The Menzies @ Pacific Paradise

Performance Report

26-40 Menzies Drive
Pacific Paradise QLD 4564
Phone number: 07 5376 7400

**Commission ID:** 5365

**Provider name:** Gerontic Services Pty Ltd

**Site Audit date:** 18 February 2020 to 20 February 2020

# 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** | **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) | 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 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 19 March 2020
* referral and coronial information received by the Commission.

# 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

The Assessment Team identified, and sampled consumers and representatives confirmed that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers and representatives interviewed confirmed that they are treated with respect by staff. Consumers and representatives interviewed confirmed that consumers are encouraged to do things for themselves, staff know them as individuals and know what is important to them. Consumers and representatives interviewed confirmed that consumers’ personal privacy is respected. They talked about the various areas throughout the service they can utilise to spend time alone or with others.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Feedback from staff interviews demonstrated that staff know what is important to each of the sampled consumers and could describe how they ensure that consumers’ preferences are known and respected. Care documentation provided guidance regarding people who are important to the consumer and their individual preferences in relation to care and services.

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 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

The Assessment Team identified, and sampled consumers and representatives confirmed that they feel like partners in the ongoing assessment and planning of consumers’ care and services. Consumers and their representatives advised they are involved in consumer care planning processes including end of life planning. Consumers interviewed confirmed that they are informed about the outcomes of assessment and planning and could describe how it meets their needs, goals and preferences.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

While the service was unable to demonstrate the consumer’s care plan is readily available to the consumer and their representative. Consumers sampled were not aware they can access the care plan if they wanted or the process to access the plan. Consumers and representatives were satisfied with care and service delivery. The service was able to demonstrate ongoing partnership with consumers and all those involved in their care. Consumers have access to their care plans during case conferencing and had discussions with staff during assessments, care planning and review of care plans.

able to demonstrate ongoing partnership with consumers and all those involved in their care

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.

The care plan includes information relevant to the consumer’s needs including but not limited to communication, mobility, skin care, pain, nutrition and hydration. The care plan indicated who was involved in the assessment planning process including the consumer, the representative and staff. Consumers and representatives sampled, were not aware a copy of the care and services plan is readily available for them or how they might access the plan. Consumers and their representatives have access to their care plans during case management discussions and during initial care planning and care planning review processes. The service has taken steps to inform consumers and their representatives through the ‘Resident handbook’ and ‘Residential agreement’ of their ability to have a copy of their care plan. A number of consumers’ care plans have been stored in consumers’ rooms if this is requested by the consumer. Staff could describe how the outcomes of care planning are communicated to the consumers sampled and their representatives in line with the consumer’s wishes. The Registered staff reported any changes to the care plan are entered electronically and hard copy documents updated to reflect the changes. Documentation demonstrated the involvement of consumers and representatives in assessment and care planning.

### 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 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 Assessment Team identified, and sampled consumers considered they receive personal care and clinical care that is safe and right for them. Consumers interviewed confirmed that they get the care they need, and it supports their health and well-being. Consumers interviewed confirmed that they have access to a Medical officer or other health professional when they need it. Consumers and representatives interviewed confirmed the service supports them to understand and make informed decisions about consumers’ personal and clinical care to meet their needs and preferences.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Management of the service can describe how the deliver personal and clinical care in line with the consumer’s needs, goals and preferences to optimise their health and well-being. Staff could describe how they set up and monitor that the personal and clinical care they provide is best practice and where they go to get information on best practice.

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.

### 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.

### 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 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

The Assessment Team identified, and sampled consumers and representatives confirmed that consumers 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. Consumers and representatives said consumers have choices when it comes to meals, sleeping and rising times, and whether consumers wish to attend scheduled activities. They said they are supported to attend outings with the service and with their families and friends. Consumers and representatives said there is enough activity and choice to ensure consumers are engaged to the level they wish. Consumers and representatives interviewed confirmed that they are supported to keep in touch with people who are important to them by means of receiving visitors at the service, going out on social leave, and through contact by telephone. Most consumers interviewed advised that they like the food and they have input into the menu. They said their feedback leads to improvements in meals and variety.

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

Review of the activity calendar and discussion with staff demonstrated a wide variety of activities are offered to meet the different needs and preferences of consumers. For consumers who require or would like additional emotional or spiritual support, referrals to appropriate services are made and visits are organised. Regular inter-denominational church services are held at the service.

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 COMPLIANTOrganisation’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

The Assessment Team identified, and sampled consumers and representatives indicated that consumers feel they belong in the service and feel safe and comfortable in the service environment. Consumers and representatives interviewed confirmed consumers feel safe and find the environment comfortable and welcoming. Consumers and representatives said they can find their way around the service and staff are available if they need assistance. Consumers and representatives interviewed confirmed that consumers feel at home, and their visitors feel welcome. Consumers and representatives interviewed confirmed that the service is generally clean and well maintained. Consumers and representatives said consumers are free to go outside when they want and can go out with family and friends.

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

The environment was observed by the Assessment Team to be welcoming, clean, well-maintained and easy to move around, both inside and outside. Consumers are provided with single ensuited rooms. A secure wing provides a safe environment for consumers who are confused and at risk of harm if they leave unsupervised. Equipment was observed to be clean, well maintained and appropriate to consumer needs. Maintenance staff monitor the environment to ensure it is safe and well maintained. Any maintenance issues are reported and actioned in a timely manner when possible. If they cannot be rectified, there is an escalation process to management and other strategies are implemented until the issue is rectified.

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 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

The Assessment Team identified, and consumers and representatives interviewed said they are encouraged to provide feedback, raise any concerns with management or staff, feel safe in doing this and are generally happy with management’s response and actions. Consumers and representatives interviewed could describe the changes the service has implemented to resolve their complaint or changes which are currently being trialled during the resolution process in response to a complaint and/or feedback.

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

The organisation has a ‘consumer and representative complaints and concern resolution’ policy which sets out the organisation’s feedback and complaints procedure which includes open communication with the complainant. The policy sets out the organisation’s commitment that consumers will feel supported to make a complaint with assurance that no negative consequences will arise from raising a complaint.

The organisation has a ‘consumer advocacy’ policy which outlines the support provided to the consumer when they are requiring assistance to make a complaint and how they will be supported by management to do this, for example through accessing interpreter or advocacy 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.

### 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 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

The Assessment Team identified, and sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers and representatives sampled confirmed consumers are receiving the assistance from staff they require and that this is attended by staff in a kind and caring way. Consumers said they do not feel staff are rushing them during care and service delivery and they generally do not have to wait long before staff respond to their calls for assistance. Consumers and representatives sampled expressed confidence in staff’s ability as being trained, competent and skilled.

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

The organisation has a ‘human resource management’ policy which sets out several processes which are implemented by management to ensure staff employed are equipped to meet the needs and preferences of consumers across all areas of service delivery. For example, organisational human resource management processes set out the requirement that staff have the necessary qualifications and skills, understand organisational expectations regarding consumer dignity and respect, consumer partnership and engagement and cultural inclusiveness and diversity.

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 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team identified, and consumers and representatives sampled indicated that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives said they have input into how care and services are delivered such as clinical care, meal service and the lifestyle program through talking to management and staff, meetings, care conferences, feedback forms and surveys. Consumers sampled, and/or their representatives said they participate in decisions about consumers’ clinical care and that consumers are supported to make informed decisions about undertaking activities which are meaningful to them.

Management and staff said they encourage consumers to participate in decisions about the service and this includes consumer representation during the staff recruitment process to enable consumers to have a say in who provides their care and services. The organisation’s ‘governance framework’ policy refers to a ‘partnership with consumers’ and a ‘consumer centred approach’ across all levels of the organisation. The organisation has policies and procedures which document consumers’ right to take risks which includes examples of risk-taking activities, risk identification and management processes.

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The service could generally demonstrate the governance systems in place which define the leadership, responsibility and accountability for maintaining standards of quality in care and service delivery throughout the organisation. Established and effective governance systems could be demonstrated by the service in the requirements of this Standard.

The service has effective information management systems which provide staff with access to current information that assists them in their role. Governance monitoring systems have ensured policies and procedures are current and aligned with changes in legislation and the Quality Standards.

While consumers and representatives have not consistently been informed, and are not aware, they can request to view their care plan if they want it. Consumers and their representatives have access to their care plans at initial care planning discussions, care plan reviews and during case conferencing. Information has been updated in consumer handbooks and the residential agreements to ensure consumers and their representatives are aware of their right to have a copy of their care plan should they wish.

Policies and procedures relating to the use of restraints were reviewed prior to the restraint requirements to incorporate information about the minimisation of restraint use in line with the new restraint requirements which took effect on 1 July 2019.

Staff are aware of the ‘Open disclosure’ process in relation to complaints management. The service was able to demonstrate example of when ‘Open disclosure’ has been put into practice when things have gone wrong at the service

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

### Requirement 8(3)(b) Compliant

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

### Requirement 8(3)(c) Compliant

Effective organisation wide governance systems relating to the following:

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

**Information management**

Management informed the Assessment Team staff can readily access information which supports them to undertake their role, this includes hard copy, electronic and verbal information.

The service can demonstrate organisational policy and procedure consistently reflects the current terminology and supporting information which is aligned with the Quality Standards and changed requirements in minimising restrictive practices.

The Assessment Team identified for consumers and representatives sampled that consumers have not been informed, and are not aware, that they can request a copy of their care plan. Consumers and their representatives have access to their care plans at initial care planning discussions, care plan reviews and during case conferencing. Information has been updated in consumer handbooks and the residential agreements to ensure consumers and their representatives are aware of their right to have a copy of their care plan should they wish.

Staff are aware of practices to minimise the use of restraint the Assessment Team identified the policy and procedure relating to the use of restraints was reviewed to incorporate information about the minimisation of restraint use in line with the new restraint requirements.

Information contained in the ‘consumer and representative complaints and concern resolution’ policy documents the organisation ‘will take an open disclosure approach to reporting and managing complaints’. Staff are aware of the ‘open disclosure’ process in relation to complaints management. The service was able to demonstrate example of when ‘open disclosure’ has been put into practice when things have gone wrong at the service

Review of the service’s self-assessment documents the organisation has identified areas of improvement such as developing policy/procedure around ‘partnering in care with consumers and representatives’, ‘managing high impact high prevalence risks associated with the care of consumers’ and conducting a review of current policy for ‘incident reporting and management to ensure that the practice of open disclosure is inherent in the document’.

**Continuous improvement**

To test understanding and application of this requirement, three specific scenarios were explored with management: opportunities for continuous improvement are identified; how critical incidents are used to drive continuous improvement; and how the governing body satisfies itself the Quality Standards are being met. The Assessment Team identified through management interview and documentation review that quality improvement initiatives are identified from multiple sources such as results of incidents, external quality reviews, internal audit results, internal staff or client driven suggestions, feedback forums and quality governance reports.

A review of the service’s continuous improvement plan identified quality improvement initiatives are captured and the service has a structured approach to continuous improvement initiatives. The continuous improvement plan records the planned actions to implement the improvement, results and its evaluation for effectiveness.

**Financial governance**

To test understanding and application, service management were asked how they seek changes to budget or expenditure to support changing needs of consumers. Management advised that being a new service, budgets are still in the development stage.

**Workforce governance, including the assignment of clear responsibilities and accountabilities**

* Refer Standard 7.

**Regulatory compliance**

To test understanding and application of this requirement, two areas were examined: how the organisation tracks changes to the aged care law and communicates these to staff (by reference to the communications/training that relevant staff have had about the new restraint requirements that took effect on 1 July); and how the organisation tests that the system they have for staff identifying, escalating, addressing and recording reportable assaults is working.

The organisation is a member of a legislative updates company and the QSO described processes for receiving legislation alerts, how legislative changes are communicated to relevant staff and policy and procedure is updated.

Staff are aware of practices to minimise the use of restraint, and policies and procedures have been reviewed to incorporate information about the minimisation of restraint use in line with the new restraint requirements which took effect on 1 July 2019.

### 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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.