Warramunda Village Inc

Performance Report

5 Warramunda Drive
KYABRAM VIC 3620
Phone number: 03 5852 2611

**Commission ID:** 301023

**Provider name:** Warramunda Village Inc

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# 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** | **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) | 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) | Not assessed |
| Requirement 4(3)(g) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-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 Quality Audit; the Quality 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 Quality Audit report received 21 April 2021.

# 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 and representatives confirmed they are treated with dignity and respect and provided examples of how staff relate to them in a respectful and kind manner and what this means to them. Staff consistently spoke about consumers in ways that conveyed respect and an awareness of consumers’ background, interests and what is important to them.

Consumers indicated in various ways they feel safe when receiving care and were satisfied with the support provided. Consumers expressed being able to exercise choice, retain their independence and maintain relationships as the things most important to them.

The information provided to consumers and, where relevant, their representatives, is both written, verbal and translated where required. The provision of program information along with information on the consumer’s rights and responsibilities, enables informed decision making about the provision of care and services.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

Based on the information reviewed I find this requirement Compliant.

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

Based on the information reviewed I find this requirement 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.*

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

# 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

While the service’s home care assessment processes are generally adequate, important information regarding consumers’ assessed needs, risks and related risk management strategies, are inconsistently documented in care planning documentation and documented instructions provided to staff.

All consumers and/or their representatives interviewed confirmed assessments are done in partnership with the consumer, with the consumer given supported opportunities to talk about dying and make their advanced care wishes known to the service. The service demonstrated care and services are reviewed for effectiveness when consumers’ circumstances change and when incidents occur.

The Quality Standard is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

### The Assessment Team found that consumer and representative feedback was positive regarding services and support, but that, while the service’s assessment processes are generally adequate, important information regarding consumers’ assessed needs, risks and related strategies to manage risks are inconsistently documented between assessment, care plans and documented instructions provided to staff. For example, for one consumer, although there was evidence that use of a bed pole had been assessed by an occupational therapist, there was no information documented about how the use of bed pole is monitored or reviewed on an ongoing basis, and for another none of their documentation referenced their use of a bed pole or provided guidance to staff on how to monitor the device. For another consumer, care documentation did not fully identify their medical condition and status of their eyesight. In addition, the Assessment Team noted that information about another consumer’s condition, including pain associated with a particular condition and that they took a particular medication, is not contained in their care plan and for another, that their care plan did not mention regular appointments with a nutritionist or their requirement for weekly weight recordings, which the consumer manages themself. The Assessment Team further identified that, for two consumers who monitor their own blood glucose levels, while there was documented information about the need for this testing and reminding them to test and take medications, there were either no instructions to staff regarding these requirements or what acceptable ranges are, and what should be done in the event of an adverse reading.

In its response the provider submitted that when viewed in their entirety, their Client Briefing and progress notes provide a full account of consumers. It also noted that one consumer was not using a bed pole, and that the care documentation for one consumer did reference their poor vision. In response to issues regarding monitoring blood glucose levels and related issues, the provider started that one consumer’s care plan did document that a RN case Manager monitors that consumers levels, however I am not satisfied, in relation to the other consumer, that the risk of an adverse event, in relation to blood glucose levels, was evidenced in assessment and planning. Further, the provider stated that a named consumer manages the nutritionist appointments themselves, however it was not clear what assessment and planning was undertaken to monitor this was occurring or should there be weight loss which was not identified by the consumer. While I acknowledge some of the clarity given by the provider, I am not satisfied that it could demonstrate that sufficient information was available to inform the delivery of safe and effective care and services, particularly in relation to management of risks.

The provider acknowledged that care planning documentation could be improved, and stated that at the time of its response it was investigating a software package to assist with this. It also stated that it had reduced the use of bed poles and had, since the Quality Audit developed an information sheet and risk assessment in relation to bed poles, to ensure the risk of their use was understood and risk assessments undertaken. While I acknowledge these matters and the provider’s strong engagement with the issues, I consider that these improvements will take to become embedded and for the provider to demonstrate their sustainability.

I find this requirement Non-compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement compliant. I have considered information identified by the Assessment Team under this requirement, in relation to care documentation, under other requirements.

### 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.*

Based on the information reviewed I find this requirement 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

While the service demonstrated consumers receive safe personal care and clinical care that is tailored to their needs, processes to manage high impact and high prevalent risks to consumers are not always effective. The service’s risk management processes do not ensure the safety of all consumers with regard to falls risk, home mobility equipment, and where consumers have returned from hospital.

The service demonstrated the needs, goals and preferences of consumers relating to advanced care planning and end of life care are identified and professional support is available to consumer should they require this.

The service demonstrated appropriate referrals to individuals, other organisations and providers of other health related services occur in a timely manner, and that when deterioration in a consumer’s health is observed that it is responded to in a timely manner.

The service demonstrated ways they minimise infection related risks to consumers, including during the COVID-19 pandemic.

The Quality Standard is assessed as Non-compliant as one (1) of the seven specific requirements have been assessed as Non-compliant. 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) 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.*

Based on the information reviewed I find this requirement 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 that while the service has a documented risk management framework, it did not demonstrate effective risk management process for all consumers.

While the service generally identifies individual consumer risks, such as bed poles and bed rails, and formal assessments by qualified personnel occur, processes for ongoing monitoring and review of these devices are not in place. The Assessment Team noted while the service is responsive when consumers experience fall’s incidents, post fall analysis does not include formal review of consumers medications, including psychotropic medications, and does not seek to understand whether the medications consumers are prescribed are causative factors in their falls. In addition, the service did not demonstrate consistent and effective risk management processes are in place for other identified areas of risk, such as consumers returning from hospital.

The Assessment Team also identified service did not demonstrate effective systems for managing high impact or high prevalence risks associated with the care of all consumers. While some validated risk assessment tools are used, they are not always used effectively. For example, most falls risks assessments sighted by the Assessment Team were not fully completed. In addition, while a risk management framework is in place, the service does not maintain a risk register which identifies consumers individual clinical and personal care risks.

In its response the provider indicated that it did not believe the issues identified by the Assessment Team were an accurate representation of how some of these risks could and should be managed, and indicated some means in which they are managed with, for example, the consumer’s General Practitioner. It identified the ways in which it was involved in management of high impact or high prevalence risks. However, I am satisfied that the service was not effectively identifying and managing current or potential, high impact or high prevalence risks associated with the care of each consumer.

The provider has however strongly engaged with the issues and taken a number of measures to strengthen its risk management, including implementing a Consumer of the Day process, amending its data collection tools and commencing a medication reporting template which includes antipsychotic medications, and review of its governance reporting. While I acknowledge these matters, I consider that these improvements will take to become embedded and for the provider to demonstrate their sustainability.

I find this requirement Non-compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

# 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

Overall, consumers sampled and/or their representatives, described getting the services and support for daily living that enhance the consumer’s independence and quality of life, enabling them to live in their own home for as long as possible.

Generally consumer’s needs and conditions were effectively communicated to staff and to others where responsibility for care delivery was shared. Where equipment was provided through the Home Care Package, it was safe and well maintained.

Considering the feedback from consumers and the familiarity of staff to consumers’ individual needs, the services and supports for daily living are generally delivered in a safe and effective manner. Information about the consumer’s condition, needs and preferences is generally documented and communicated to others providing care. Generally the provider was able to demonstrate how relevant information is communicated and how staff and others are aware of consumer’s condition, needs and preferences**.**

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.*

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

### 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.*

### The assessment team found that while assessment and planning documentation generally touched on what was important for consumers, they lacked detail regarding how certain needs and preferences inform care and services.

In its response the provider was able to demonstrate how relevant information is communicated and how staff and others are aware of consumer’s condition, needs and preferences**.**

I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

### Requirement 4(3)(f) Not assessed

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

Meals are not provided and therefore this requirement was not assessed.

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

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

Based on the information reviewed I find this requirement Compliant.

# STANDARD 6 NON-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

Overall consumers and representatives were confident they could provide feedback and make complaints. Consumers and representatives indicated an awareness of advocacy services and other methods to raise a complaint, however, were unable to say what these other methods were.

The service has a feedback and complaints processes and could generally evidence appropriate action is taken to mitigate risks to consumers and prevent reoccurrence of the concern raised. However, the service does not effectively monitor, analyse and use feedback and complaints from consumers to effect change and improvements to services.

The Quality Standard is assessed as Non-compliant as one (1) of the four specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

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

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

The Assessment Team found that the service could not evidence that appropriate action is taken in response to complaints, citing an event where a consumer did not answer their door, and where a consumer indicated that they had raised concerns on a number of occasions.

In its response the service evidenced that action was taken in response to the event where a consumer did not answer their door, and submitted evidence of its processes for capturing and collating complaints. It noted that an apology was given. While I have identified concerns in relation to the service’s means of collecting and analysing feedback and complaints, I have dealt with that under requirement 6(3)(d) below.

I find this requirement Compliant.

### Requirement 6(3)(d) Non-compliant

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

The Assessment Team found that service does not effectively monitor, analyse and use feedback and complaints from consumers to effect change and improvements to services. Not all consumers’ and representatives’ feedback and complaints are reviewed by upper management who have the authority to review and effect change. The effectiveness of the complaints process, timeliness in response and complainant feedback was not always recorded.

In its response the provider submitted an extract of a Board Report, and stated that the statistics with that report are explained to provide context to those figures. It also provided a Hazard and Risk Register in which copies of complaints are documented and stated that each month the Committee of Management receives a report detailing the status of complaints. However, I am not satisfied this information demonstrated that all feedback and complaints were recorded or reviewed sufficiently or used to improve the quality of care and services.

I acknowledge the improvements specified by the provider, including updated forms, better trend analysis and benchmarking and training to staff, and its commitment to continuous improvement, but I am not satisfied it could evidence compliance with this requirement at the time of the Quality Review.

I find this requirement Non-compliant.

# 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 and representatives were satisfied with the availability and competence of staff, commenting that all staff are kind, caring and respectful.

All staff were familiar with consumers’ needs and provided examples of how they interact with consumers in kind, caring and respectful ways with consideration of the consumer’s identity and culture. Staff confirmed there is enough time to complete tasks and attend to consumers’ preferences.

Recruitment processes and consumer feedback are used to monitor staff practice.

Management advised due to the COVID-19 pandemic 2020, the 2020 staff training plan was suspended. However, the 2021 training program for staff has resumed.

Staff have regular monitoring and review of their performance through annual reviews and regular contact with the office.

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.*

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

# 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

Consumers are generally engaged in the development, delivery and evaluation of care and services. The service demonstrated its governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Generally, effective organisation-wide governance systems were seen to be in place in relation to the nominated areas other than for feedback and complaints. The organisation did not adequately demonstrate effective organisation wide governance processes relevant to this area. While the service has feedback and complaints processes, it does not effectively monitor, analyse and use feedback and complaints from consumers to effect change and improvements to services.

The service did not adequately demonstrate effective risk management processes are in place to manage high impact or high prevalence risks associated with the care of each consumer.

There are clinical and corporate governance systems in place to provide the foundation for improving the delivery of safe care and services and safeguard consumers from harm, and the provider is working on additional improvements to strengthen these frameworks.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

### 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.*

The Assessment team found that the organisation did not adequately demonstrate effective organisation wide governance processes in relation to feedback and complaints. While the service has feedback and complaints processes, the service could not evidence appropriate action is taken to mitigate risks to consumers and prevent reoccurrence of the concern raised. The service does not effectively monitor, analyse and use feedback and complaints from consumers to effect change and improvements to services. The Assessment Team did not identify any evidence of concern in relation to the other sub-matters of this requirement, and I agree with that conclusion.

I acknowledge the provider’s response, including details of information provided to its Board and a Hazard and Risk Register in which copies of complaints are documented. While I have found that the service could generally evidence that appropriate action is taken in response to complaints, I consider that the systems in relation to feedback and complaints was not fully supporting the improvement of outcomes for all consumers.

I acknowledge the improvements specified by the provider, including updated forms, better trend analysis and benchmarking and training to staff, and conducting a review of its Home Care structure. I also acknowledge its commitment to continuous improvement, but I am not satisfied it could evidence compliance with this requirement at the time of the Quality Review.

I find this requirement Non-compliant.

### 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 Assessment Team found the service has effective risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can, and I agree with those findings.

However, the Assessment Team found that the service did not demonstrate effective systems for managing high impact or high prevalence risks associated with the care of all consumers. The service does not have a consistent approach to assessing all consumer risks, planning for risks or monitoring risks. While some validated risk assessment tools are used, they are not always used effectively. For example, most falls risks assessments sighted by the Assessment Team were not fully completed.

While a risk management framework is in place, the service does not maintain a risk register which identifies consumers individual clinical and personal care risks. The Assessment Team noted consumers risks are inconsistently documented in various forms of care documentation. Issues in relation to the management of risks to individual consumers have been identified under Standard 3 requirement 3(3)(b).

In its response the provider indicated that it did not believe the issues identified by the Assessment Team were an accurate representation of how some of these risks could and should be managed, and indicated some means in which they are managed with, for example, the consumer’s General Practitioner. It identified the ways in which it was involved in management of high impact or high prevalence risks. It stated its Board included members with a variety of skills and noted that reporting to the Board is part of an ongoing process.

However, I am satisfied that the service’s risk management systems and practices were not effectively supporting the identification and management of current or potential, high impact or high prevalence risks associated with the care of each consumer.

The provider has however strongly engaged with the issues and taken a number of measures to strengthen its risk management, including implementing a Consumer of the Day process, amending its data collection tools, commencing a medication reporting template which includes antipsychotic medications, and review of its governance reporting. While I acknowledge these matters, I consider that these improvements will take to become embedded and for the provider to demonstrate their sustainability.

I find this requirement Non-compliant.

### 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.*

The Assessment Team identified issues in relation to post fall analysis, including whether medications are causative factors, however I have considered this information under other requirements.

I am satisfied that, generally, the provider could demonstrate the existence of a clinical governance framework and is working on improvements to strengthen this framework.

I find this requirement 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.

### 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.*

* Ensure that information regarding consumers’ assessed needs, risks and related strategies to manage risks are consistently documented between assessment, care plans and documented instructions provided to staff, and guidance given to staff to monitor and manage current or potential risks.

### Requirement 3(3)(b)

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

* Demonstrate effective risk management for all consumers, through ongoing identification and management of current or potential, high impact or high prevalence risks associated with the care of each consumer.

### Requirement 6(3)(d)

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

* Ensure that all feedback and complaints are captured and reviewed, and the nature of that feedback and those complaints, and the resolution of those matters, is used to improve the quality of care and services.

### 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.*
* Implement an effective organisation wide governance system relating to feedback and complaints, in particular to ensure this system supports the collection of all feedback and complaints and the use of that information to support better outcomes for consumers;
* Monitor and evaluate the effectiveness of that system.

### 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.*
* Implement effective risk management systems and practices for the management of high impact or high prevalence risks associated with the care of consumers;
* Monitor and evaluate the effectiveness of that system and those practices.