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Performance Report

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**Commission ID:** 4427

**Provider name:** Northern Health

**Site Audit date:** 16 August 2022 to 18 August 2022

**Date of Performance Report:** 21 September 2022

# Performance report prepared by

David Lee, 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** | **Compliant** |
| Requirement 3(3)(a) | 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** | **Non-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) | Non-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 12 September 2022.

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers and representatives expressed satisfaction that they are shown dignity and respect by staff in the delivery of their care. Care plans were prepared in alignment with organisational policies and procedures and included information important to consumers such as consumers’ values and goals.

Consumers confirmed that care is culturally safe. Consumers from culturally diverse backgrounds are assisted by staff in their day-to-day activities such as prayer and where they would like to have their meals.

Consumers described how the service supports consumers’ choices and preferences. Consumers and representatives described how the service supports consumers to take the risks to enable consumers to live the best life they can. The service completes risk assessments in consultation with consumers and their representatives before undertaking risk-based activities.

Administration staff describe how they send out a monthly newsletter, resident-relative meeting minutes, menus and activity schedules with events such as cultural days.

The Assessment Team observed paper-based consumer files and handover sheets locked in the nurse’s station. Staff maintain consumer privacy by ensuring computers with sensitive personal information are locked with personalised passwords. In addition, the Assessment Team observed staff members being respectful to consumers and communicating with consumers in their first language.

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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The service has established assessment, care planning and review processes in place. The care planning process contains tools and guidance materials to assist staff in identifying and monitoring risks to consumer health and well-being and deliver safe and effective care and services relating to pain, diabetes, indwelling catheters and falls.

The files for all seven consumers reviewed demonstrated assessments and care planning addressed the current consumer needs and preferences such as assessments for chronic pain.

Consumers and representatives described how they are encouraged and supported, to be involved in the assessment and care planning processes, on admission, during regular care reviews or during changes in a consumer’s health condition.

Consumers’ files demonstrated that other organisations and service providers had been engaged to assess, plan and deliver care to consumers. This included, for example, wound specialists, geriatricians, physiotherapists and podiatrists.

Consumers and representatives confirmed staff regularly contact them to discuss changes in a consumer’s condition or their assessment outcomes.

Staff demonstrated current knowledge of consumers’ current assessments and care needs.

Consumers’ files, progress notes, assessments and care planning documents evidence regular reviews and include comprehensive information to assist staff and other health professionals in the provision of tailored care to consumers.

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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall, the service was able to demonstrate that each consumer receives safe and effective personal and clinical care that is tailored to their needs and optimises their health and wellbeing. Complex wounds are reviewed, assessed and monitored to ensure wounds are healed in a timely manner.

Consumers that are prescribed psychotropic medications are reviewed at regular intervals by a medical officer or geriatrician, with the intent of reducing the dose of the medication where it is possible. Consumer behaviour charts demonstrate ongoing reviews are conducted by health professionals to inform and monitor the effectiveness of these medications.

The service identifies and manages high-impact, high-prevalence risks, associated with the care of each consumer such as falls, weight loss, and infections. For example, consumers who experience falls have their vital signs and neurological observations monitored. Consumers have their falls risk, mobility and transfer assessments viewed and updated. An appropriate incident form is completed following a fall with the consumer’s medical practitioner, relevant allied health professional, and representative being notified.

Consumers and representatives described how the service discusses end-of-life wishes and provides consumers and their representatives with emotional support recognising and addressing identified needs.

The service monitors changes in consumers’ health and wellbeing, identifies any changes in consumers’ health conditions and responds appropriately and in a timely manner to ensure effective clinical care.

Consumers and representatives expressed satisfaction with how consumers’ needs and preferences are documented and communicated within the service and with other organisations responsible for the care of consumers. Staff explained the formal and informal ways in which information related to consumer care is shared, through verbal and written handover and in consumer care plans.

Overall, consumers and representatives confirmed staff carry out hand hygiene processes and wear personal protective equipment. The service demonstrated effective strategies are in place to minimise infection-related risks. All staff interviewed were able to explain infection prevention and control measures including antimicrobial stewardship.

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

### Assessment of Standard 3 Requirements

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

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

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

### Requirement 3(3)(b) 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 4 NON-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

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.

Overall, consumers that were interviewed described how the service provides meals that are sufficient in quantity. However, consumers stated the meals are not consistently suitable, lack variety and are not of acceptable quality.

Consumers interviewed expressed satisfaction with how the service supports their needs, goals and preferences. Consumers said that they receive effective services which allow them to maintain their independence, well-being and quality of life.

Consumers described how the service supports and promotes their emotional, spiritual and psychological well-being. Staff demonstrated knowledge of consumers’ emotional and spiritual needs and described how they support individual consumers.

Consumers confirmed they are supported and encouraged to do things of interest to them and participate in community activities within and outside the service, such as attending social activities with family and friends.

Staff described how they are informed of changes to consumer needs through written notes, handover sheets and handover meetings. The service has processes and systems in place for identifying and recording each consumer’s condition, needs and preferences.

The Assessment Team reviewed consumer care plans and identified the involvement of others in the provision of lifestyle support and services. This included visits by allied health professionals, family and friends, representatives of faith and community groups and organisations.

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

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

Two of 5 consumers interviewed expressed dissatisfaction that their meals were not suitable, varied or of acceptable quality. One consumer described the service’s meals as lacking in taste, variety and sometimes not containing enough protein. In addition, the consumer stated that on one occasion the preferred alternative to the daily menu was not available and they had to settle for a different item.

One representative stated the meals offered by the service are often not suitable or do not coincide with the dietary texture in line with a consumer’s personal or clinical needs. Observations from the Assessment Team during the site audit found meals are not presented in line with best practice and do not support and create a positive dining experience. Plated scoops of vitamised meals did not separate the elements of the meal, resulting in proteins, carbohydrates and vegetables being mixed together.

The Approved Provider’s response to the Assessment Team report stated they are currently aware meals do not meet the expectations of consumers and have implemented a number of changes prior to the site audit. This has included changes to the external meal contractor from September 2022. The service will ensure the new contractor meets ongoing standards through the service’s continuous quality improvement cycle. In addition, the Approved Provider submitted evidence of food complaints received after the site audit and the actions implemented in response to these complaints.

In making my decision I have considered the Assessment Team’s report and the response from the Approved Provider. I acknowledge the actions taken by the Approved Provider before and since the site audit. I have considered the actions taken such as updates to the service’s external meal provider and actions on food complaints since the site audit. However, as these actions may not yet be fully implemented and evaluated, I have found at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 4(3)(f).

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

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of the equipment. The team also examined relevant documents.

Lifestyle and care staff confirmed consumers feel safe and are happy with the living environment. Consumers have free access to the service’s communal areas. Consumers are free to personalise their room to make it feel like a home.

The Assessment Team observed preventative and reactive maintenance schedules for several pieces of the service’s equipment during the site audit, including testing and tagging of equipment throughout the service. Management confirmed external contractors have been unable to carry out routine maintenance due to recent COVID-19 and winter restrictions.

The Assessment Team observed consumer rooms were individualised with their own names on the door and rooms were personalised to reflect consumer’s interests. The service has several outdoor spaces, including bench seats for consumers to enjoy the outdoor area on warmer days.

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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The service demonstrated management operates with an open door policy and facilitates ongoing communication with consumers, representatives, staff and other stakeholders. Feedback forms and information on how to provide feedback and make complaints are on display within the service and are easily accessible by the consumers and others. Overall, consumers and representatives confirmed they are aware of advocacy services, internal and external complaints processes and interpretation services.

Staff and management confirmed open disclosure principles are leveraged when handling feedback and complaints. Consumers and representatives confirmed management and staff apologise when something goes wrong.

Consumers and representatives described how they are contacted by the service in response to feedback raised and provided examples of how this has led to improvements for consumers. The Assessment Team provided evidence on the service’s plan for continuous improvement and complaints documentation which identified prompt action taken by management following a complaint. In addition, the Assessment Team provided evidence of how the services are improved based on these complaints such as access to advocacy services.

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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, consumers interviewed described how staff are kind, caring and respectful of their background and culture. Consumers and representatives are satisfied staff are trained, equipped and supported to provide quality care and services to meet consumers’ needs.

Consumers and representatives described how the service has an effective workforce in place. A review of the service’s electronic roster demonstrated that 100% of the shifts across the service were filled in the last two months.

Overall, consumers consider staff have the knowledge and skills to meet their health care needs such as the management of chronic wounds. Staff are trained, equipped and supported to provide quality care and services to meet consumers’ personal and clinical needs.

The service has policies and procedures in place to monitor staff performance and undertake disciplinary matters. All new staff are placed on probation, with regular performance reviews undertaken.

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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, consumers interviewed considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives described how they attend resident-relative meetings and are engaged in care planning and service provision.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Management described how the service monitors clinical indicators at the service to identify trends and risks. Analysis of clinical indicators is reported at the board level and benchmarked across all services in the sector to identify and address wider trends.

The service has effective organisation wide governance systems relating to information management, continuous improvement, regulatory compliance and feedback and complaints. For example, management described how they identified an increase in the number of bruises at the service in May 2022. These findings were incorporated into the continuous improvement plan with actions including, staff training on skin integrity and prevention strategies and manual handling.

The service has effective risk management systems and practices such as the Serious Incident Response Scheme (SIRS). The service’s SIRS registers demonstrated reportable incidents are actioned and recorded according to legislative requirements. The organisation has a risk management framework to monitor and assess high-impact or high-prevalence risks associated with the care of consumers. The service continually monitors risks such as falls, restrictive practices, weight loss, pressure injuries, polypharmacy and infections. Clinical incidents are used to identify knowledge gaps in staff training or procedures and used to drive changes to policies and procedures.

The service has effective clinical governance frameworks that provide an overarching monitoring system for clinical care. The service’s framework addresses key clinical governance areas such as antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed measures taken to reduce the use of antibiotics and how this is discussed with the medical officer, consumers and representatives when infections are identified.

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.

**Requirement 4(3)(f).**

* Implement effective processes to ensure meals are suitable, varied and of suitable quality and quantity.
* Introduce internal processes to monitor the suitability, variety and quality of meals.
* Introduce internal processes to monitor external meal providers to ensure meals meet the expectation and requirements of consumers.