Glenarm Nursing Home

Performance Report

13 Burgoyne Street
KERANG VIC 3579
Phone number: 03 5450 9200

**Commission ID:** 3486

**Provider name:** Kerang District Health

**Site Audit date:** 31 May 2022 to 3 June 2022

**Date of Performance Report:** 27 July 2022

# Performance report prepared by

S Byers, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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** | **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) | 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** | **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 Commissioner’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 8 July 2022

# STANDARD 1 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

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

* Most consumers and representatives were satisfied staff make them feel respected and valued as an individual. Consumers described how staff respect their choices about personal care and their daily routine.
* Consumers and representatives confirmed staff know what is important to consumers and encourage them to do things for themselves.
* Consumers and representatives said they receive the information they need to exercise choice and make decisions.
* Mixed feedback was received regarding consumer privacy with most consumers and representatives describing their privacy is respected. For example: Staff knocking on the door prior to entering.

Staff demonstrated they are familiar with the needs and preferences of each consumer, including specific risks and associated strategies. Staff demonstrated knowledge of the consumer’s culture and described how it influences the way they deliver care and services. Staff described how they encourage and support consumers to maintain relationships and make informed decisions.

Consumer care plans included detailed information about consumer backgrounds, cultural and spiritual needs and preferences, and aligned with information obtained from consumers and their representatives. Care documentation reflected risks taken by consumers and interventions in place to manage the risks.

The service uses video surveillance to monitor high-risk consumers. While consent had not been documented, progress notes captured verbal consent from consumer representatives. Representatives confirmed providing verbal consent. Representatives and staff confirmed awareness of the cameras and demonstrated understanding of the rationale for their use. In its response the Approved Provider submitted that based on consultation and care plan review the organisation has decided to cease use of video surveillance in consumer’s private spaces. I have considered the Assessment Team’s findings and the Approved Provider’s response and it is my view, on balance the service complies with Standard 1, Requirement 1(3)(f).

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

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

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

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

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

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

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

# STANDARD 2 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

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives described how care and services are planned around what is important to them including end of life wishes.
* Consumers and representatives were satisfied the service regularly communicates and consults with them about their care.

Staff described how consumers, representatives, health professionals and other organisations contribute to the consumers’ care and how they work together to deliver person centred care. Staff understood what is important to consumers in terms of how personal care is delivered including consumers’ risks and strategies to ensure delivery of safe and effective care.

Care documents reflected consumers’ current goals, needs and preferences including end of life wishes. Care planning documents demonstrated consumers’ risks are identified and assessed with interventions implemented and evaluated. Care plans are regularly reviewed and when circumstances change impacting on the needs, goals and/or preferences of the consumer. Where other services, specialist providers or individuals are involved in the care of a consumer this is reflected in consumer documentation. Care plans reflect the outcomes of assessment and are used to inform care delivery with a care plan for each consumer being readily available to consumers and representatives.

The service has a suite of policies to guide assessment, care planning and evaluation of consumer care.

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-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 sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Consumers and representatives provided positive feedback about their care and services.
* Most consumers and representatives were satisfied with communication from staff and other health professionals when there has been a change in consumer function or capacity.

While the service demonstrated each consumer receives clinical care that is best practice, tailored to their needs and optimises their health and well-being in relation to skin integrity and pain, the service did not demonstrate it meets best practice guidelines and legislative requirements in relation to restrictive practices. Care planning documents did not evidence informed consent from representatives for all consumers who may be subject to chemical or environmental restraint.

Staff demonstrated an understanding of individual, personal and clinical needs of consumers and described how they report and manage incidents such as falls, wounds and challenging behaviour. Staff described the deterioration, reporting and assessment processes for consumers. Staff were aware of the referral process and the services available.

Most staff demonstrated an understanding of consumers’ high impact risks. Staff interviews and document review demonstrated the management of high impact or high prevalence risks associated with the care of each consumer is effective.

Care documentation demonstrated that consumer skin integrity, wounds, pain and falls are effectively managed. Documentation indicated timely referrals to health professionals when needed and supported identification, monitoring and appropriate care when changes occur.

The service demonstrated end of life needs are met in line with consumer wishes and comfort is maintained.

The service has systems and processes for communicating information about consumers’ conditions, needs and preferences. Timely and appropriate referrals are made where required.

The service has an infection control policy and outbreak management plan in place to support the service in practicing transmission-based precautions and preparing for a possible infection outbreak. The service has in place guidance material on an antimicrobial stewardship to guide staff practice. Staff complete relevant infection control training.

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.*

While consumers and representatives said their care is safe and meets their individualised needs, the Assessment Team found the service did not demonstrate that each consumer receives clinical care that is best practice, tailored to their needs and optimises their health and wellbeing with respect to restrictive practices. The service did not meet best practice guidelines and legislative requirements in obtaining informed consent for the use of restrictive practice. Care planning documents did not include medical officer review or informed consent for all consumers who may be subject to chemical or environmental restraint.

Management acknowledged the lack of consent around restrictive practices and explained they had initiated a quality improvement plan to address the deficit. This includes the development of consent forms to be provided to representatives and the review of the service’s restrictive practice policy and procedures.

The Approved Provider acknowledges that its practice at the time of the site audit did not meet legislative requirements. The Approved Provider submitted a response that included evidence clarifying information in the Assessment Team’s report as well as actions taken since the site audit. For example:

* review of current restrictive practices documentation
* obtain consent for environmental and chemical restraint
* review and update electronic care documentation system
* staff education and training on restrictive practices
* review and approval of updated restrictive practices policy.

I have considered the information provided by the Assessment Team and the Approved Provider’s response. While I acknowledge the actions taken by the service since the site audit, these actions have not been fully implemented and evaluated. I consider at the time of the site audit the Approved Provider did not demonstrate each consumer receives personal and clinical care that is effective, safe and optimises their health and well-being, particularly in relation to restrictive practices. I find the service is Non-compliant with this Requirement.

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

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

### 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 supports 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 sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being that enable them to do the things they want to do. For example:

* Consumers and their representatives provided positive feedback on the activities program, and how they feel supported by the service to do the things that interest them.
* Consumers and representatives were satisfied that the consumer’s emotional, spiritual and psychological well-being is supported. Consumers described receiving regular visits from the pastor and participating in spiritual reflection at the service.
* Consumers and their representatives were satisfied consumers are supported to maintain relationships and participate in the community. Consumer’s described attending regular outings with family.
* Most consumers were satisfied with the quality, quantity and variety of meals provided.

Staff demonstrated they know consumers well, describing how they provide care to support consumer independence, quality of life and well-being. Staff described the relationships and interests of consumers, both within and outside the service. All activities are reviewed by lifestyle staff monthly and time is allocated for lifestyle staff to engage one on one with those consumers who require additional support. The service accesses a range of organisations and volunteers to supplement lifestyle activities for consumers.

Lifestyle care plans reflected the interests and preferences of the consumers and their important social and personal relationships, this aligned with consumer, representative and staff feedback. Consumer documents demonstrated there is adequate information to support effective and safe sharing of the consumer’s care and timely and appropriate referrals are actioned where required. Consumer planning documents contained specific dietary needs and preferences, with changes communicated to the kitchen in writing. Menus are planned in collaboration with a dietitian each year and with consideration of consumer feedback.

The service utilises a range of equipment and resources to support consumers in lifestyle activities. The equipment provided is safe, suitable and well maintained.

The Assessment Team observed consumers engaged in meaningful and interesting activities provided by the service. The dining experience was observed to be relaxed and supported by staff who were assisting and encouraging the consumers.

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*

### 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

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers expressed satisfaction with the cleanliness of the service and their individual rooms. Consumers described how they feel safe and at home at the service. Consumers described being able to move freely around the service.
* Most consumers and representatives interviewed reported that furniture and equipment are clean and advised maintenance occurs promptly.

The service was observed to be welcoming and to offer communal spaces that optimise consumer engagement and interaction. The internal areas were clean and well maintained, and gardens neat and tidy. Consumer rooms were observed to be personalised with items of importance on display in their room. There is signage and navigational aids within the service.

Staff demonstrated understanding of maintenance processes. Staff were satisfied they always have access to enough equipment to meet consumer needs.

Maintenance and cleaning documentation demonstrated maintenance is reported and completed within a timely manner.

Furniture and equipment were observed to be clean, in good order and suitable for consumers.

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives were satisfied they are encouraged and supported to provide feedback and make complaints and they felt safe to do so.
* Consumers and representatives described they are aware of advocacy and language services.
* Consumers and representatives were satisfied with the response and subsequent action taken by management to complaints they have raised or feedback they have provided. Consumers provided examples where their feedback or complaint resulted in changes made at the service. For example, menu changes and the development of quiet spaces at the service for consumers to sit and relax.

Staff demonstrated understanding of the feedback process and described how they support consumers to provide feedback and make complaints. Staff described how they have cue cards available to assist with consumers who have difficulty communicating. Staff described how they are aware of the term ‘open disclosure’ and have completed education on this.

Management described how complaints data is reviewed and what actions are taken to improve the quality of care and services.

Complaints’ documentation identified timely action taken by management and how this is used for continuous improvement. The feedback register identified feedback and complaints submitted on feedback forms are registered online, reviewed and monitored to ensure actions are taken.

Written material about internal and external complaints mechanisms including feedback forms, advocacy and language services was observed throughout the service and readily available for consumers and representatives to access.

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

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

* Most consumers and representatives were satisfied with the staffing levels within the service. Consumers said staff are available and they do not need to wait for long when using their call bell.
* Consumers and representatives described how staff are kind, caring and gentle when providing care.
* Consumers and representatives described how staff know what they are doing and did not express any areas where they feel staff require further training.

#### Staff said they occasionally work short staffed, however there is generally enough staff to meet consumer numbers at the service. Staff described how they feel supported by management and feel well trained and competent within their roles. Staff expressed satisfaction with the quality of training provided and that they are able to undertake further education if they choose and provided examples of education undertaken. Staff confirmed completing mandatory training and annual performance appraisals.

Management explained it has been a challenge to recruit staff following the COVID-19 lockdown period, however demonstrated several strategies in place to replace shifts resulting from unplanned leave. Management described how the organisation has a comprehensive recruitment and selection process, position descriptions and annual staff performance reviews to determine if staff are competent and capable in their role. New staff are required to complete and induction program and successfully complete mandatory training and competencies.

Staff rosters and allocation sheets demonstrated most shifts were filled and an appropriate mix of staff are planned to deliver safe and quality care. Call bell and sensor mat reports demonstrated calls bells are being respond to in a timely manner. Education records demonstrated most staff have completed mandatory training.

The organisation has a staff performance framework in place.

The Assessment Team observed sufficient staffing levels throughout the site audit. Staff interactions with consumers were observed to be kind, caring and respectful.

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

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

Consumers and representatives provided practical examples of how they are involved in the development, delivery and evaluation of care and services through consumer of the day meetings, providing direct feedback to staff, surveys and ‘family and friends’ meetings. Consumers and representatives expressed feeling safe at the service and living in an inclusive environment with the provision of quality care and services.

Management described how they actively seek feedback from consumers and representatives through forms and meetings to improve services. Management provided practical examples where consumer feedback had been implemented to improve care and services.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance. The organisation’s governing body supports the service’s oversight of regulatory compliance. Mandatory reporting requirements are in place and management and staff demonstrated understanding of their obligations. The service has a continuous improvement plan to record and action improvements.

The organisation provided a documented risk management framework supported by policies and procedures documented to manage risk. The organisation has an incident management system in place. Risks are reported, escalated and reviewed by management at service level and by the organisation’s executive management including the Board. Incidents are analysed and trended to inform service improvements.

The organisation’s clinical governance framework includes monitoring and review of antimicrobial use, open disclosure and minimising the use of restrictive practices. While the Assessment Team identified care planning documents did not record informed consent for all consumers who may be subject to chemical or environmental restraint under Standard 3, Requirement 3(3)(a), I am satisfied that the evidence provided by the Assessment Team under Requirement 8(3)(e) and the Approved Provider’s response to the site audit report supports that this has not been a systemic failure at the service. On balance, I find the service Compliant with Requirement 8(3)(e).

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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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.

* Implement processes to ensure that informed consent is obtained for consumers subject to chemical and environment restraint.
* Implement process to ensure regular medical practitioner review occurs for consumers subject to environment restraint.