Villa Maria Catholic Homes Providence Aged Care Residence

Performance Report

9 Griffith Street   
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**Commission ID:** 3058

**Provider name:** Villa Maria Catholic Homes Limited

**Site Audit date:** 25 November 2020 to 26 November 2020

**Date of Performance Report:** 11 January 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** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | 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** | **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 was received 06 January 2021

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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 their 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.

All consumers and representatives sampled considered consumers are treated with dignity and respect, can maintain their identity, receive current and accurate information and their privacy is respected.

However, some consumers and a representative expressed their concerns and dissatisfaction with how the service supports consumers to make informed choices about care and services and live the life consumers choose.

These include the following:

* Two consumers said they cannot have their beds in the same room to support their intimate relationship.
* One consumer has not been provided with shelter in the designated smoking area.

Staff provided examples of how consumers cultural identity is acknowledged and supported, respecting consumer’s privacy, providing information that is clear and easy to understand and treating consumers with dignity and respect.

Observations confirm staff treat consumers with dignity and respect.

The service has a range of current, timely and accurate information for consumers and provide support for individuals with sensory deficits, communication difficulties and who have English as a second language.

While the service has policies and procedures regarding choice, risk and intimate relationships, management do not always apply the methodology to improve consumer choice and decision-making.

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

Management did not demonstrate that consumers are supported to exercise choice and support their independence.

The service has policies and procedures in relation to consumer choice and decision making, dignity of risk and intimacy procedures, however the Assessment Team found the service did not apply this approach for consumers interviewed.

A couple wished to have their beds in the same room said management would not accommodate this after a number of requests.

A consumer dissatisfied with the designated smoking area said it does not have any shelter from the weather and this has not been accommodated after a number of requests.

A representative of a consumer with limited communication wished to make meal choices on the consumer’s behalf said the service has been unable to accommodate this.

In their response the Approved Provider stated that the first time the request by the consumers for a joint room was received by them, was during the Assessment visit.

A quote for a shade sail was processed in March 2020 however, erecting the shade was delayed due to COVID19 restrictions.

The approved provider said the preference is for consumers to make their own meal choices.

The approved provider addressed each item above following the assessment contact in line with the consumer / representative requests.

Based on the evidence summarise above, there were steps the service could have undertaken to support the choice of the consumers sampled and mitigate any risks to find a mutually agreeable solutions which balanced choice and independence.

At the time of the assessment contact the service did not comply with all aspects of this requirement and therefore did not comply with Requirement 1(3)(c).

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

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

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

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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.

Interviews conducted with consumers and their representatives outlined how staff consult with them during the assessment and care planning of the consumer’s care and services.

For example:

Consumers and representatives said they are consulted by staff when there are changes to consumer’s conditions, their care and services.

Most consumers and their representatives said they were informed and provided with documentation in relation to care and services planning.

The Assessment Team reviewed care and service plans and noted they included information relevant to the care of consumers. Regular reviews of care documentation occur, with the consumer’s needs, as discussed with the Assessment Team, reflected in care planning documentation.

Staff interviewed were able to describe how care needs are identified, the review process and how they support consumers’ involvement in the assessment and care planning processes.

The Assessment Team found that five of five specific requirements were met.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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.

Most consumers and representatives considered consumers received the personal and clinical care that is safe and right for their individual needs, but one representative expressed their dissatisfaction of the management of the behaviour for their loved one at the service.

The service was not able to demonstrate consumers who exhibit high-risk behaviours are managed effectively. The service was not able to demonstrate an understanding of the monitoring of psychotropic medications according to directives.

Consumers and representatives said consumers have access to visiting medical practitioners, allied health staff and other specialists.

Policies and procedures guide staff in provision of consumer care, the escalation process for any deterioration in health and incident management.

Of the consumers sampled, a review of their care plans and associated documents showed consultation from other healthcare professionals, which provides guidance to staff including in relation to complex nursing care, mobility, nutrition and swallowing.

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

### Assessment of Standard 3 Requirements

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

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

Whilst the service has behaviour management plans for each consumer, the ongoing high-risk behaviours such as aggression, agitation and socially inappropriate behaviours, are not always managed effectively. Seven-day behaviour charts did not outline interventions and evaluations on several occasions in relation to two consumers with challenging behaviours.

* In their response to this, the approved provider stated that there were interventions and evaluations recorded in charting on the relevant dates.

A review or the evidence submitted by the approved provider shows several instances of interventions not being effective with no further information on subsequent strategies being trialled or specialist input sought on managing a consumer with dementia related behaviours of concern.

* The approved provider’s evidence outlined the consumer’s inappropriate behaviour was rare and appropriately managed and that where consumers are wandering safely, behaviour interventions are not implemented.

Interviews with staff and a representative support the Assessment Team’s evidence. Staff interviewed said they are finding it difficult to manage behaviours including physical aggression and that intervention strategies were ineffective most of the time. Representative feedback in relation to behaviour management included staff actions have not always been helpful.

Whilst the service has clinical care policies and procedures regarding managing risk, the service was not able to demonstrate an understanding of monitoring of psychotropic medications. One issue was that management had not included antidepressants on their psychotropic register and therefore 26 consumers medications had not been reviewed adequately.

* The Approved Provider responded following the assessment visit by putting measures in place to request that medical practitioners immediately review consumers who have not had their antidepressant medications reviewed. They have also requested that all psychotropic medications be reviewed every three months.

Based on the evidence summarise above at the time of the assessment contact the approved provider did not comply with this requirement as they did not demonstrate behaviour management strategies are effective or that the service has a focus on minimising the use of psychotropic medication by effectively monitoring their use.

### 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 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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 team also examined relevant documents.

All consumers and representatives interviewed confirm consumers get the services and supports for daily living that are important for their health and well-being, supporting consumers to do the things they want to do.

For example:

Consumers and representatives are satisfied consumers are supported to do the things they like to do such as continue their chosen faith, connect with friends and family, participate in a range of activities and enjoy their meals. Interviews with consumers and representatives said family and visitors can attend the service and connect through video and telephone.

Consumers expressed satisfaction with the range and choice of activities and events offered by the service. Consumers said they like the variety, quantity and quality of food. One other consumer said they liked the meals but would like to see more fish on the menu.

Consumers expressed satisfaction with the range of safe, suitable, clean and well-maintained equipment is available.

A high majority of care plans, assessments and progress notes confirm consumers are supported to participate within the service and are encouraged and prompted by staff. Interviews with staff confirm their understanding with how to provide services and supports of daily living such as large print lifestyle calendars, offering one to one support and connecting consumers to a range of activities and intergenerational programs including the use of volunteers.

The Assessment Team found that seven of seven specific requirements were met.

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 COMPLIANT 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 maintenance and care staff about the suitability and safety of equipment. The team also examined relevant documents.

Most consumers and representatives said they feel safe and comfortable with the organisation’s service environment.

For example:

Consumers expressed their satisfaction with free access to outdoor areas of the service and ability to access with one representative commenting how their loved one feels the service is like home for them. Consumers and representatives spoke positively with how management and staff provide and clean and welcoming service.

One consumer said they have raised a request to have a shade sail / shelter in the designated smoking area, however this has not been completed.

The Assessment Team observed the service to be welcoming, safe, clean and comfortable, with functioning equipment, furnishings and fixtures. The service has easy access to outdoor areas for consumers and visitors.

Maintenance staff discussed how they attend to maintenance jobs and action corrective and preventative activities. The Assessment Team observed schedules and calendars to be up to date.

The Assessment Team found that three of three specific requirements were met.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer Outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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.

While overall, all sampled consumers considered they are encouraged and supported to give feedback and make complaints, a small number of consumers sampled expressed dissatisfaction that action was not taken in a timely manner. The service was able to demonstrate how complaints raised have led to improvements made at the service. The Assessment Team identified that not all complaints were logged in the complaints register.

For example:

All consumers expressed satisfaction and comfort in being able to raise concerns with staff and management. Two sampled consumers expressed they felt they had a voice at the service and how staff and management always took time to hear any concerns and action them.

Whilst the majority of consumers sampled expressed high satisfaction in complaints being resolved, two out of eight consumers expressed how feedback and complaints made by them have not been actioned.

Examples where feedback and complaints have not been actioned in a timely manner include a complaint raised by a consumer in relation to an appropriate smoking area with coverage from rain and sun initially raised in November 2019.

The Assessment Team discovered through feedback from consumers that four examples given of complaints raised were not documented in the complaints log. Feedback on three of the four complaints have been resolved however one complaint made by a consumer regarding room configuration with his spouse had not been documented. Management acknowledged not all complaints are recorded and see this as an area for improvement and provided a response to the two complaints that are yet to be actioned.

The majority of consumers are satisfied they can raise complaints, provide examples that complaints are actioned and the complaints recorded can be linked to the service’s continuous improvement log, the service has demonstrated how complaints are managed.

The Assessment Team found that four of four specific requirements were met.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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.

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

For example:

Consumers interviewed provided feedback that staff are kind and caring. Two consumers said, “they have never met a nicer bunch of people” and one other consumer said the staff make “this a home and this is the happiest I have ever been in my life.”

Consumers expressed confidence in staff knowledge and when asked, said they feel comfortable that if their health deteriorated, staff would know exactly what to do. Two consumers said they know staff are trained as “the staff talk to them about what they have learnt sometimes.”

The Assessment Team observed staff present within the service during the visit. Staff were observed to interact with consumers in a kind and respectful way. When staff were asked about specific consumers, most staff sampled were able to give detailed information regarding individual consumers including history, behaviours and individual care needs and preferences.

Reviews of rosters and call bell response times support the service has adequate staffing. Management described the service to have three “houses” with a floater staff ensuring no shortfalls in staffing numbers.

The Assessment Team found that five of five specific requirements were met.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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).

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

For example:

Two consumers interviewed said how safe they felt at the service and they had everything they need. Another three consumers interviewed provided feedback on how they were happy overall with everything and felt if there was a concern, they could speak to the manager anytime and things would be resolved in a timely manner.

Most consumers who were sampled were able to provide examples of how they are involved in the development, delivery and evaluation of their care and the services provided. Four consumers interviewed provided examples of resident meetings, focus groups on food and lifestyle activities and their care plan reviewed that are conducted with them and their representatives if they wish. One consumer interviewed said how they always felt they had a voice in how they are treated and how their care was provided.

The Assessment Team found the service’s governance system, which is managed predominantly from the organisation’s head office, demonstrated understanding of the Standards, with the consumer being the focus and clear understanding of legislative requirements such as mandatory reporting and training on elder abuse.

The Assessment Team found that five of five specific requirements were met.

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.*

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

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

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

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

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

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

# Areas for improvement

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

### Requirement 1(3)(c)

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 approved provider must demonstrate that they:

* ensure all consumers are supported to exercise choice and independence and to undertake steps to mitigate risks involved with these choices.
* ensure representatives can be included in decisions in consumer care when required.
* ensure all requests both verbal and written are registered and actioned to achieve the desired result to as great an extent as possible.

### Requirement 3(3)(b)

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

The Approved Provider must demonstrate that:

* they implement systems to monitor trends in relation to high impact or high prevalence risk; and
* implement a system to ensure that all incidents are followed-up and recorded appropriately; and
* implement effective strategies to address the behaviour of consumers involved in sexually inappropriate or aggressive behaviour; and
* ensure reviews are undertaken when strategies implemented cease to be effective.