Sunnybank Hills Aged Care Residence

Performance Report

330 Jackson Road, Sunnybank, Queensland, 4109  
Phone number: 07 32769000

**Commission ID: 5407**

**Provider name:** TriCare Sunnybrae Aged Care Pty Ltd

**Site audit date:** 26 November 2019 to 28 November 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-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** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **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 and others
* the provider’s response to the site audit report received 31 December 2019
* information received from the National Feedback Line.

# 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

Consumers and representatives interviewed, confirmed consumers are treated with dignity and respect. The service demonstrated that consumers are treated with dignity and respect, and that the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could identify consumer’s individual preferences and interests. Consumers described the ways their social connections are supported both inside and outside the service. The service promotes diversity and welcomes consumers from any culture, faith or background.

Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers information and options to inform their choice.

Consumers report that the service protects the privacy and confidentiality of their information, and they are satisfied that care and services, including personal care, is undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy of consumers while providing care. The service also demonstrated how electronic and paper documentation is protected to preserve confidentiality of consumer information, consistent with policies and procedures.

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 NON-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

Consumers and their representatives expressed general satisfaction with their involvement in the initial and ongoing assessment and planning over the care and services they need however documentation was inconsistent to demonstrate consumer partnership.

Consumers’ assessment and planning documentation is easily accessible by the staff to provide to consumers or representatives if they wish.

The service did not adequately demonstrate comprehensive assessment and planning to capture consumers’ behaviours, depression and emotional needs, communication barriers or palliative and end of life wishes. The approved provider has stated consumers’ care plans are a wholistic document and the care planning directives relating to the assessed need of consumers may be located in different sections of the care plan.

While the service seeks input from other professionals to ensure consumers get the right care and services to meet their needs, this is not reflective as consumer needs change. For example, when consumers are no longer exhibiting challenging behaviours or no longer mobile.

While the service monitors and reviews consumers regularly and following incidents, consumer’s care plans were not consistently reflective of their current needs, goals and preferences.

The Quality Standard is assessed as Non-compliant as three 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.

While consumers are generally satisfied with their involvement in assessment and planning, documentation does not support the service adequately demonstrates comprehensive assessment and planning processes capture relevant risks to consumers’ safety, health and well-being. For example, consumers assessed as depressed and requiring medication, do not have specific care planning guidelines for staff in supporting consumers’ emotional needs. The approved provider has stated due to the nature of the electronic care planning system, strategies will be interspersed throughout the whole care plan, however the service has moved care planning strategies to improve access to specific strategies relevant to the assessed need of the consumer.

### Requirement 2(3)(b) Non-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.

While consumers are satisfied the care they receive is satisfactory, assessment and planning processes do not adequately reflect advanced care or end of life planning. For example, one consumer’s (who is currently palliating) representative has not been involved in discussions relating to the needs, goals and preferences in relation to the consumer’s palliative pathway. The care plan for this consumer does not contain details relating to specific strategies to support the consumer’s palliation phase. The approved provider has stated the absence of detail in the palliative care plan is not in line with the organisation’s expectations and the care plan was updated following feedback from the Assessment Team. The approved provider has also acknowledged conversations relating to end of life care are difficult and have planned education for their staff in 2020.

### 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) Non-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.

While consumer representatives advised they are involved and informed regarding regular reviews of consumers, documentation does not support care and service plans are reviewed when consumers’ circumstances change. For example, the Assessment Team identified five consumers whose current needs were not reflected in their care plan. Including a consumer who is no longer mobile whose care plan identified them as at risk of absconding, and another consumer who exhibits challenging behaviours does not have strategies to address the behaviours included in their care plan. The approved provider has acknowledged there was discrepancy in the suite of care plans for the consumer who is no longer mobile. The approved provider stated the care plan for the consumer who exhibits challenging behaviours had strategies included in their care plan highlighting their resistiveness to care. I note the revised behaviour care plan submitted in the approved provider’s response has included a broader approach to the management of the consumer’s behaviour.

# STANDARD 3 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

Consumers and representatives interviewed stated they feel safe and get the care they need most of the time or always. Staff could demonstrate how care is tailored to consumers’ needs.

For example:

* Care provided to a diabetic consumer and the involvement of the consumer in their diabetic management.
* Strategies to support a consumer who exhibits aggression, including the provision of small meals throughout the day.

The service demonstrated management of high impact and high prevalence risks for consumers personal and clinical care. Consumers interviewed expressed the care provided to them is safe and where necessary staff will explain things to them when asked.

The service demonstrated personal and clinical care is tailored to consumers’ needs, goals and preferences. Consumers and representatives interviewed are satisfied staff listen to what they want and get the care they need.

The service demonstrated personal and clinical care changes as consumers deteriorate or needs change. Consumers and their representatives expressed satisfaction over how well the staff know them and are confident they will recognise changes or deterioration in their conditions

The service demonstrated personal and clinical care information is documented and communicated among those who share care. Consumers and representatives are satisfied with the staff and other health professionals providing their cares.

The service demonstrated referrals for consumers’ personal and clinical care is provided where appropriate. Consumers and representatives are satisfied they are being looked after and they receive referrals to other health professionals where necessary.

Staff could demonstrate an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

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.

The Assessment Team recommended the service is non-compliant, I have come to a different decision and find the service is compliant in this requirement. While the Assessment Team identified deficiencies in the recording or alternative strategies prior to the administration of as required medication, this is not reflective of an absence of safe and effective personal and clinical care. Consumers and representatives interviewed are satisfied they receive safe and effective care. Care staff are aware of ways to optimise consumers’ health and well-being.

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

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

### 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.

The Assessment Team recommended the service is non-compliant, I have come to a different decision and find the service is compliant in this requirement. While the Assessment Team identified documentation relating to one palliative consumer contained inconsistencies, this is not reflective of an absence of care delivery to palliative consumers. Staff were aware of changes to care delivery for consumers nearing their end of life, including comfort cares.

### 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 NON-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

Consumers and representatives confirmed consumers are encouraged to do as much as possible for themselves most of the time or always.

Consumers expressed satisfaction that they are supported and enabled to live their daily life as they choose.

The service could demonstrate how information regarding consumers’ condition, needs and preferences is communicated in a timely and appropriate way. Staff could give meaningful examples of how information about consumers is collected and shared and demonstrated their knowledge of consumers’ individual needs and preferences in relation to activities, pastimes, and independence.

Consumers said their leisure interests are met and staff could demonstrate ways this is done in a supportive manner. Staff demonstrated how consumers are supported to do things of interest to them including solitary and group activities and pastimes and outings to places of interest.

The service demonstrated how meals are provided in a safe manner however they did not demonstrate how meal service and meal variety meet consumers’ needs and preferences.

The service demonstrated consumers and staff are supported by equipment which is safe, suitable, clean and well maintained through staff at the service and external contractors.

Management could demonstrate the services and support for daily living provided at the service are monitored and reviewed, and improvement are made where needed.

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

## Assessment of Standard 4 Requirements

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

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

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

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

The Assessment Team recommended the service is non-compliant, I have come to a different decision and find the service is compliant in this requirement. The service does demonstrate that services and supports for daily living promote consumers’ emotional, spiritual and psychological well-being, including consumers wishing to access different religious groups and consumers who prefer to decline group activities.

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

Services and supports for daily living assist each consumer to:

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

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

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

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

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

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

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

Consumers are not satisfied with the variety and quality of meals provided by the service. While the service has met with consumers who were dissatisfied with food provision prior to the site audit, consumers interviewed by the Assessment Team remain dissatisfied with the variety and quality of meals provided.

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

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

# STANDARD 5 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

Consumers and representatives said consumers feel safe at the service most of the time or always and the majority of consumers and representatives sated consumers feel at home most of the time or always.

The service was observed to be welcoming, clean and well lit; with clear signs to direct visitors and consumers around the environment. Consumers’ rooms were decorated with photographs, memorabilia and personal items. The service was clean and well maintained, and consumers confirmed their rooms were cleaned regularly. The layout of the service enabled consumers, representatives and visitors to access all areas of the service with suitable furniture and fittings. Consumers had access to an outdoor area and attended regular organised walks through the service’s garden.

In addition to lounge and dining areas, the service had areas available for consumers including a café area, a sensory lounge and a relaxation lounge. Consumers confirmed there are sufficient spaces available for social gatherings and taking visitors.

Staff interviewed confirmed their understanding of reporting hazards and broken equipment to maintenance. Management described, for any additional furniture or equipment needed, purchasing processes are in place. Consumers confirmed they had adequate access to equipment and furniture with maintenance issues being addressed in a timely manner.

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

## Assessment of Standard 5 Requirements

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

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

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

The service environment:

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

All consumers and representatives interviewed said staff follow up when they raise things with them most of the time or always.

Consumers and representatives reported they are aware of complaints and feedback avenues available to them and they feel comfortable to access them if needed. Where feedback has been provided, complainants advised of satisfaction with the process of addressing their concern and with open disclosure.

Staff demonstrated knowledge of how to enable consumers and representatives to access feedback processes and advocacy services as needed. They also demonstrated how verbal feedback is communicated so that management can address it.

Management demonstrated that all feedback received is responded to verbally or in writing and actions taken are reviewed to ensure the complainant’s satisfaction. Complaints are escalated to senior management as necessary and an open disclosure process is used when things go wrong. Feedback and complaints are reviewed by management and result in continuous improvement activities.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

### Requirement 6(3)(b) Compliant

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and representatives interviewed stated staff are kind, caring, know what they are doing and consumers get the care they need most of the time or always.

The service demonstrated that processes ensure the workforce is planned to ensure appropriate numbers and skill mix of staff is appropriate for the delivery of safe, respectful and quality care and services. Police certificate and registration requirements are monitored and reviewed regularly. Education is provided to meet mandatory requirements as well as service needs. Consumers and representatives said there are generally sufficient staff to meet consumers’ needs and deliver care.

Staff held qualifications relevant to their roles and were familiar with individual consumer’s needs, preferences and daily routines. Recruitment and performance monitoring processes ensure staff competence is maintained and where non-performance is identified, management addresses it in a timely manner.

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 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

Consumers and representatives interviewed stated the service is well run most of the time or always.

The service demonstrated they involve consumers and their representatives in the delivery and evaluation of care and services, providing examples of how consumers are supported on a day-to-day basis.

The governing body meets regularly, and regularly reviews risks from an organisational and consumer perspective. There are organisation wide governance systems to support the workforce, continuous improvement and financial management. The clinical governance framework supports staff to understand the principles of anti-microbial stewardship and open disclosure. Staff interviewed understood these concepts and could explain how they were applied in practice.

The risk management framework supports consumers to live the best life they can and assists staff to identify and respond to abuse or neglect of consumers. Staff could describe how they would respond to such incidents and management demonstrated appropriate systems in place to support staff.

The clinical governance systems support the management of high-impact or high-prevalence risks including pressure injuries, infections and medication incidents and staff demonstrated an understanding of adverse or near-miss events and how these were documented and reviewed by the service, to inform continuous improvement.

The service was not able to demonstrate that information management systems were effective as care planning documentation was identified as not being correct, current or reflective of consumers’ needs, goals and preferences.

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.

Organisational information management systems are not effective as assessments completed for consumers have not led to the development of care plans with specific goals and preferences reflective of consumers’ current needs. Monitoring processes utilised by the organisation has not identified these deficiencies.

### 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.

##### Standard 2 Requirement 3(a)

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b)

##### The organisation demonstrates that 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.

##### Standard 2 Requirement 3(e)

The organisation demonstrates that 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 4 Requirement 3(f)

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 8 Requirement 3(c)

The organisation demonstrates that effective organisation wide governance systems relating to the following: