Warrigal Care Warilla

Performance Report

1 Arcadia Street
WARILLA NSW 2528
Phone number: 02 4297 0999

**Commission ID:** 2497

**Provider name:** Warrigal Care

**Site Audit date:** 14 January 2020 to 16 January 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-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) | 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** | **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** | **Non-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) | Non-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) | Compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 11 February 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

Overall consumers who spoke to the Assessment Team during the site audit confirmed that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

 For example:

* Consumers said staff are always respectful when speaking to them and delivering care. One consumer said staff treat me with kindness and always listen to me.
* Consumers provided positive feedback regarding being supported to exercise choice and independence to make decisions about their care and the way care and services are delivered.
* Consumers and representatives confirmed that the service values consumer’s culture and diversity, and care and services are generally culturally safe.
* Consumers confirmed their privacy is respected by staff.

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.

Staff spoke about consumers respectfully and with regard to their identity, culture and diversity. When asked about the background and preferences of specific consumers in their area, they were able to talk about this and demonstrated that they were familiar with these consumers. Staff interviewed were able to describe how they have or would support consumers to take risks to enable them to live the best life they can.

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

## Assessment of Standard 1 Requirements

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

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

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

Care and services are culturally safe.

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

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

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and

make connections with others and maintain relationships of choice, including intimate relationships.

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

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

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

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

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

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

# STANDARD 2 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

Overall most consumers who spoke to the Assessment Team feel they are partners in the ongoing assessment and planning of their care and services.

For example:

* All consumers interviewed said they were involved in the assessment and planning of their care and services and informed of changes in their care.

Review of care planning documents demonstrated the service was assessing and planning consumers’ care and services, and this included consideration for risks and preferences. The care planning documents included goals and preferences. Assessment occurs in partnership with the consumer/representative and with services the consumer chooses.

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

While a copy of the care plan is now available at case conferences not all consumers have had a case conference since the process commenced. The approved provider was not able to demonstrate that a care and services plan was readily available to the consumer.

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) 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.

The Assessment Team found that while the approved provider was able to demonstrate care planning documents, assessments and charts detail goals and preferences for consumers, they do not consistently identify consumer needs. The Assessment Team provided an example of information missing in a care directive.

The Assessment Team identified advanced care directives were not present in all of the consumer files sampled.

The approved provider submitted a response with evidence to show where information was missing in the care directive the consumer’s care needs had changed and current information was in line with current care needs.

The approved provider response included information that consumers were offered the opportunity to discuss end of life planning and complete an advance care directive, this included information in the welcome pack and from case conferences held with consumers and representatives. The approved provider response shows consumers are given the choice to complete advance care planning and end of life planning and their wishes of whether they chose to do so are respected.

The approved provider does comply with this requirement as the organisation does have assessment and planning processes that address 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) Non-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 organisation was not able to demonstrate the outcomes of assessment and planning were effectively communicated to consumers and the care and services plan was readily available to consumers.

The Assessment Team found most consumers spoken to were not aware they could have a copy of their care plan. Two representatives were not aware they could have a copy of the care plan. While copies of the consumer’s care plan are given at their case conference, not all consumers have had a case conference since this process commenced.

The approved provider response confirmed consumers and representatives are offered a copy of the care plan at the case conference. While the care plan is available through case conferences, not all consumers have had a case conference.

The approved provider advised all consumers were provided a copy of the Charter of Aged Care Rights which includes rights to access information about care. However, the Charter of Aged Care Rights does not specifically inform consumers their care and services plan is available.

The approved provider is planning to provide further information to consumer and representatives about the assessment and planning process through meetings and the newsletter.

The approved provider does not comply with this requirement as the organisation did not have an effective process to ensure the outcomes of assessment and care planning are effectively communicated to the consumer and the care and services plan was readily available for the consumer.

### 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.

The Assessment Team found while there was evidence of reassessment the approved provider was not consistently reviewing care and services where consumer circumstances change. The Assessment Team provided examples of two consumer who had a fall and did not have pain assessments completed.

The approved provider submitted a response with evidence to show pain was assessed for the identified consumers after they had a fall in line with the service’s policy and procedure.

The approved provider does comply with this requirement as the organisation does review care and services when circumstances change or when incidents impact on the needs, goals and preferences of the consumer.

# 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

Overall consumers who spoke to the Assessment Team felt they received personal care and clinical care that is safe and right for them.

For example:

* Consumers and representatives interviewed said consumers received the care they needed. They confirmed they had access to doctors and other health professionals when needed.

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 organisation has policies and procedures to provide guidance to staff about the provision of safe and effective personal and clinical care. Review of files indicate for sampled consumers, care has not always optimised health and wellbeing. Restraint has not been identified and managed.

Staff demonstrated knowledge in relation to end of life care and the service was able to demonstrate a consumer’s care needs were met. Staff demonstrated knowledge of infection control and antimicrobial stewardship.

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) 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.

The organisation was unable to demonstrate that each consumer gets safe and effective clinical care.

The Assessment Team found the service had not identified they had consumers who were subject to chemical restraint. The service did not demonstrate appropriate management of bed rails as a physical restraint.

The approved provider in their response advised they are reviewing the restraint documentation to streamline the information, updating the policy on restraint and providing education on the documentation. Further education is planned with the pharmacy consultant to ensure regular monitoring or regular review of dose and need for ongoing chemical restraint.

The approved provider does not comply with this requirement as the organisation did not have an effective process for management of chemical and physical restraint to ensure each consumer gets safe and effective clinical care that is best practice and optimises their health and well-being.

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

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

The Assessment Team identified examples during the site audit where restraint is not being managed and this has been considered in the context of Standard 3 requirement (3)(a).

### 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

Overall consumers who spoke to the Assessment Team confirmed that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers confirmed that they are supported by the service to do the things they like to do.
* Consumers interviewed confirmed that they are supported to keep in touch with people who are important to them.
* Feedback from consumers included meals provided are of a suitable quality, variety, and quantity and are provided in a safe pleasant environment. Consumers are able to give feedback about the quality of the food and any special requests to staff and management at meal times.

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.

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. This is supported by the services of religious leaders and referrals to other organisations.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

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

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

### Requirement 4(3)(c) Compliant

Services and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

### Requirement 4(3)(d) Compliant

Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall consumers who spoke to the Assessment Team indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers confirmed they find the environment to be safe and well maintained. Consumers said they are very happy with the cleaning of the environment and their rooms.
* Consumers interviewed very happy living at the service. They said they feel at home and their family and friends are made to feel welcomed when they visit.
* Consumers are able to decorate their bed area or their room according to their taste, with personal items to make their home as comfortable as possible.

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 Assessment Team observed the service has clear signage throughout, structural strategies to support consumers to mobilise independently, adequate lighting, heating and cooling, a comfortable atmosphere and appropriate noise levels and pathways around the service are level and safe.

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 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 most consumers and representatives who spoke to the Assessment Team did consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* All consumers and representatives interviewed stated that they felt supported and would feel comfortable to provide feedback and make complaints to the service. The majority were confident that action would be taken in response to their feedback.
* Most consumers sampled were satisfied with the response by the service when they had raised a concern about their care or said they have never had to raise any issues or complaints.
* Consumers and representatives interviewed identified that if they wanted to raise anything, they would tell staff in the first instance and also use the ‘resident and relative’ meetings as a method to provide feedback.

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

Management were able to describe the main areas of complaints and discuss what has been done and is proposed to be done in response. When resolving complaints an open disclosure process is followed. The service provides consumers and representatives with access to advocates, language services and other methods for raising and resolving complaints.

While the service demonstrated itseeks input and feedback from consumers, representatives, the workforce and others it did not demonstrate the input and feedback is used to inform continuous improvements for the quality of care and services.

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

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

The organisation did not demonstrate feedback and complaints are used to improve the quality of care and services.

The Assessment Team found while the approved provider has a system for management of feedback and complaints this has not been followed. Review of the continuous improvement plan does not show any of the feedback received through complaints or concerns has been used to improve quality and services in the organisation.

The approved provider does not comply with this requirement as there is not evidence to show feedback and complaints are being used to improve the quality of care and services.

# STANDARD 7 NON-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

Overall most consumers who spoke to the Assessment Team indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* All consumers interviewed confirmed that staff are kind and caring.
* Most consumers interviewed confirmed that staff know what they are doing.
* Most consumers interviewed confirmed that they think there are adequate staff.

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 Assessment Team observed examples of staff interacting with consumers in kind, respectful ways and with familiarity.

Staff reported that there is an orientation process and that they have access to ongoing training, information and resources to help them perform their roles.

Review of rosters and allocations show staffing levels are maintained to ensure consumers care services are provided.

Although the organisation has a mandatory education program that is monitored for compliance and an appraisal system, the service did not demonstrate they have been applying processes in managing staff performance.

While the service did demonstrate the workforce is sufficient, and qualified, to provide safe, respectful and quality care and services, it did not demonstrate staff performance is regularly reviewed.

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

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

The organisation did not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

While the organisation has a system for monitoring and review of staff performance the Assessment Team found the service has not been following the system due to changes in management over the six months prior to the site audit.

The approved provider does not comply with this requirement the evidence does not show regular assessment, monitoring and review of the performance of each member of the workforce is occurring.

# 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

Overall most consumers spoken to by the Assessment Team indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Most consumers interviewed believe the service is well run.
* Consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services. For example, their participation in Board dinners, staff seeking input into the lifestyle program and participation in food focus meetings.

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).

While the organisation has established a system of governance that provides systems and frameworks to guide and support staff in their roles, that guidance is not always effectively implemented at the service level. For example, the service’s continuous improvement processes do not demonstrate a mature system that rigorously monitors and reviews the effectiveness of care and service delivery to identify gaps for the purpose of improvement. Planned initiatives do not identify the issue has been addressed to effect change.

Staffs practices regarding minimising restrictive practices and restraint do not accord with the organisations policies and do not reflect best practice guidance regarding restraint management. For example, the service was unable to demonstrate that reliable and consistent information is provided to stakeholders when restrictive practices or restraint are implemented.

The organisations governance frameworks and systems provide guidance for staff to perform their roles however staff practices do not reflect the organisations preferred practices and instructions enabling the governing body to accountable for the delivery of safe and quality care and services.

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.

The organisation did not demonstrate effective governance systems for continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

The Assessment Team found the continuous improvement plan did not accurately record identified issues, how the issue was identified, and steps to deliver an outcome, the plan did not have a consumer focus and did not contain improvements identified by consumers.

While there is evidence of effective organisation wide governance systems the service did not demonstrate compliance with a number of aspects of these systems. The continuous improvement system is not kept up to date and information from feedback systems is not used to assist in developing improved outcomes for consumers. Workforce governance has not been effective in ensuring the staff performance in monitored and managed. Regulatory requirements for the use of restraint have not been followed, the complaints management system is not reviewed, and feedback is not used to inform continuous improvements for individual consumers and the whole organisation.

The approved provider does not comply with this requirement the evidence does not demonstrate effective organisation wide governance systems for continuous improvement, workforce governance, regulatory compliance and 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.

The Assessment Team found while the approved provider had effective risk management systems and practices including for identifying and responding to abuse and neglect of consumer and supporting consumers to live the best life they can, they did not have a framework for managing high impact or high prevalence risk.

The approved provider submitted a response with evidence to the home does have a process for the management of high impact and high prevalence risk for consumers. This document is reviewed and updated as consumer care needs change and discussed and communicated with management and relevant staff in the service.

The approved provider does comply with this requirement as the organisation does have effective risk management systems and practices.

### Requirement 8(3)(e) Non-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 found while the approved provider has a clinical governance framework including for antimicrobial stewardship and open disclosure, there was not evidence for minimising the use of restraint.

The approved provider submitted a response to advise the service does have systems with regard to minimising the use of restraint and the documentation and policies have been reviewed and are under review again. The home does have practices to minimise restraint however the service needs to ensure documentation is recorded appropriately.

The approved provider does not comply with this requirement the evidence does not demonstrate the clinical governance framework includes minimising the use of restraint.

# 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)(d)** 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 service must demonstrate the outcomes of care and assessment care communicated to consumers.
* The service must demonstrate the care and services plan is readily available to the consumer.

**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.
* The service must complete its review of the restraint documentation and updating of the policy on restraint.
* Provide staff with training and tools to assist them to identify when a consumer is on chemical restraint and what is considered physical restraint.
* The service must implement a process for the regular monitoring and review of consumers who have restraint.

**Requirement 6(3)(d)** Feedback and complaints are reviewed and used to improve the quality of care and services.

* The service must demonstrate feedback and complaints are being used to improve the quality of care and services.

**Requirement 7(3)(e)** Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

* The service must implement the organisation’s system for monitoring and review of staff performance.

**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.
* The service must implement the organisation’s system for continuous improvement.
* Implement the required improvements in Standard 7 requirement 7(3)(e)
* Review the regulatory requirements for minimising the use of restraint and implement them in the service.
* Implement the requirement improvements in Standard 6 requirement 6(3)(d)

**Requirement 8(3)(e)** 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 service must complete its review and implementation of a best practice policy in relation to restraint.
* Where physical or chemical restraint is used, the service must demonstrate that the restraint being used is the least restrictive option and that where required consent is obtained or the representative informed.
* Full implementation of a new restraint process to reassess all consumers with either a restrictive device or restraint in place.