Uniting Hawkesbury Richmond

Performance Report

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**Commission ID:** 0222

**Provider name:** The Uniting Church in Australia Property Trust (NSW)

**Assessment Contact - Site date:** 16 February 2021 to 17 February 2021

**Date of Performance Report:** 1 April 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(e) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(f) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(c) | 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* The Assessment Team’s infection control monitoring checklist completed during the site assessment
* the provider’s response to the Assessment Contact - Site report received 11 March 2021 which consists of a letter of response and a plan for continuous improvement.

# STANDARD 1 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

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 team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers considered 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.

Staff interviewed were able to describe each consumer’s individual preferences and spoke about consumers in a respectful manner, demonstrating familiarity with consumers and described how best to engage and relate to each consumer.

Consumers expressed satisfaction in the improvements the service has made in recent months. The services increased focus on ‘dignity and respect’ training of staff was demonstrated in the review of training documents, continuous improvement plans and in interviews with consumer and staff.

The Assessment Team observed that the service provides clear, accurate and timely information to consumers and their representatives that assists the consumers to make informed decisions on activities, meals and any upcoming events or changes.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## 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.*

The Assessment Team report includes feedback from consumers and observations that demonstrated consumers are treated with dignity and respectwith their identity, culture and diversity valued.

Overall sampled consumers provided examples of how they are treated with dignity and respect and described the ways staff adapt care to meet their individual needs. Staff interviewed were able to describe what treating consumers with dignity and respect means in practice and what they would do if they thought a consumer’s dignity was not being upheld.

The Assessment Team reviewed care planning documents which contained information about the consumers background and preferences for care and services. Consumer files reviewed by the Assessment Team contained a detailed life story which has been compiled with the consumer (or their representative).

I note since the previous performance assessment progress has been made in implementing the services planned improvements on ‘Choice, Dignity and Respect’. This was also reflected in a review of the organisation’s recent consumer survey where improvements were observed in survey results for communication between staff and consumers.

I find this requirement is Compliant.

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

The Assessment Team’s report includes for all consumers sampled they considered they can exercise choice and independence, and this was supported by interviews with staff, observations and a review of documentation. Representatives interviewed were satisfied with how the service includes them in the consumers care. The report describes how consumer are supported to maintain relationships and make connections with others both inside and outside the service.

It was demonstrated to the Assessment Team that the service provides the appropriate level of care that supports independence and promotes consumer choice, including making decisions regarding who is involved in their care and how their decisions are communicated with the service.

I find this requirement is Compliant.

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is* *current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

The Assessment Team’s report includes feedback from consumers (or a representative on their behalf) who considercurrent, accurate and timely information has been provided to consumer and representatives that is well communicated and enables consumer choice. The service was observed to have strategies in place to provide information that is easy to understand and individualised for consumers with differing communication requirements.

The report includes representatives interviewed by the Assessment Team who stated they were satisfied in how the service provides information relevant to them.

I find this requirement is Compliant.

# STANDARD 2 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

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.

Overall sampled consumers and representatives considered they feel like partners in the ongoing assessment and planning of their care and services that is focused on optimising health and wellbeing.

Consumers and representatives interviewed considered they are updated regularly regarding changes to consumer’s condition and have access to consumer care plans. The service was observed to have a schedule to conduct case conferences and a tracking system to guide when care plans are given to consumers and/or their representatives.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### 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 Assessment Team report includes feedback from consumers and observations that demonstrated outcomes of assessment and planning are communicated with consumers and/or their representatives during case conferences. Consumers and representatives have access to care plans and are provided with a copy of the care plan during their case conference or as requested.

The Assessment Team reported that most consumers sampled described how they had a case conference meeting with staff of the service with the consumers confirming they received a copy of their care plan.

I note the service has undertaken improvements relevant to this requirement including the recent delivery of education and training to the clinical staff on communication when recognising deterioration. These sessions were held in response to a complaint previously raised by a representative regarding lack of communication from staff to the representative when a consumer was transferred to the hospital. The Assessment found since the previous performance assessment no further related complaints have been raised regarding a lack of communication.

I find this requirement is Compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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 and examined relevant documents – 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.

Most sampled consumer representatives considered that consumers received personal care and clinical care that is safe and right for them in accordance with the consumer’s needs, goals and preferences to optimise health and well-being however, a review of sampled consumer files did not always reflect this.

Whilst the service has systems in place to trend and analyse high impact and high prevalence risk to consumers, documentation reviewed did not always reflect that the service effectively manages high impact and high prevalence risks for some consumers sampled.

The service demonstrated they have a suite of policies and procedures, underpinning the delivery of care with some policies under review to ensure they remain fit-for purpose and informed by best practice guidelines.

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### 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.*

Review of care and other records by the Assessment Team indicated that each consumer does not always get care that is safe or effective, and some deficiencies identified at the previous performance assessment relating to this requirement remain. While the Assessment Team did not receive direct consumer feedback specific to this requirement, feedback was provided by some representatives who considered consumers receive care that is safe and right for them in accordance with each consumer’s needs.

The Assessment Team identified deficiencies in the provision of tailored clinical care that optimised consumer health and well-being, including falls, pain, diabetes, chemical restraint and behaviour management.

The Assessment Team identified deficits in the investigation and management of falls in consumers sampled. Although there was generally some review documented for the consumers individual strategies were not always completed in line with the organisations polices and documented strategies were not always effectively tailored to prevent further incidences from occurring.

The organisation has documented best practice guidelines for pain management however these guidelines were not always followed in sampled consumers with the Assessment Team identifying gaps in the documentation of pain assessments and there were episodes of analgesia being administered for pain management that was not always evaluated for the effectiveness in managing the consumers pain.

The Assessment Team found documented inconsistencies in diabetic care for some sample consumers, particularly around the documentation of blood glucose levels in line with monitoring directives. There were gaps observed in the review of some blood glucose levels as per medical officers’ directives when as needed doses of insulin were administered.

The Assessment Team identified the organisation has a wound management procedure, referenced to best practice guidelines with wounds regularly reviewed and the progress of the wounds monitored however, the service does not have a process to monitor the occurrence of bruises that occurred in two consumers sampled.

The service has a documented restraint free and restrictive practice policy referenced to best practice and staff interviewed described how the staff try non-pharmacological interventions before administering antipsychotic medications for behaviour management however, this was not always reflected in the care documents reviewed. Review of some consumer files showed gaps in behavioural monitoring, including documentation and evaluation, and gaps were identified in documenting the effectiveness of as required medications administered to some consumers sampled.

The service identified three consumers on chemical restraint and appropriate chemical restraint authorisations and risk assessment are in place for these three consumers at the time of the performance assessment. However, the services psychotropic self-assessment tool indicated that some consumers did not always have a documented and appropriate diagnosis to support the use of a psychotropic medication.

The approved provider in providing a response to the Assessment Team’s findings considers each consumer gets safe and effective personal care and clinical care. The approved provider acknowledged the issues raised and identifies there is opportunity to improve practices and to address the gaps identified in clinical care for the consumers sampled.

I note the plan for continuous improvement submitted by the approved provider reflects planned improvements relating to this requirement with some issues identified having planned actions underway, for example there has been a review of the psychotropic self-assessment undertaken by an external pharmacist with a plan to further review minimising the use of chemical; restraint practices. Sufficient time is required to undertake the planned actions related to this requirement and to demonstrate their effectiveness.

I have considered the Assessment Teams report and the approved provider response and I find at the time of the performance assessment the consumers sampled were not always receiving safe and effective clinical care with inconsistent clinical practices and uncompleted documentation not optimal for the health and well-being of consumers at the service.

I find this requirement Non-Compliant.

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

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

The Assessment Team found the organisation trends and analyses high impact and high prevalence risks associated with care, however documentation reviewed demonstrated there are several key high impact and high prevalence risks that are not effectively managed, for example:

* For a consumer with multiple pressure injuries the strategies to manage and prevent further pressure injuries were not sufficiently applied or documented.
* The service’s clinical indicators demonstrated there has been significant increase falls as high prevalence risk for consumers however as identified in Requirement 3(3)(a) a review of documentation indicates there was a lack of investigation of the falls that occurred and appropriate strategies for falls prevention were not always applied.
* Behavioural incidences are not always evaluated and responded to appropriately. Refer to Requirement 3(3)(a)
* There were inconsistencies with minimising restrictive practices including the documentation of non-pharmacological strategies trialled before administering antipsychotic medication for some consumers sampled. Refer to Requirement 3(3)(a)

The Assessment Team found consumers and representatives interviewed on their behalf considered consumers receive effective management of high impact or high prevalence risks associated with their care.

The approved provider in providing a response to the Assessment Team’s findings considers there is an effective management of high impact or high prevalence risks associated with the care of each consumer. However, the approved provider does acknowledge the issues identified by the Assessment Team and the provider agrees this creates opportunities for improvements to be implemented in the delivery of care, specific to the effective management of high impact and high prevalence risks.

The approved provider in their response outlines the planned actions relevant to the requirement including the implementation of a service level clinical governance process that includes regular (weekly) clinical reviews of high-risk residents and monthly clinical governance meetings to monitor clinical indicators and trends and implement strategies to improve outcomes for consumers.

In relation to the increased prevalence of falls the approved provider acknowledges there are opportunities to improve the falls risk assessment process to ensure that investigations and interventions implemented are captured in the incident reporting documentation and that falls incident data is reviewed and analysed with strategies implemented to reduce the incidents of falls.

I note in relation to minimising restrictive practices the approved provider has actioned a review of the psychotropic medication self-assessment by a contracted clinical pharmacist and the service is undertaking restraint authorisation and obtaining consent as required for chemical restraint.

Review of the plan for continuous improvement submitted by the approved provider reflects planned improvements relating to this requirement. Sufficient time is required to undertake the planned actions and to demonstrate their effectiveness.

I have considered the Assessment Teams report and the approved provider response and I find at the time of the assessment contact there is not consistent effective management of high impact or high prevalence risks associated with the care of each consumer.

I find this requirement Non-Compliant.

# STANDARD 4 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

To understand 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 approved provider, and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers considered that they are provided with safe and effective 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. The Assessment team detailed how representatives of consumers in the memory support unit expressed satisfaction with how the service has reached out to learn about the consumers past life to find activities that match their induvial needs, goals and preferences.

Whilst the Assessment Team found some consumers provided mixed feedback in relation to the quality, quantity and variety of meals provided overall most of the consumers sampled considered they can obtain varied and of suitable quality and quantity of food and described how staff frequently seek their feedback in relation to meals and utilise the feedback to improve the meals provided by the service.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## 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.*

The Assessment Team provided information that most consumers and representatives interviewed are provided with safe and effective 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. The Assessment team reported representatives of consumers in the memory support unit expressed satisfaction with how the service has reached out to learn about the consumers past life to find activities that match their induvial needs, goals and preferences.

It was demonstrated since the previous performance assessment the service has increased resources for lifestyle and improved the planning and organisation of activities, including activities in the memory support unit and the availability of weekend activities and allocated weekend staff.

The report also found that documents observed, and staff interviewed evidenced services and supports for daily living meet the consumer’s needs, likes, dislikes and optimises consumers independence, health, well-being and quality of life.

I find this requirement is Compliant.

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

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

Whilst the Assessment Team found some consumers provided mixed feedback in relation to the quality, quantity and variety of meals provided overall most of the consumers sampled considered they can obtain varied and of suitable quality and quantity of food and described how staff frequently seek their feedback in relation to meals and utilise the feedback to improve the meals provided by the service.

The report also found for the consumers sampled, care planning documents included information about the consumers dietary requirements and preferences. This information was reflective of feedback provided by consumers and evidenced in documentation provided by the catering staff.

I note the service has initiated improvements relevant to this requirement including a food focus group and the service continues to work with consumers to satisfy the needs of the consumers in relation to the quality, quantity and variety of meals provided.

The approved provider’s written response is that a varied and quality diet is provided to all consumers. In relation to some of the consumers and representatives sampled who gave feedback to the assessment team about dissatisfaction with the quality of meals the approved provider described how feedback opportunities have been provided to consumers and representatives sampled and changes have been made in response to some feedback from consumers about or relating to the meals.

I find this requirement is Compliant.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

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 team also examined relevant documents.

Overall sampled consumers considered they feel they belong in the service and feel safe and comfortable in the environment. Consumers interviewed said they have access to the outdoors as they wish and were observed moving freely throughout the service.

The Assessment Team identified open issues in the service environment identified in the previous performance assessment are either in progress or have been completed and the service has ensured sustainability by adding outstanding issues to the services plan for continuous improvement.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 5 Requirements*.*

### 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.*

The Assessment Team provided information that consumers interviewed considered they feel they belong in the service and feel safe and comfortable in the environment. Consumers interviewed said they have access to the outdoors as they wish and were observed moving freely throughout the service.

The Assessment Team observed that the service is safe, clean, comfortable and generally well maintained despite construction being underway at the service including renovations and an upgrade to the fire safety system. The previous issues raised on the landscaping and grounds in the previous performance assessment have been addressed with the Assessment Team reporting the outdoor areas are well kept with gardens now trimmed.

The Assessment Team identified open issues in the service environment however, the service demonstrated issues recorded are either in progress or have been completed and a review of the maintenance system found no outstanding maintenance issues that impact on consumers.

The approved provider provides further clarifying information in their response on the further improvements planned in response to the report including an increase in the external cleaning arrangements in the hostel area to ensure outdoor areas are kept clean and tidy. The provider clarifies in their response the current construction work being undertaken at the service which directly impacts consumers in six residential aged care rooms located near the work site. To reduce the impact the construction at the service has on consumers alternative rooms have been offered in the interim and reflective privacy film is available for windows to provide a more comfortable environment whilst the construction work is ongoing.

I find this requirement is Compliant.

# STANDARD 7 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

To understand the consumer’s experience and how the organisation understands and applies the 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 Assessment Team interviewed consumers and representatives and overall received positive comments regarding the staffing levels at the service.

Documentation, including staff rosters and allocations sheets identified the workforce is planned and staff replaced when required to ensure the delivery and management of safe and quality care and services.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## 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.*

The Assessment Team provided information that most consumers interviewed (and representatives on their behalf) considered there was sufficient staff numbers at the service to provide safe, respectful and quality care and services. The Assessment Team observed all staff to consumer interactions to be kind, caring and respectful of individual identity. The report includes staff interviewed advising they felt there is always a full complement of staff with sufficient time to finish their work.

I note the service has undertaken improvements in the number and mix of members of the workforce deployed with documentation including staff rosters demonstrating the workforce is developed, filled and maintained by the current level of staff and the use of agency staff to ensure the delivery and management of safe and quality care and services. Documentation of call bell responses identified staff are generally responsive to call bells to meet consumers care needs.

The approved provider’s written response includes information and supporting evidence in support of the positive information documented in the Assessment Team’s report. The providers response describes the induction process in place for agency staff to orientate staff to consumers, systems and processes. The approved provider plans to deliver culture building workshops for staff to build on communication skills and engagement improvements implemented.

I find this requirement is Compliant.

# STANDARD 8 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management, 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 feedback from consumers and representatives sampled, interviews with management and documents reviewed demonstrated that consumers are engaged in the ongoing development, delivery and evaluation of care and services.

Organisation wide governance systems are in place and effective, generally and in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## 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.*

The Assessment Team provided information that most consumers and representatives generally thought the service was well run and consumers are supported to be engaged on an ongoing basis in the development, delivery and evaluation of the care and services. The report provides evidence that consumers and representatives are provided with regular and ongoing updates regarding the construction works and associated noise that is occurring in the service.

I note there is evidence of consumer engagement in the development, delivery and evaluation of care and services for example consumers sit on a staff interview panel and the services advocacy group provides an avenue to support consumer engagement with evidence of improvements implemented at the service in response to advocacy group feedback.

I find this requirement is Compliant.

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

*Effective organisation wide governance systems relating to the following:*

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

The Assessment Team provided information that the organisation’s governance systems provide effective organisation wide governance in relation to information management, financial governance, workforce governance and the sub requirements continuous improvement and regulatory compliance that had been previously identified as non-compliant issues in the previous performance assessment.

The Assessment Team provided information that the organisation has an effective continuous improvement plan. The plan is underpinned by feedback from consumer and staff and opportunities for improvement are identified through critical incidents, feedback from resident meeting, audits, complaints register, suggestion forms and management observations. The report evidences the continuous improvement plan reflects improvements undertaken and continuing in relation to identified non-compliant issues in the previous performance assessment.

The report demonstrated the organisation tracks legislative changes and communicates these to staff via memorandums and staff meetings. I note the organisation has effective systems to monitor regulatory compliance for example the Assessment Team found documented evidence of; vaccinations of consumers, staff and visitors; registrations of professional staff; right to work status; national police check and food safety certifications.

The report includes observations that staff have undertaken training in elder abuse and were able to describe to the Assessment Team what actions they would undertake to escalate and record reportable assaults in line with organisational policy and legislative requirements.

I find this requirement is Compliant.

# Areas for improvement

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

The approved provider is required to:

Accreditation Standard 3: Personal care and clinical care

* Ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being.
* Ensure effective management of high-impact and high-prevalence risks associated with the care of each consumer.
* Undertake a review of consumer psychotropic medication to identify which consumers are being chemically restrained and to demonstrate restraint minimisation is being practiced.