Mercy Place Fernhill

Performance Report

18-22 Fernhill Road   
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**Commission ID:** 3074

**Provider name:** Mercy Aged and Community Care Ltd

**Site Audit date:** 14 June 2022 to 17 June 2022

**Date of Performance Report:** 26 July 2022

# Performance report prepared by

Vanessa Stephens, 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) | Non-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) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | 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 on 15 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

Most 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 interviewed said staff make them feel respected and valued as individuals. Consumers said regular staff understand their history, and their care needs and preferences.
* Most consumers said staff understood their cultural needs and adjusted care accordingly.
* Consumers explained various ways in which they are supported to exercise choice and maintain personal relationships.
* Consumers and/or their representatives advised that they are supported to take risks.
* Most consumers and/or their representatives expressed satisfaction that they receive current, accurate and timely information.

Care staff gave examples of how consumers are supported to make choices and demonstrated an understanding of consumer care preferences. Staff explained how they respect the privacy of consumers including knocking prior to entering consumer rooms, using the curtain when providing personal care and carrying out sensitive conversations in private areas.

Care documents for sampled consumers demonstrated discussion and informed choice in relation to supporting consumers to take risks. The Assessment Team observed staff interacting with consumers in a respectful manner.

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.*

The Assessment Team found that two consumers did not feel that their privacy was respected. One consumer felt that staff did not respect his privacy by opening his pharmacy package before giving it to him, and by entering his room when he was not present. Another consumer stated that she does not always have a female carer for personal hygiene as is her preference.

In their response to the Assessment Team’s report, the approved provider states that all packages received from the pharmacy are opened and staff may inadvertently open a package addressed to a consumer. The approved provider states this is not a breach of consumer privacy as the service is aware of all consumer medications. In relation to entering the consumer’s room without consent, this is to check the consumer’s medication drawer and is standard practice. In relation to the consumer who prefers a female carer for personal hygiene, this preference was unknown to the service and this consumer’s care plan has been updated accordingly.

While I recognise that these issues impact consumers, given the totality of evidence and the approved provider’s explanations, I am unable to find that the instances summarised above amount to breaches of consumer privacy. I therefore find the service is compliant with this requirement.

# 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

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

* Consumers described how nursing staff assess risks to ensure care is safe and meets consumer needs.
* Consumers said they feel listened to and that their care and services are planned around what is important to them.
* Consumer representatives provided positive feedback regarding engagement in assessment and care planning.
* Consumer and representatives sampled confirmed clinical staff provide them with the opportunity to review care planning on an informal and formal basis.

The service regularly reviews consumer care and services. Care planning and assessments considered risks and interventions and where risks impacted other care domains. Care plans reflect the current goals, needs and preferences of consumers and include documentation of advance care wishes. Care files sampled demonstrated that consumer partnerships are an ongoing part of assessment and care planning and these are documented.

Documentation demonstrated incidents and changes to consumer condition were appropriately reported and actioned. Incident trends are captured in monthly reporting and are reviewed by management.

Staff are satisfied they are aware of changes to the care provided or recommendations from allied health professionals. The Assessment Team observed visiting healthcare professionals consulting with staff and visiting 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.*

# STANDARD 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

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

* Most consumers said they usually get the care they need and provided positive feedback about the care provided by staff.
* Sampled consumers provided positive feedback in relation to recognising and responding to deterioration.
* All sampled consumers are satisfied that staff are aware of their needs and preferences.
* Consumers confirmed they have access to their medical practitioner and/or other health professionals as needed.

Staff described high impact and high prevalence risks for individual consumers including falls, behaviours, swallowing, pressure injury and malnutrition. Staff described deterioration and monitoring requirements for sampled consumers and their knowledge aligned with care planning documents.

Review of sampled consumer files demonstrate that most consumers receive safe and effective personal care and clinical care that is tailored to their individual needs, is best practice and optimises their health and well-being. Care documentation reflects the needs and wishes of consumers nearing the end of life.

The service has effective processes to document and communicate information about consumer condition, needs and preferences including verbal and written handover. Consumer files also demonstrate timely and appropriate referrals, referral recommendations are also reflected.

Outbreak prevention and management is generally effective. The service has relevant policies and an outbreak management plan. Infections are identified and managed and antibiotic use is minimised.

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.*

# STANDARD 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

Most sampled consumers and/or their representatives said consumers receive 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 and/or their representatives provided positive feedback in relation to the emotional, spiritual and psychological supports available.
* Consumers explained how they continue to be engaged with the broader community both as individuals and as part of the service’s lifestyle program.
* Overall consumers were satisfied information about their condition, needs and preferences were communicated within the organisation and with others involved in care delivery.
* Consumers provided mixed feedback in relation to the variety and quality of food provided. Management have implemented changes to improve meals and consumers confirmed that these changes had resulted in improvements.

Staff described ways they assist consumers with their emotional and psychological well-being. Staff also demonstrated an understanding of the supports each consumer needs to continue to engage in the broader community and to keep in touch with the people who are important to them.

Care plans were individualised and detailed, providing information on how to maintain consumer relationships and interests. Care planning documents reflect the involvement of individuals and other organisations providing lifestyle supports that align with consumer needs and preferences.

The Assessment Team observed a range of equipment used by lifestyle and care staff that was clean, suitable and well maintained. Some consumers and/or their representatives expressed dissatisfaction with the activities available at the service.

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

## Assessment of Standard 4 Requirements*.*

### Requirement 4(3)(a) Non-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.*

The Assessment Team found that some consumers and representatives expressed dissatisfaction with the lifestyle program as it does not provide activities that are engaging, particularly for consumers experiencing cognitive decline. The frequency of showers was also raised by three consumers who stated they do not have showers as per their preferences. On each day of the site assessment, the Assessment Team observed the same group of consumers sitting in the same lounge for extended periods.

In their response to the Assessment Team’s report, the approved provider acknowledges that during the site assessment there were limited planned group activities due to one lifestyle staff member being on annual leave and the recent resignation of another lifestyle staff member for which recruitment for a replacement was underway. The approved provider states that usually the service has a well‑established program of activities and provided a program of events for the period immediately prior to the site assessment. In relation to showering the approved provider stated that due to acute staffing pressures, it is not always possible to shower consumers in accordance with their preference.

While I acknowledge the impact of acute staffing pressures and the timing of the site assessment in relation to the recent resignation of a lifestyle staff member and annual leave for another, at the time of the site assessment, based on consumer interviews and observations made by the Assessment Team, I find that the service did not deliver effective services and supports for daily living. I therefore find the service is non-compliant with this requirement.

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

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

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

*Services and supports for daily living assist each consumer to:*

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall, sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers and representatives expressed satisfaction the service has a welcoming environment and offers a range of communal spaces that optimises consumer engagement and interaction. Consumers described in various ways that furniture, fittings and equipment are safe, clean, well maintained and suitable.

The Assessment Team observed the service to be clean and uncluttered enabling the free movement of consumers both indoors and outdoors. The living environment was also observed to be well-lit, well maintained and suitably furnished.

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-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. Consumers and representatives said that they felt comfortable providing feedback and raising complaints. In addition they were aware of the different ways in which they could provide feedback and how to escalate complaints. The Assessment Team observed that advocacy and complaints brochures were available at the service.

However, consumers were not satisfied that issues raised are always addressed, or actioned in a timely manner. In addition, complaints had not been captured consistently and effective trending, review and opportunities for improvement had not been consistently identified and/or documented for most issues raised.

The Quality Standard is assessed as non-compliant as two 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) Non-compliant

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

The Assessment Team found consumers and representatives were not satisfied that issues raised were always addressed. They explained that sometimes to get issues actioned they had to repeatedly follow up with staff or management and that when issues were actioned this did not always occur in a timely manner. The Assessment Team found that many of the issues raised by consumers and representatives during interviews, verbally as reported by management and staff, and as documented in resident and relative meeting minutes, had not been captured in the service’s complaints management system and there was no documented follow-up for these issues.

In their response to the Assessment Team’s report, the approved provider acknowledges that not all complaints have been entered in the service’s complaints register in a timely manner. The service is aware this is not acceptable and it will not reoccur. Further education on classifying feedback has also occurred.

Based on information in the Assessment Team’s report under Requirement 8(3)(e), I am satisfied open disclosure is practiced when things go wrong. However, based on the numerous examples provided by consumers at the service in the Assessment Team report and the service acknowledging not all complaints were registered, I am not satisfied the service takes appropriate action in response to complaints. I therefore find the service is non-compliant with this requirement.

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

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

All consumers and representatives expressed dissatisfaction with staffing levels. The Assessment Team found that issues raised were not consistently documented in the service's complaints management system and for these issues, there was no evidence that they had been actioned or resolved. There was evidence that some improvements had been made at the service as a result of some of the feedback received, however, this was not consistently documented on the service’s plan for continuous improvement. As complaints and issues had not been captured consistently, effective trending, review and opportunities for improvement had not been consistently identified and/or documented for most issues raised.

In their response to the Assessment Team’s report, the approved provider states that the national shortage of staff in the residential aged care sector has had an impact, they continue to explore options to recruit new staff and that on a daily basis the service has to best consider how to use limited resources.

While I acknowledge the impact of acute staffing pressures, based on evidence presented by the Assessment Team summarised above, I am not satisfied the service reviews feedback and complaints to improve the quality of care and services. I therefore find the service is non-compliant with this requirement.

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

* The majority of consumers and representatives were satisfied with staffing levels at the service.
* Consumers and representatives expressed satisfaction that staff are kind, caring and gentle when providing care.
* Consumers expressed satisfaction that staff have the knowledge and skills to meet their care needs.

Staff were satisfied with the education provided and were able to access additional education where required. Staff described annual performance appraisals where they are able to discuss their performance and set goals for the year ahead. Management described how staff performance is reviewed through feedback from consumers, representatives, staff, feedback and complaints processes and through audit trends.

The Assessment Team observed staff interactions with consumers during the site audit 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 NON-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. Consumers described how they are involved in the development, delivery and evaluation of care and services.

Management described how they involve and support consumers in the design, delivery and evaluation of services. Management described changes made in the last six months, as a result of consumer feedback, incidents and feedback from the board. Management also demonstrated a risk framework that identified and managed high impact and high prevalence risks and abuse or neglect of consumers.

The service has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Management demonstrated the majority of governance systems are effective. However, governance in relation to feedback and complaints is not effective.

The Quality Standard is assessed as non-compliant as one 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 Assessment Team found the majority of governance systems are effective. The board monitors and reviews routine reporting and analysis of data related to the consumer experience. The board satisfies itself that systems and processes are in place to ensure the right care is being provided in accordance with the Aged Care Quality Standards.

However, in relation to feedback and complaints, consumers and representatives expressed concerns that issues raised were not always addressed. Consumers and representatives stated that when issues were actioned, they were not actioned in a timely manner. Effective trending, review and opportunities for improvement had not been consistently identified and/or documented for most issues raised.

In their response to the Assessment Team’s report, the approved provider relies on their response provided for Requirement 6(3)(c) in that they acknowledge that not all complaints have been entered in the service’s complaints register in a timely manner, they are aware this is not acceptable and have ceased the practice. Further education on classifying feedback has also occurred.

While I note the service acknowledges not all complaints were registered and that this practice has ceased, I am not satisfied that at the time of the site assessment that the service had an effective governance system in relation to feedback and complaints. I therefore find the service is non-compliant with this requirement.

### 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.

* Ensure a program of consumer activities and events are maintained.
* Ensure complaints are recorded, actioned, collated and reviewed to inform continuous improvement at the service.