Ryman Aged Care Australia

Performance Report

242 Jells Road, (at Weary Dunlop Retirement Village)
WHEELERS HILL VIC 3150
Phone number: 03 9566 3900

**Commission ID:** 301024

**Provider name:** Ryman Aged Care (Australia) Pty Ltd

**Quality Audit date:** 10 May 2021 to 11 May 2021

**Date of Performance Report:** 11 August 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-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** | **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 Quality Audit; the Quality 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 Quality Audit report received 4 June 2021.

# STANDARD 1 COMPLIANTConsumer 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

Consumers and representatives confirmed they are treated with dignity and respect, feel safe and described how their backgrounds and needs are understood. Consumers and representatives were satisfied with the support they receive to exercise choice, retain independence and maintain relationships important to them, enabling them to live the best life they can. Consumers and representatives expressed satisfaction with information provision at the service and were satisfied with how their privacy is respected and personal information is kept confidential.

Staff consistently spoke in respectful ways when discussing consumers. Staff support consumers to make informed decisions about their care, including consideration of risk and described how they encourage consumers to retain connections with others. Staff respect consumers’ privacy and keep consumers’ information confidential.

Information provided to consumers reflected inclusive and respectful language. The service’s policies and procedures include consideration of consumers’ privacy and dignity. Regular email correspondence to consumers and representatives was evidenced by the service including the latest COVID-19 information. Privacy and dignity policies, information and training has been provided to staff.

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.*

Based on the information reviewed I find this requirement compliant.

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

*Care and services are culturally safe.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# STANDARD 2 NON-COMPLIANTOngoing 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

While assessments are completed with consumers and/or their representatives to identify consumers’ care and service needs, this process is not applied consistently during all assessments. Important information regarding consumers’ needs, preferences and strategies to manage risks are inconsistently documented in care plans and related care documentation. In addition, despite validated risks assessments being available within the organisation, the use of these for consumers in the home care package program was not observed.

All consumers and/or their representatives interviewed confirmed assessments are initially done in partnership with them. Management demonstrated current efforts are underway to engage with all consumers and/or their representatives about advanced care planning in the coming months. Approximately half have been completed

The service demonstrated care and services are reviewed for effectiveness when consumers’ circumstances change and when incidents occur. However, while services are regularly reviewed and all consumers and their representatives spoken to confirmed they receive a copy of the consumer’s care plan or that the care plan is accessible upon request, information contained in care plans is not always accurate and reflective of consumers’ current care requirements.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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 observed while assessments are completed with consumers and/or their representatives to identify consumers’ care and service needs, this process is not applied consistently. The Assessment Team noted important information regarding consumers’ needs, preferences and strategies to manage risks are inconsistently documented in care plans and related care documentation. The Assessment team also found that, despite validated risks assessments being available within the organisation, the use of these for consumers in the home care package program was not observed.

The provider submitted a response in which it did not refute the findings and which included several improvements that have since been implemented since the performance review, including tailoring and improving its care management systems. It also supplied its plan for continuous improvement which supports these improvements. While I acknowledge the improvements and the provider’s strong engagement with the issues, I consider that the provider will need time to monitor and evaluate these changes to ensure they are effective and are sustainable. I find that at the time of the Quality Audit the provider was Non-Compliant with this requirement.

I find this requirement Non-compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### Requirement 2(3)(d) Non-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.*

The Assessment Team found that while all consumers and their representatives confirmed they receive a copy of the consumer’s care plan or that the care plan is accessible upon request, information contained in care plans is not always accurate and reflective of consumers’ current care requirements.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response includes several improvements that have since been implemented since the performance review, including additional training for staff, upgraded assessment and planning system, and new audits to ensure compliance. The approved provider in their response, has also supplied a plan for continuous improvement and has not refuted the Assessment Team’s findings of the service at the time of the audit.

While I acknowledge the improvements and the provider’s strong engagement with the issues, I consider that the provider will need time to monitor and evaluate these changes to ensure they are effective and are sustainable. I find that at the time of the Quality Audit the provider was Non-Compliant with this requirement.

I find this requirement Non-compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

# STANDARD 3 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 service demonstrated consumers are receiving effective clinical and personal care and that high impact and high prevalence risks associated with the care of consumers are generally identified and managed effectively. While documentation about consumers was limited in some circumstances, on balance generally information about the consumer’s condition, needs and preferences was communicated within the organisation.

The service demonstrated the needs of consumers requiring end of life care are recognised and there are established processes to ensure palliative care services are called upon.

The service demonstrated when deterioration in a consumer’s health has been observed they respond in a timely manner. The service demonstrated a referral network and referral processes are in place to a range of service providers.

The service demonstrated policies and procedures for the minimisation of infection risks, including minimisation of COVID-19 infection risks, are in place.

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

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

The Assessment Team found that the service did not demonstrate information about each consumer’s condition, needs and preferences is documented in a way which could support effective and safe sharing of the consumer’s care, including management of the wounds of consumers and details of when a suprapubic catheter has been changed not being recorded.

While I have identified that documentation was limited in some circumstances, on balance I am satisfied that generally information about the consumer’s condition, needs and preferences was communicated within the organisation. In coming to this conclusion I have taken into account the Assessment team’s findings that some written documentation was identified, that clinical outcomes were positive and feedback from consumer’s representatives was that care was being given as required. However, the provider is encouraged to continue to implement the improvements it identified, particularly in relation to wound registers and training for staff. Further, I consider that the improvements identified in relation to Standard 2 requirements 2(3)(a) and 2(3)(d) will assist in informing these improvements.

I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

# 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

Overall, consumers and/or their representatives interviewed described getting the services and support for daily living that enhance the consumer’s independence and quality of life. Consumers are receiving effective supports for daily living and staff demonstrated a good understanding of individual consumers, however the service did not demonstrate that information about their needs and preferences relating to supports for daily living was effectively detailed in care plans and/or related care documentation. Care plans and related care documentation included little information regarding consumers’ life histories, interests or what is important to them regarding supports for daily living.

Where equipment was provided through the Home Care Package, consumers and staff indicated it was safe, and effective maintenance processes are in place. The service demonstrated where meals are provided and prepared, they meet consumers’ individual needs, and consumer and representative feedback was positive.

The Quality Standard is assessed as Non-compliant as one (1) 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### Requirement 4(3)(d) Non-compliant

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

The Assessment Team found that while consumers are receiving effective supports for daily living and staff demonstrated a good understanding of individual consumers, information about their needs and preferences relating to supports for daily living are not effectively detailed in care plans and/or related care documentation. Care plans and related care documentation included little information regarding consumers’ life histories, interests or what is important to them regarding supports for daily living.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response includes several improvements that have since been implemented since the performance review, including additional training for staff, upgraded assessment and planning system, and new audits to ensure compliance. The approved provider in their response, has also supplied a plan for continuous improvement and has not refuted the Assessment Team’s findings of the service at the time of the audit.

While I acknowledge the improvements, I consider that the provider will need time to monitor and evaluate these changes to ensure they are effective and are sustainable. I find that at the time of the Quality Audit the provider was Non-Compliant with this requirement.

I find this requirement Non-compliant.

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

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

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# STANDARD 5 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

All consumers interviewed commented positively regarding service facilities and felt the service was safe, welcoming, clean and well maintained.

The service environment is accessible to all consumers using walking frames or related devices and is of a design that supports people living with dementia and those living with disabilities.

There are appropriate maintenance systems in place with staff confirming their understanding of how to use these and their responsiveness.

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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# STANDARD 6 COMPLIANTFeedback 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

Overall consumers and representatives were confident they could provide feedback and make complaints. While consumers were not aware of other methods for raising complaints, the majority expressed satisfaction with complaints processes and felt they could approach staff or management if they had a concern and were satisfied with the services response when things did not go to plan. Consumers and representatives are satisfied with how complaints are reviewed and noted improvements in care and services.

Staff could describe how to support consumers to provide feedback. Although staff were not familiar with the term ‘open disclosure,’ they were able to verbalise an appropriate response in situations when things did not go to plan. Staff were able to discuss how feedback from consumers is used to improve their care and services.

Some inconsistencies in the feedback and complaints information available to consumers was observed, however consumers and representatives were satisfied they could contact management for assistance. Management took immediate action to address the issue. The service is monitoring, analysing and using feedback and complaints from consumers to effect change and improvements to services.

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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# STANDARD 7 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

Consumers and representatives were satisfied with staff availability and commented that staff are kind, caring and respectful when providing care and services. Consumers and representatives were satisfied with the competence and knowledge of staff and their abilities.

All staff interviewed demonstrated kind, caring and respectful regard for consumers.

Care staff advised they have enough time to complete tasks and can request additional time if required. Staff demonstrated a familiarity with consumers’ needs, were confident in their roles and reflected awareness of their roles and responsibilities. Staff discussed initial induction processes, ‘buddy’ shifts, staff meetings including ‘huddles,’ toolbox sessions and mandatory training modules. An electronic staff ‘chatter’ is used to communicate with the team and individual staff.

Communication and teamwork have improved as evidenced through staff feedback, regular meetings, ‘huddles,’ weekly newsletters and contact with care staff and coordinators.

The service has a human resources policy which includes consideration of consumers’ acuity needs when discussing workforce planning.

Monitoring of contracted staff training or evidence of training completed is not sought by the service, instead relying on feedback from staff and consumers to monitor the quality of care and services provided.

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.*

Based on the information reviewed I find this requirement compliant.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# STANDARD 8 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

Consumers are engaged in the development, delivery and evaluation of care and services.

Management advised that the governing body promotes a culture of safe, inclusive and quality care, and at service level management has identified opportunities to strengthen oversight and delivery of home care package services.

Generally effective organisation wide governance systems and risk management systems and practices were demonstrated. A clinical governance framework was in place.

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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

The Assessment Team found that the service did not demonstrate effective organisation wide governance systems and processes are used in the home care package program. While consumers can access care information in relation to care and services, the information is not always correct, reflective of consumers’ current care requirements, needs and preferences and has the potential to compromise consumers’ safety.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response includes several improvements that have since been implemented since the performance review, including additional training for staff, upgraded assessment and planning system, and new audits to ensure compliance. The approved provider in their response, has also supplied evidence associated with questions asked by the Assessment Team including indications of Board meeting minutes, training of contracted providers, and policies.

I have reviewed this additional material and the Assessment Teams report, and consider that generally the provider has effective organisation wide governance systems. I have considered issues in relation to assessment and planning of consumers under Standard 2 requirements 2(3)(a) and 2(3)(d).

I find this requirement compliant.

### 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.*

The Assessment team found that while the organisation has risk management systems and practices to manage risk, identify and respond, these processes are not applied within the home care package program. Despite validated risks assessments being available within the organisation, the Assessment Team did not observe these are used for consumers in the home care package program.

I consider that this information relates to assessment and planning of consumers and I have considered it under Standard 2 requirements 2(3)(a) and 2(3)(d). Under those requirements I have detailed the issues identified and the provider’s response and improvements implemented.

I find this requirement compliant.

### 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.*

The Assessment Team found that the organisation has a clinical governance framework to support the delivery of safe clinical care and delivery, and that while the service is generally achieving positive clinical and personal care outcomes for consumers, the information available in consumers’ documentation consistently lacks relevant detail to inform safe and effective care delivery. Care plans and related documentation lack sufficient detail to support shared responsibility of care.

While assessment and planning does feed into clinical care, I have considered that information under other requirements, and I consider that a clinical governance framework exists which generally supports safe, quality clinical care.

I find this requirement Compliant.

# Areas for improvement

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

### Requirement 2(3)(a)

*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.*

* Ensure that, on an ongoing basis, information about each consumer is considered, including risks to the consumers health and well-being, and assists to inform the safe and effective care and services
* Demonstrate that, where validated risks assessments are available, they are used for consumers.

### Requirement 2(3)(d)

*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.*

* Ensure that information in care and services plans is accurate and reflective of consumers’ current care requirements.

### Requirement 4(3)(d)

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

* Ensure that information about consumers’ needs and preferences relating to supports for daily living are effectively detailed in care plans and/or related care documentation, and includes information regarding consumers’ life histories, interests or what is important to them regarding supports for daily living.