ongoing continuous improvement in the service’s risk management system. However, at the time of the Site Audit the service did not demonstrate the risk management system was effective at ensuring all behaviour incidents of aggression were appropriately actioned or monitored including review of consumers or identification of trends. The service did not identify ongoing risks in relation to aggressive behaviours and did not implement improvements to reduce the risks of harm from aggressive incidents. Staff practice in documentation of consumers’ incidents was inconsistent in the recording and monitoring of behaviours and review of assessments and care plans. The service’s own monitoring systems did not identify the deficits.

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

### 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 3 Requirement (3)(b): Ensure consumers with incidents of aggression are reviewed, including assessment and identification of contributing factors, and appropriate strategies are implemented to effectively manage, reduce and prevent further incidents.
* Standard 8 Requirement (3)(d): Ensure effective risk management processes in relation to management of consumers’ high impact risks of aggressive behaviours and assaults on other consumers are implemented including monitoring of staff practice and identifying trends in incidents.