Peninsula Aged Care Service

Performance Report

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**Commission ID:** 5461

**Provider name:** Beaumont Care (Holdings) Pty Ltd

**Site Audit date:** 7 March 2022 to 9 March 2022

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

# Performance report prepared by

Kathryn Spurrell, 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** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **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 Approved Provider’s response to the Site Audit report received 5 April 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

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

Staff were observed treating consumers and their representatives with respect and interacting in a friendly manner. Consumers considered that staff treated them with dignity and respect and were aware of their heritage and preferences. Staff showed an understanding of consumers’ backgrounds and preferred lifestyle choices and described how this guided the way they tailored care to meet consumers individual needs.

Lifestyle assessments were completed for consumers which included information relating to consumers’ background, spiritual and cultural practices, and preferences.

Consumers said staff provided them with opportunities to attend activities inside and out of the service that nourished their cultural identity and spiritual well-being. Care planning documents reflected the connections consumers’ have with cultural and spiritual groups. Staff described ways they encouraged consumers to be independent and respected their choices. A review of the service’s welcome pack showed the service encouraged consumers to discuss their care and services.

The service demonstrated it provided choice to consumers by consulting with them and their representatives to ensure the impact of risk was understood prior to giving consent. Care planning documents showed that staff completed risk assessments for consumers prior to participating in situations that involved leaving the service premises. Consumers felt they were supported to make choices using their own judgement.

Consumers said information provided to them was accurate, timely, clear, and concise and that they were satisfied with the frequency and quality of information they received from the service. Consumers and their representatives said that their privacy and confidential information was respected by the staff. Staff described processes used to maintain consumer privacy and confidentiality. For example, consumer documentation was stored electronically and was password protected.

## 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

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

Consumers and their representatives stated they were involved with initial and ongoing assessments and care planning. Consumers and their representatives said they were satisfied with the care provided. Staff described how they use assessment and planning processes to guide safe care delivery to each consumer. A review of care planning documents showed the service undertook appropriate ongoing assessment and care planning with consumers, including careful consideration of the nuances of consumers’ health conditions.

The service demonstrated that care and services were reviewed regularly for effectiveness or when things changed. This included handover discussions between staff to ensure all workers were kept up to date with changes in consumers’ care needs. Staff described to the Assessment Team how and when consumer care plans were reviewed.

A review of care planning documentation showed the service obtained advice from a variety of external health professionals to supplement the care and services it provides to consumers. Consumer care plans included recommendations or directives from health professionals.

Clinical and care staff described how they supported consumers nearing end of life and gave examples of what they did to make them feel safe and comfortable. The care reviewed by the Assessment Team had advance care directives in place. Staff described the processes they use to connect with consumers who have impairments that reduced their capacity to be involved in their own care planning.

A review of care planning documents showed they were reviewed at least quarterly and following any change of circumstances or condition of the consumer. Representatives said they were satisfied they were informed about changes to consumer’s care in a timely manner. Consumers and their representatives said staff explain information to them and they have access to care planning documents.

## 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

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

Staff described consumers’ individual care requirements and how they used this knowledge to deliver personal and clinical care that maximised consumer comfort and ensured their dignity was preserved. Consumers and representatives said consumers received personal and clinical care that was safe and tailored to meet their needs. Consumers and representatives alike said they were satisfied they were kept up to date about changes in consumer care services.

The Assessment Team’s review of care plans showed consumer care plans appropriately managed risks associated with consumer pressure injuries, pain, falls and the use of restraints. Clinical staff comprehensively described two risk situations with consumers to the Assessment Team and explained how they appropriately managed those risks. The record-keeping and strategies used demonstrated risks were understood, closely monitored and best practice care was provided to these consumers.

The service had effective systems in place for recording and sharing information about consumer needs, goals and preferences. Consumer care and need information was recorded in care plans, progress notes, case conference notes and amongst staff during shift handovers.

Care plans and progress notes showed that consumers with behaviours of concern were provided access to advice through referrals to health professionals outside of the service. Staff feedback confirmed that consumers make use of health professionals external to the service and staff support them to get the referrals they need. Consumer care planning documents showed input from allied health professionals.

Of all consumers interviewed each of them had advance care planning directives in place as part of their care assessment and planning. The service had an end-of-life policy and dying and death procedure that were reviewed within the last two years. Most consumers interviewed by the assessment team elected not to discuss death and dying. Consequently, there is minimal data available about consumers opinion about how the service manages end of life planning. Most representatives of consumers interviewed said they wanted to manage end of life procedures privately with their loved one.

Staff interviewed demonstrated they were aware of the service’s end of life planning process and talked about appropriate steps to take when a consumer is nearing the end of life. They also demonstrated an awareness of providing support that ensured consumers choices were respected and actioned. Staff used individually tailored strategies in the first instance, before using pharmacological strategies to minimise the risk of infection to consumers.

### 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 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

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

Consumers received the daily services they required for their health and well-being which allowed them to maximise their quality of life. Consumers described the ways they participated in their communities and maintained their social and personal relationships both within and outside the service environment.

Consumers and representatives described ways that staff at the service provided emotional and spiritual support to consumers. For example, staff were involved in the facilitation of cultural celebration days and organised for consumers to attend religious and spiritual events. Staff assisted consumers to maintain connections with people by arranging telephone and video calls with people that are important to them.

Consumers and representatives stated that the consumer's condition, needs and preferences were effectively communicated within the organisation and to external health professionals. Staff were updated with changes about consumers’ lifestyle needs and preferences through shift handover discussions. The lifestyle staff co-ordinator described how the service collaborated with external service providers to supplement the lifestyle activities offered within the service.

Care planning documentation showed allied health professionals had been consulted in formulating the design of care services for consumers. The service demonstrated timely referral of consumers with appropriate external health service providers.

Most consumers and representatives reported they were satisfied with the meals offered at the service. Consumers said meals at the service are suitable quality and quantity and match with the consumers’ preferences and dietary requirements. Consumers and staff said the service offers a range of dietary requirements to meet consumers’ tastes. A review of documentation and various observations made by the Assessment Team demonstrated the service had relevant practices to ensure safe food storage, preparation, and delivery.

Various lifestyle equipment was provided by the service for consumer use to promote their well-being. Consumers and staff reported this equipment was readily available, in good working order, clean and met safety requirements. The service had processes in place that ensured equipment was well maintained and repaired when required.

A review of the service’s hazard reports, audits, maintenance logbooks and meeting minutes demonstrated the service monitored equipment regularly.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 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

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

Consumers said they felt at home at the service and had a sense of belonging in their surroundings. They reported feeling safe and comfortable in their rooms and the service facility. Consumers considered the service a nice place to live and felt the service environment was welcoming.

The service facility had appropriate signage throughout the building that provided access to a variety of indoor and outdoor areas for consumers, representatives, and staff. Consumers rooms were observed to be decorated with their individual tastes and provided them with sufficient space to store their personal belongings. Rooms were observed to be clear of obstacles with ample space for consumers, representatives, and staff to walk through the building and outdoor areas easily and safely.

The Assessment Team observed that not all rooms had consumers names on their door. Staff explained the service gives consumers the choice about how their room is personalised and some consumers chose not to have their name on the door.

Staff described the maintenance and cleaning schedules undertaken at the service. The service’s documentation showed regular and appropriate cleaning of rooms, surface areas and touch points. Chemical storage and medication rooms were locked to ensure consumer safety.

Furniture, fittings and equipment within the service was safe, clean and in working order. Consumers feedback about the service’s standard of cleanliness matched observations made by the Assessment Team.

The service had effective processes in place to ensure preventative and reactive maintenance was conducted regularly. A review of the maintenance requests logbook showed that maintenance issues reported by staff and consumers are resolved in a timely manner.

## 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

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

The non-compliance is in relation to Requirement (3)(d). I have provided reasons for my finding in the respective Requirement below.

Consumers and representatives said they felt encouraged, safe and supported to provide feedback and make complaints anonymously or with the assistance of staff. Staff advised that consumers were encouraged to provide feedback and demonstrated they knew the service’s escalation process for managing complaints from consumers and representatives. Consumers and representatives said they felt comfortable to provide feedback or make complaints directly to staff and management in the first instance.

Consumers were aware of advocacy and other external complaints services available and felt confident the service would resolve issues and take appropriate action. Staff were aware of advocacy services available to consumers and representatives.

Consumers provided examples of times they had complained and outlined how they would complain if the need arose.

However, some consumers felt sufficient action was not taken in response to their complaints and the service was not able to demonstrate that feedback and complaints were consistently reviewed and used to improve the quality of care and services

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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

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

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

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

The systems and processes in place to capture complaint data were found to be insufficient to support the Service to use this data to improve the quality of care and services. While the Assessment Team spoke to staff and management who provided some examples of complaints being resolved and used to improve services the feedback from consumers identified deficiencies in the process. Relevant summarised evidence included:

* two consumers who reported they had complained about the quantity, variety, and temperature of food when it’s received by consumers, without resolution.
* one consumer who stated they had complained about the security of their room and safety of their personal belongings that had not been followed up.
* one consumer said the service was dismissive of their feedback and complaints and was complacent when responding to issues they raised.

In its written response, of 5 April 2022, the Approved Provider addressed some of the evidence brought forward by the Assessment Team and outlined actions being taken to address some of the issues, including:

* regarding the two consumers who complained about the food, the service stated they only had evidence that one of these consumers had raised a complaint about food in relation to portion sizes. In its response the Approved Provider stated they told kitchen staff to increase the meal portion sizes for this consumer and advised the consumer they could request extra portions if needed. The service advised it informed the complainant of this action and the consumer was satisfied with the outcome.
* The Approved Provider did not provide any response regarding the other complaints made by the consumers but did state that the current process was to record feedback and complaints in the register once the issue had been resolved, this process had been impacted by COVID-19 and recent weather events.

In its written response, the Approved Provider also described the enhanced processes it had implemented in response to the Site Audit report which included directives to immediately record feedback and complaints in the register, additional face to face and online education for all staff, staff meetings to discuss the complaint process and a general in-house review of complaint and feedback policies and procedures. While I acknowledge the Approved Provider’s response, I am not satisfied the service has maintained consistent written documentation of all consumer feedback and complaints to enable them to be reviewed and used to improve services.

In coming to a decision on compliance for this requirement, I have considered the information from the Site Audit Report and the Approved Provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the Site Audit, it did not demonstrate that feedback and complaints were used to improve care and services. Therefore, I find the service Non-compliant in 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

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

Consumers were satisfied with the number of staff available at the service and considered their conduct in the way they provide care professional and kind. Consumers reported they received quality care and services when they need them from staff who are knowledgeable, capable, and considerate. Consumers also said staff respect their identity and used their preferred names rather than legal names.

Staff reported feeling they have enough time to attend to consumers. Similarly, the Assessment Team observed that the service appeared to have enough staff to meet the needs of consumers. Staff demonstrated an in-depth understanding of consumers personalities including their needs and preferences.

A review of service staff documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform the duties of their job. Management described four learning and development strategies used by the service to train staff and monitor their work performance. These included: induction training; a buddying program; staff performance observations; and annual performance appraisals.

Staff reported that if they needed training in new skills or subject matter, the service would ensure the training is provided to them. Staff said they received the mandatory training required for their job as well as training about the serious incident reporting scheme; incident management; manual handling; and infection control. All the staff files the Assessment Team reviewed, showed that all workers have completed training appropriate for the requirements of their roles.

## 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

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

Consumers and representatives considered the service well managed and described examples of how they were involved in the development, delivery and evaluation of care and services. For example, participating in food focus groups, resident meetings, suggestions to management, attending staff meetings, completing feedback forms and surveys.

Discussions with management, staff and consumers, as well as a review of the service’s documentation showed the service had effective governance systems in place. This included standard operating procedures for information management, financial management, continuous improvement, and regulatory compliance. The Assessment Team reviewed the governance systems of the service and found them to be fit for purpose.

Staff described a variety of risk management processes and procedures that were used by different staff at all levels within the service. Clinical staff explained the process of how to report a serious incident. All these methods were assessed as being aligned with sound risk management practices. Consumer risk assessments were undertaken at regular timeframes that manages risk and allowed consumers to live the best life they can.

Management described how staff were kept up to date about legislation and policy changes. The Assessment Team reviewed policies and procedures and noted that they reflected legislative changes including policies about restraint free environment and the Serious Incident Response Scheme. Staff demonstrated they were familiar with the risk management escalation process, how to respond to consumer abuse and neglect; and how to minimise and prevent incidents.

Management reported that organisational directors or the owner of the service visited the service every two weeks. The service demonstrated it had relevant steering committees in place to manage and monitor finances, risks and clinical governance. The service did not always effectively use feedback and complaints to improve services; this is discussed in more detail at Standard 6, however did have a system in place to manage feedback and complaints.

The service convened various regular meetings to oversee clinical accountability. For example, a monthly Clinical Governance Committee is held between various clinical staff, middle and senior management. A clinical governance framework is in place to support the delivery of safe clinical care and ensure consumers live their best life possible.

The framework includes the service’s approach to antimicrobial stewardship, minimisation of the use of restraints and open disclosure policy. Staff demonstrated how they applied these policies to the work that they do. Staff had a shared understanding of their reporting responsibilities regarding consumer abuse and neglect.

## 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 6(3)(d) Ensure that feedback and complaints are reviewed and used to improve the quality of care and services.