SummitCare Penrith

Performance Report

366 Jamison St  
JAMISONTOWN NSW 2750  
Phone number: 02 4721 2512

**Commission ID:** 0522

**Provider name:** St Marys Gardens Aged Care Centre Pty Limited

**Site Audit date:** 10-13 December 2019

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the site audit; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the site audit report received 10 January 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

Overall sampled consumers confirmed that 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.

For example:

* Consumers said staff are kind and treat them with respect ensuring that their personal information and privacy is respected and maintained. Consumers said they are encouraged to be independent and do things for themselves. Overall consumers said they are satisfied with the information they receive that supports them to make informed choices about the things they like to do in their daily lives. They are confident that staff do get to know them and what is important to them and support them to meet their goals and preferences.

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 service has a risk management framework to assess, support where risk is identified, consumer choice and decision making. This includes steps to identify where there is an identified risk, or the consumer has and impaired capacity to be able to make an informed decision. The service was seen to have policies and procedures supporting this identifying consumers’ as the ultimate decision maker in their care planning and service delivery.

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

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

Most consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* All the consumers interviewed said they had been involved in the development of their care, with some consumer representatives saying they had been involved in assessment and care planning process.
* The Assessment Team was satisfied that care and service plans are developed in consultation with consumers, and their preferences are adequately recorded or that consumers have ready access to their care and services plan.
* Staff could describe how consumers, and others who contribute to the consumers care, work together to develop and review a tailored care and services plan.
* The care plans are regularly reviewed, with consumer’s preferences clearly described.
* The Assessment Team was satisfied that advance care planning and end of life planning addresses the consumers’ needs, goal and preferences.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

### Requirement 2(3)(b) Compliant

Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

### Requirement 2(3)(c) Compliant

The organisation demonstrates that assessment and planning:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

### Requirement 2(3)(d) Compliant

The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

### Requirement 2(3)(e) Compliant

Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Most consumers did consider that they receive personal care and clinical care that is safe and right for them and confirmed they get the care they need always or most of the time.

However, the service was unable to demonstrate that consumers were consistently getting safe and effective clinical care that was best practice and optimized the consumers health and wellbeing.

The service was able to demonstrate through documentation review that the needs, goals and preferences of consumers nearing end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Care staff demonstrated a good understanding of palliative care.

The service demonstrated that there are systems and processes in place to prevent and control infections. The service has provided information to consumers, staff and representatives about antimicrobial stewardship to increase their awareness.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that the Approved Provider was unable to demonstrate that consumers were consistently getting safe and effective clinical care that was best practice and optimized the consumers health and wellbeing. The Assessment Team provided evidence and findings that consumers were not managed effectively in relation to wound management and nursing services.

The Approved Provider submitted a response to the Assessment Teams report which included actions taken to mitigate the recommendation of non-compliance in this Requirement and to provide clarifying information in relation to some of the Assessment Teams findings. Information I have considered included care plans, monitoring forms, assessments and progress and medical note extracts. I acknowledge that the Approved Provider provided evidence to support safe and effective care for some of the consumers mentioned in the Assessment Teams report.

While I acknowledge the Approved Provider’s proactive response to the Assessment Teams findings, I find that at the time of the site audit, the service did not provide each consumer with safe and effective clinical care, including wound care and nursing services that was best practice or optimised their health and well-being.

I find the Approved Provider does not comply with the Requirement.

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

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

I have reviewed the Assessment Teams report and the Approved Provider response including care plans, monitoring forms, assessments, incident reports, progress notes, medical notes and correspondence.

I acknowledge that the Approved Provider provided evidence to support the management of high impact or high prevalence risks for some of the consumers mentioned in the Assessment Teams report. Evidence and findings in relation to the care of other consumers mentioned in the Assessment Teams report was considered under Requirement 3(3)(a).

I find the Approved Provider is compliant with this Requirement.

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

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

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

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

I have reviewed the Assessment Teams report and the Approved Provider response including care plans, monitoring forms, assessments, incident reports, progress notes, medical notes and correspondence.

I acknowledge that the Approved Provider provided evidence that 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 for some the consumers mentioned in the Assessment Teams report. Evidence and findings in relation to the care of other consumers mentioned in the Assessment Teams report was considered under Requirement 3(3)(a).

I find the Approved Provider is compliant with this Requirement.

### 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.

I have reviewed the Assessment Teams report and the Approved Provider response including care plans, monitoring forms, assessments, incident reports, progress notes, medical notes and correspondence.

The Approved Provider has demonstrated that 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.

I find the Approved Provider is compliant with this Requirement.

### 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

Overall sampled consumers confirmed that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers said they feel supported to engage in daily activities and are part of setting goals, identifying preferences regarding their care and services.
* The majority of consumers said they are satisfied with the activity program.
* There were consumers who said the quality of their day is enhanced by companionship, sitting and chatting or being with family or other consumers. The assessment Team observed many families visiting during the site audit and participating in day-to-day life in the service.
* Overall consumers said they were satisfied with the food service. That there is a choice of meals and variety in the food on the menu. They said they are asked about portion size and have enough to eat and can ask for additional snacks and drinks when hungry.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

Services and supports for daily living assist each consumer to:

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-COMPLIANT Organisation’s services 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

Most consumers indicated that they feel they belong in the service, and feel safe and comfortable in the service environment.

For example:

* The majority of consumers said they are satisfied with their living environment and that they can move freely around the interior of the building.
* Most consumers expressed their satisfaction with the cleanliness of the service, however, issues were raised by representatives about the consistency of the cleanliness of the environment.

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.

* Management said they are continuously looking for ways to improve the living environment and consult with consumers to do so. They also use environmental audits to ensure any hazards are identified and addressed.
* The service has had reports commissioned on how to improve the environment to be more conducive for consumers living with dementia. This is progressing where outdoor environments have been opened-up and planted to create gardens consumers want to use. Furnishings and prints have been used to brighten the interior and make it homelier.

However, the service was unable to demonstrate it consistently maintains the cleanliness of its environment and in particular the timely management of spills. That this process is effectively monitored and reviewed for effectiveness. Management were unable to demonstrate that Magnolia, the secure dementia unit, consistently provided a safe and comfortable environment for the consumers currently living there.

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

## Assessment of Standard 5 Requirements

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

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

I have reviewed the Assessment Teams report and the Approved Provider response.

The Assessment Teams findings included that overall the service was observed to have sufficient light and to be free from clutter. Furniture and furnishing were mostly clean and bright. And that overall the service was welcoming, reasonably maintained and fresh.

The Approved Provider demonstrated that improvements to the living environment have been occurring and has future plans to continue to improve and enhance the living environment.

Based on this I find this requirement is compliant.

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

The service environment:

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

I have reviewed the Assessment Team’s report and the Approved Provider response including care plans, monitoring forms, assessments, incident reports, progress notes, medical notes and correspondence.

The Assessment Team’s findings included ongoing consumer and representative dissatisfaction with aspects of cleanliness of the service including consumers bedrooms and toilets. The Assessment Team’s findings include ongoing concern from representatives about the safety of consumers in the secure unit, with an increase in aggressive behaviours from some consumers.

While I acknowledge the Approved Provider’s response to the Assessment Teams findings, including commencing improvements to the secure unit such as painting and improved outdoor areas, I find that at the time of the site audit, the service did not ensure a safe and clean environment for consumers.

Based on this I find this requirement is non-compliant.

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

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

# STANDARD 6 NON-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

While most sampled consumers and representatives did consider that they are encouraged and supported to give feedback and make complaints, they are not satisfied that appropriate action is taken.

For example:

* Consumers and representatives interviewed all said they felt comfortable raising a complaint directly with staff or management.
* However, representatives sampled who raised complaints recently were not satisfied their issues were followed up and resolved effectively.

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 service demonstrated it has a feedback system where complaints are received and recorded into a register and investigated as required. All complainants are contacted by management to acknowledge receipt of their complaint.
* Representatives sampled were not satisfied with the service’s ability to follow up their complaints and take appropriate action. The service did not demonstrate that they reviewed their responses to complaints to ensure complainants were satisfied with the outcomes.
* The service did not demonstrate that the feedback from complaints was used to improve the quality of care and services on an ongoing basis.

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

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

I have reviewed the Assessment Teams report and the Approved Provider response.

The Assessment Team found that the Approved Provider was unable to demonstrate that appropriate action is taken in response to complaints.

The Assessment Team provided evidence and findings that representatives sampled were not satisfied with the service’s ability to follow up their complaints and take appropriate action. The service did not demonstrate that they reviewed their responses to complaints to ensure complainants were satisfied with the outcomes.

The Approved Provider submitted a response to the Assessment Teams report which included information to provide clarifying information in relation to some of the Assessment Teams findings.

While I acknowledge the Approved Provider’s proactive response to the Assessment Teams findings, including demonstrating an open disclosure process and arranging meetings with the concerned representatives. I find that at the time of the site audit, the service did take appropriate action in response to complaints.

I find the Approved Provider does not comply with the Requirement.

### Requirement 6(3)(d) Non-compliant

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

I have reviewed the Assessment Teams report and the Approved Provider response.

The Assessment Team found that the Approved Provider was unable to demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services.

The Assessment Team provided evidence and findings that representatives sampled were not satisfied with the service’s is using feedback from complaints to improve the quality of care and services on an ongoing basis. The service did not demonstrate that common issues from the complaints register were identified as opportunities to be included as part of the continuous improvement plan.

While I acknowledge the Approved Provider’s proactive response to the Assessment Teams findings, including arranging case conferences or meetings with the concerned representatives. I find that at the time of the site audit, the service did not demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services.

I find the Approved Provider does not comply with the Requirement.

# 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

Most sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Of the consumers and representatives sampled, all said staff were kind, caring and respectful to them all or most of the time.
* Of the consumers sampled, most felt confident that staff are skilled enough to meet their care needs and all think they receive good care and they received timely assistance from staff when required.

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.

* All staff interviewed were asked about their workloads. Most said they had enough hours in the day to deliver quality care or services, all or most of the time.
* The service has processes for the recruitment, induction and ongoing performance review of staff.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

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

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

### 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-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

Most sampled consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Most consumers interviewed said they are actively involved in how care is delivered to them and the Assessment Team observed examples where consumers were supported to live their lives the way they wanted despite the risk involved.
* Some consumers said in the past 12 months they have seen senior leaders visit the service and greet consumers.

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).

* To assess themselves against the new Quality Standards, management rely on audits, including external auditors and benchmarking services, and consumer and representative feedback.
* The service demonstrated it has appropriate governance systems including policies relating to antimicrobial stewardship, the use of restraint and open disclosure.
* Staff sampled demonstrated understanding of how to manage risks in care delivery, including balancing assessed needs with consumer choice, and were able to give examples of where they had been managed in practice.

The organisation did not demonstrate that its governance processes in relation to feedback and complaints was effective in ensuring the complaints system was working effectively at the service level.

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

Effective organisation wide governance systems relating to the following:

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

I have reviewed the Assessment Teams report and the Approved Provider response.

The Assessment Team found that the Approved Provider was unable to demonstrate effective governance of feedback and complaints systems.

The Assessment Team provided evidence and findings of ongoing dissatisfaction with the management of complaints at the Service.

While I acknowledge the Approved Provider’s has organisational wide governance systems. I find that at the time of the site audit, the organisation did not demonstrate that there was effective monitoring of the systems to ensure they were operating at the service level.

I find the Approved Provider does not comply with the Requirement.

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

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

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

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

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

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

# Areas for improvement

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

* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice and optimises their health and well-being
* Ensure The service environment is safe and clean
* Ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Ensure feedback and complaints are reviewed and used to improve the quality of care and services.
* Ensure effective organisation wide governance systems relating to the following