Uniting Mayflower Westmead

Performance Report

2 Helen Street
Westmead NSW 2145
Phone number: 1800 864 846

**Commission ID:** 2461

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

**Site Audit date:** 11 to 13 December 2019

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-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** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-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 and representatives
* the provider’s response to the site audit report received on 14 January 2020

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers are treated with dignity and respect, and can maintain their identity. Consumers can make informed choices about their care and services, and live the life they choose. For example:

* Consumers said staff are polite, greet them, spend time when delivering care, explain things to them, check their care needs are being met and encourage them to participate in the activities of their choice.
* Staff explain things to consumers and give them opportunities to accept or decline care and services.
* Care staff and management described how a consumer’s culture and identity influences how they deliver care and services for example assisting consumers to pray and attend religious services.
* Catering and activities staff consult with each consumer every day about their choices.
* Consumers are supported to take risks in order to live the best life they can for example going out into the community independently.

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.

The Quality Standard is assessed as compliant as all 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
4. 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-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

For the most part consumers are partners in ongoing assessment and planning that helps them get the care and services they need for their health and well-being. For example:

* Consumers interviewed by the assessment team spoke to the team about activities that they participate in and the risk assessment process that was undertaken to identify and minimise risks associated with the activity.
* Consumers described how staff consistently explain the care they are providing and give them an opportunity to choose not to accept the care if they don’t want to.
* Consumer’s end of life wishes are recorded and are updated when a consumer’s wishes change.
* The assessment team identified that not all risks are identified in all consumers’ care planning documentation including important information about how to deliver safe and effective care.

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.

The Quality Standard is assessed as non-compliant as one 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 most consumer profiles and care plans reviewed by the Assessment team were appropriately detailed not all assessments and plans identified areas of risk to all consumers health and well-being and did not always inform the delivery of safe and effective care and services.

Some consumers spoke to the Assessment team about how they were involved in and understood the risk assessments for things that were important to them. However, the Assessment team identified some consumers’ care plans did not identify all risks to consumers including aspects of one consumer’s personal care and mental health that impacted the consumers ability to get safe personal care and impacted staff’s ability to provide safe and effective care.

The Service has acknowledged that at the time of the audit the documentation in some consumers’ care plans required improvement to reflect the delivery of safe and effective care and services and this does not reflect the policies and expectations of the organisation regarding consumer documentation. Since the site audit the Service has expediated the review of all care plans and has completed updates to consumers specifically identified by the Assessment team to ensure risks are recorded and considered.

### 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.

Assessment and planning does not identify and address all of the consumer’s current needs, goals and preferences however appropriate strategies are in place to ensure consumers’ needs and preferences are identified and addressed. For the consumer’s sampled by the assessment team, their advance care planning and end of life planning had been completed and updated.

The Service has acknowledged that, at the time of the site audit not all consumers had participated in a formal care planning consultation process. However, the Service had identified this as an area of continuous improvement and was in progress of completing this. In addition, in the meantime the Service had reiterated with staff the importance of consulting with the consumer day to day. Consumers reported to the assessment team that staff explain things to them and give them an opportunity to accept or decline care and services. Some consumers the assessment team spoke to said they knew that things that were important to them were recorded in their care plan and they knew staff would check with them before changes to care occurred.

Since the site audit the Service has expediated the formal care planning consultation with consumers.

On balance, this requirement is met as the Service’s plan to fully implement formal care planning consultations was in progress and strategies in the meantime ensured consumers needs and preferences were identified.

### 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.

While the Service acknowledges that they have not formally consulted with all consumers about their care plans consumers and representatives interviewed by the assessment team said that staff consult with them about what is important to them.

Consumers interviewed spoke about specific examples where staff had worked with them to ensure they were able to do the things that were important to them for example, attending church services in the community or whether they were comfortable with a male staff member assisting with their personal care. Consumers also told the assessment team that staff check with them beforehand and explain while they are providing care.

The assessment team also observed that care planning documentation recorded information that aligned with the feedback provided by most consumers.

Prior to the site audit the Service had self-identified that work needed to be done to ensure all consumers were able to be involved in assessment, planning and review of their care and services. The Service has made progress to fully implement the formal care planning consultation for all consumers and since the site audit has expediated this process.

On balance, this requirement is met as consumers feel they are consulted about their care and services day to day and formal consultation processes are underway.

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

Prior to the site audit the Service had self-identified that not all consumers were aware of the outcome of their assessments and had reminded staff to ensure they consult with consumers about why they are conducting an assessment and the outcome of the assessment. During the site audit consumers spoke to the assessment team about their assessments and the outcomes of these.

The consumers interviewed had not requested copies of their care plans but one said that he knew what information was in the document. Management confirmed that care plans are available to consumers and their representatives on request.

On balance, this requirement is met as staff communicate with consumers the outcome of assessment and planning and care plans are available to consumers on request.

### 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.

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

The assessment team identified one incident where a consumer was physically aggressive towards another consumer and their care plan was not reviewed within 24 hours, as required. However, the consumer’s care plan was reviewed and this issue is more relevant under requirement 8(3)(c) which considers the Service’s regulatory compliance.

Other than this incident the Service has demonstrated that consumer’s care plans are reviewed regularly and when circumstances change or when incidents impact on the needs, goals and preferences of the consumers.

Staff are able to articulate how they would escalate changes in a consumer’s circumstances to ensure the consumer is appropriately assessed. For example, a recreation staff member said if they identified a consumer may be depressed they would make a progress note and would consult with the registered nurse and the consumer or representative to update the consumer’s social and cultural care plan.

# 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

For the most part consumers get personal and clinical care that is safe and right for them. However, the service’s behaviour management and use of restraint (in particular for one consumer) was not always best practice.

* The Service takes appropriate steps to manage consumers pain, skin integrity, medication management and falls risks.
* Most consumers interviewed said their needs and preferences are effectively communicated between staff.
* Consumers receive timely and appropriate referrals to individuals, organisations and providers of other care and services including dieticians, podiatrists, speech pathologists, dentists and NDIS providers.
* Staff demonstrated an understanding of how they minimise the need for or use of antibiotics including use of personal protective equipment, hand hygiene techniques, encouraging fluids and early detection of infections.

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 team also examined relevant documents.

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

### Assessment of Standard 3 Requirements

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

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

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

For the most part consumers get safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. However, some areas of clinical care including the use of restraint and management of changed behaviours is not best practice and is not tailored to the consumer’s needs.

The organisation’s restraint minimisation policy and procedure documents dated October 2019 include relevant references to current legislation, Quality Standards and Requirements. However, the assessment team identified a consumer who did not have required consents in place for the use of chemical restraint and bed rails (physical restraint). The consumer’s documentation also did not consistently record the behaviour displayed, other interventions exhausted or the effectiveness of medication given.

The same consumer’s behaviour management did not always identify the behaviour, intervention tried and the effectiveness of the intervention.

Since the audit the service had planned education for all staff in behaviour management and documenting behaviour management including interventions tried (including the reason for PRN administration) and an evaluation of the effectiveness of interventions.

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

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

The Service effectively manages high impact or high prevalence risks associated with medication, pain, and the prevention and management of pressure injuries. However, the Service’s management of high impact or high prevalence risks associated with the use of restraint requires action to ensure compliance with this requirement.

The Service has acknowledged further education is required for staff to ensure documentation for behaviour management is accurate and complete (including around the use of PRN chemical restraint) and has organised training for staff.

Further action is also required for the use of bedrails to ensure effective management of risks associated with the use of equipment that is a physical restraint.

### 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

Consumers get the services and supports for daily living that are important for their health and well-being and that enable me to do the things I want to do. For example:

* Care staff who were interviewed demonstrated they were familiar with consumers by providing information about what influences consumers’ current interests including good times to encourage attendance in group activities or when to let a consumer rest.
* Activities and bus trips are planned to accommodate varying levels of functional and cognitive ability.
* Consumers receive timely and appropriate referrals to individuals, other organisations and providers of other care and services including support to coordinate and access services providers with the NDIS.
* Consumers interviewed said they were very satisfied with the meals provided, catering staff check their preferences on choices and size of meals and there was a variety and options for set meals.

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 reviewed consumer profiles, cultural and social care plans, spiritual care plans, activities schedules and interviewed care staff, management and the recreation activities officer in relation to the lifestyle supports in place for consumers.

The Quality Standard is assessed as compliant as all 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

Consumers feel they belong and are safe and comfortable in the organisation’s service environment. For example:

* All staff were observed to be welcoming to visitors throughout the service. Staff offered help, hospitality and guidance to consumers and visitors in passing and as they conducted their usual business.
* Consumers’ rooms are decorated with personal items, photographs and memorabilia.
* The Service was observed to be safe, clean, well maintained and comfortable and consumers confirmed the Service is well maintained and kept clean.
* Most of the lounges, chairs and dining chairs were designed for older people to sit down and stand up from more easily and more safely.

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.

The Quality Standard is assessed as compliant as all 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

Consumers feel safe and are encouraged and supported to give feedback and make complaints. Consumers are engaged in processes to address their feedback and complaints and appropriate actions is taken. For example:

* All consumers who were interviewed by the Assessment team said that if they had any concerns or complaints they would speak to the manager. They said they could also provide feedback and raise concerns at the quarterly meeting for consumers.
* Staff understand how open disclosure fits in with their training about person centred care and the Service’s household model.
* Management described multiple examples where consumers’ feedback and complaints were reviewed and used to improve the quality of care and services including food, communication between consumers and staff and food.

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 team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

The Quality Standard is assessed as compliant as all 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

Consumers get quality care and services when they need them from people who are knowledgeable, capable and caring. For example:

* Consumers interviewed by the Assessment team were satisfied staff are meeting their needs. Staff are responsive when they use there call bell and the consumers didn’t raise any concerns about the number of staff.
* The Assessment team observed staff to be interacting with consumers in a kind, caring and respectful manner.
* Consumers said the staff know what they’re doing and are skilled enough to meet their needs.
* All staff interviewed confirmed they are provided with numerous opportunities for training. Staff also confirmed they have sufficient goods and equipment to effectively carry out their duties.
* The service has a process to regularly assess, monitor and review the performance of each member of the workforce.

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

## Assessment of Standard 7 Requirements

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

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

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

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

### Requirement 7(3)(c) Compliant

The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

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

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

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

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

# STANDARD 8 NON-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 organisation’s governing body is overall accountable for the delivery of safe and quality care and services however there are some areas where the governance is not as effective as required.

* Consumers from a number of Services are engaged in focus groups to provide input about the development, delivery and evaluation of care and services.
* The organisation uses feedback from consumers to initiate improvements including providing additional education for staff to improve communication with consumers.
* The organisation has processes to review clinical indicators, audits, feedback and complaints and incidents.
* The organisation has policies and procedures on the organisation’s intranet which is accessible to all staff.
* The assessment team identified one incident where the Service did not meet its regulatory compliance in regard to an allegation of assault.
* The Service’s use of restraint for a consumer and the documentation around it’s use also indicates gaps in the Service’s risk management framework.

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 Quality Standard is assessed as non-compliant as two 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.

For the most part the Service has effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. However the assessment team identified an incident where regulartory compliance was not followed following an allegation of abuse by a consumer against another consumer at the Service.

Staff did not review the care plans of the consumer the allegation was against within 24 hours following the allegation of abuse, as is required by compulsory reporting legislation.

Since the site audit the Service has implemented monthly internal audit to ensure compliance with this requirement.

### Requirement 8(3)(d) Non-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.

The gaps identified in the use of restraint considered under requirements 2(3)(a) and 3(3)(a) demonstrate that the organisation’s risk management systems and practices are not always effective.

Since the site audit the Service has reviewed the consumer’s care and made some changes to the care provided. Education has also been planned for staff including behaviour management and documentation and tool box talks on restraint and psychotropic medication.

### 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.

### Requirement 2(3)(a)

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

### Requirement 3(3)(a)

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)

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

### Requirement 8(3)(c)

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.

### Requirement 8(3)(d)

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.