Performance

Report

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| Name of service: | Regis Nedlands |
| Service address: | 116 Monash Avenue NEDLANDS WA 6009 |
| Commission ID: | 7149 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 30 May 2023 to 1 June 2023 |
| Performance report date: | 17 July 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Regis Nedlands (**the service**) has been prepared by M Glenn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the 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 consumers, representatives, staff and management; and
* the provider’s response to the Assessment Team’s report received 6 July 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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.

**Standard 3 requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
* provide personal care to consumers in line with their assessed needs and preferences and that is tailored to their needs and optimises their health and well-being.
* Monitor staff practices in relation to provision of care, particularly personal care to ensure quality care and services are provided to consumers and maintained.

**Standard 6 requirements (3)(c) and (3)(d)**

* Ensure actions taken in response to feedback and complaints are monitored for effectiveness, and consumers and/or representatives are consulted to gauge satisfaction of actions implemented.
* Review feedback and complaints monitoring processes to ensure emerging trends and improvement opportunities are identified.

**Standard 7 requirements (3)(a), (3)(b) and (3)(e)**

* Ensure appropriate and adequate staffing levels and skill mix are maintained to deliver care and services in line with consumers’ needs and preferences.
* Ensure workforce interactions with consumers are monitored and prompt actions taken where poor interactions are identified.
* Ensure regular assessment, monitoring and review of the performance of each staff member is undertaken.

**Standard 8 requirement (3)(c)**

* Review the organisation’s governance systems in relation to workforce governance, feedback, and complaints.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard is assessed as compliant all six of the specific requirements have been assessed as compliant. The Assessment Team recommended requirement (3)(a) in Standard 1 Consumer dignity and choice not met. I have come to a different view to that of the Assessment Team’s recommendation and find requirement (3)(a) compliant.

**Requirement (3)(a)**

The Assessment Team were not satisfied each consumer is treated with dignity and respect. The Assessment Team’s report provided the following evidence gathered through interviews, observations and documentation relevant to my finding:

* Consumer A said male staff at night are rough and pull and push them when they attend to them. Consumer A said this had been going on for ages and they have bruises on their arms. A Serious Incident Response Scheme (SIRS) report was submitted following feedback by the Assessment Team.
* The representative said despite communicating the need for Consumer A to attend critical appointments, the consumer has not been ready for at least five appointments. The representative also described one occasion last month where Consumer A was found sitting in their wheelchair in a soiled continence pad which was malodorous.
* One representative said they often find Consumer B in soiled clothing and on the morning of day three of the Site Audit, they had to clean the bathroom and toilet as there was faecal matter on the floor.
* One representative said they were informed by the service that the hairdresser had discovered Consumer C’s hair was matted so badly they had to cut it out.

Three representatives stated they did not believe consumers were treated with dignity and respect. Feedback included:

* When the representative visited, they immediately determined Consumer D had ‘soiled’ themselves and needed assistance. The representative asked for a staff member’s assistance with the staff member stating they could not assist at the present time as they were engaged with other duties. The consumer was assisted approximately 40 minutes later. The representative also said there have been instances where the consumer’s toilet, bathroom floor, wall and door have been soiled for over 24 hours.
* A representative stated Consumer E did not receive showers often enough and did not have their continence aid changed regularly. The representative recounted recent occasions where they had found the consumer ‘drenched in urine’ and wearing the same clothes as the day before.
* A care staff said at times they have been told by other staff that Consumer E has had a shower, but they know they have not as Consumer E does not smell fresh and is not clean. The care staff said they did not want to get colleagues in trouble but at times they had found the consumer was not in a satisfactory and clean state.
* Over the three-year period since entry, the representative has found Consumer F on many occasions in faecal soiled and urine-soaked continence aids, their body unclean and not washed, in dirty clothing, with stained and dirty linen on the bed, and faeces in the bathroom on the walls, floor and toilet seat.
* Management said they continue to meet regularly with the representative to resolve the concerns raised. These meetings were acknowledged by the representative, however, said they remain extremely frustrated the strategies to support the consumer’s dignity were not fully embedded or effective.

The provider did not agree with the Assessment Team’s recommendation. The provider’s response included commentary relating to the information highlighted in this requirement, as well as supporting documentation. The provider’s response included, but was not limited to:

* Consumer A is known to be resistive to care and staff spend additional time implementing strategies to safely manage their care needs. In relation to appointments, there were two occasions where there was a short 15-minute delay on arrival to appointments, noting appointments still went ahead as planned.
* It is the provider’s understanding the bathroom was soiled just prior to the representative’s arrival. The service has worked closely with Consumer B’s representative to ensure matters were rectified and continue to have close monitoring for their satisfaction.
* Apologies were and/or have been offered to Consumers C and D’s representatives.
* Commenced a review of Consumer E’s activities of daily living and initiated a further referral to specialist services to review current strategies.
* A formal complaint raised by Consumer F’s representative with the Commission was finalised prior to the Site Audit. It is unreasonable for the Assessment Team to reference this when a satisfactory outcome has been achieved.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service compliant with this requirement. I have considered that while care and interactions described do not show consumers were treated with dignity, the information provided by consumers and representatives does not indicate consumers’ identity, culture and diversity were not valued and respected. Evidence presented in other requirements in this Standard demonstrates consumers felt valued and safe when receiving care and services. I find the evidence presented highlights deficiencies in the provision of personal care, staffing and workforce interactions. As such, I find the evidence is more aligned with Standard 3 Personal care and clinical care requirement (3)(a) and Standard 7 Human resources requirements (3)(a) and (3)(b) and have considered this evidence, as well as the provider’s response to the evidence, in my findings for these Standards and requirements.

For the reasons detailed above, I find requirement (3)(a) in Standard 1 Consumer dignity and choice compliant.

**In relation to requirements** **(3)(b), (3)(c), (3)(d), (3)(e) and (3)(f)**, policies and procedures are available to guide and support staff in the provision of culturally safe care and services. Consumers are engaged during assessment processes to ascertain how they can be supported to maintain their culture, beliefs and traditions, and care files sampled included information relating to consumers’ backgrounds and strategies to support them. Staff were aware of consumers with specific cultural needs and described how they tailor care and services for those consumers. Consumers felt valued and safe when receiving care and services, and said their culture is respected, and they are supported to maintain their identity.

Consumers were satisfied they are supported to make decisions about the care and services they receive and the way they are delivered. Where consumers are unable to communicate decisions for themselves, representatives engage in the decision-making process. Opportunities for consumers to develop and maintain social connections are provided through provision of group activities and staff described how they assist consumers to make day-to-day choices. Care files included involvement of representatives and communication of consumer choices provided to the representative.

Consumers are supported to take risks to support their independence. Where consumers partake in activities which include an element of risk, risk assessments identifying associated risks and strategies to mitigate risks are developed. A range of activities deemed to incorporate an element of risk have been identified and associated risk assessments showed consumers have been involved in this process.

Consumers confirmed they are provided information to enable them to make choices about their care and services and felt information is communicated clearly and is easily understood. Information is provided through a range of avenues, including newsletters, meeting forums, noticeboards, emails and one-to-one visits. Consumers felt their privacy is respected and consumer information was observed to be securely stored.

For the reasons detailed above, I find requirements (3)(b), (3)(c), (3)(d), (3)(e) and (3)(f) in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Care files sampled demonstrated a range of assessments which consider personal, clinical and lifestyle aspects of care are completed on entry and on an ongoing basis. A range of validated risk assessment tools are also used to inform care planning. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop a care plan which incorporates each consumer’s needs, preferences, goals and strategies to manage identified risks. Clinical staff described risk assessment processes, and involvement of Allied health services in this process. All consumers and representatives sampled said they receive regular contact from clinical management and staff and are encouraged to be involved in discussions relating to care planning and to assist with identification of risks.

Assessment and planning processes identify and address consumers’ current needs, goals and preferences, including in relation to advance care and end of life planning. Care files included things and people important to consumers to maintain their health and well-being and demonstrated consumers’ needs and preferences relating to end of life care are identified on entry, reviewed and updated as consumers’ circumstances change.

Care files sampled demonstrated consumers and representatives, and other organisations, individuals and providers of care engage in assessment and care planning processes on entry and on an ongoing basis. Staff collaborate with consumers and/or representatives to ensure care and service provision is in line with consumers’ needs and preferences, where possible. There are processes to ensure the outcomes of assessment and planning are communicated to consumers, staff and others and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers and/or representatives. Consumer and representative meetings are held where care plans and the outcome of assessments are reviewed and discussed. Assessments and care plans are reviewed three monthly and as required with reassessments undertaken on an annual basis. Staff described how they access consumers’ care planning documentation and all consumers, and most representatives were satisfied they are informed of assessment outcomes and when changes to the way care is delivered occur.

Based on the Assessment Team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the seven specific requirements has been assessed as non-compliant. The Assessment Team recommended requirement (3)(a) in Standard 3 Personal care and clinical care not met.

**Requirement (3)(a)**

While consumers were found to be provided with effective and safe clinical care, the Assessment Team were not satisfied each consumer receives safe and effective personal care which is tailored to their needs and optimises their health and well-being. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

* Personal care documentation sampled for a 24-day period in May 2023 did not align with Consumer G’s agreed care and services plan, with no entries relating to provision of personal care for 20 of the 24 days sampled.
* Care and clinical staff said provision of consumers’ personal care is documented in progress notes as care is attended to. Following feedback, management provided a copy of an email dated the last day of the Site Audit addressed to all care and clinical staff detailing the requirement to clearly document all episodes of personal care undertaken for consumers in progress notes.
* A representative was frustrated and upset at ongoing issues with Consumer E’s personal care and while they had spoken to management, the representative indicated the same issues keep occurring. As noted in Standard 1 Consumer dignity and choice requirement (3)(a), the representative stated Consumer E did not receive showers often enough or have their continence aid changed regularly. The representative recounted recent occasions where they had found Consumer E ‘drenched in urine’ and wearing the same clothes as the day before.
* Progress notes sampled for a 23-day period in May 2023 showed personal care was not provided to Consumer E in line with the care plan with no entries relating to provision of personal care for 17 of the 23 days sampled.
* Care staff said at times other staff have told them Consumer E has had a shower, but they know they have not had one, as the consumer does not smell fresh, and is not clean.
* One representative said they were informed by the service that the hairdresser had discovered Consumer C’s hair was matted so badly they had to cut it out.
* One representative said Consumer H is required to wait on occasions to have their continence pad changed, as staff are not always available to assist the consumer with continence care when they require it.
* One representative said they have been raising issues with management in relation to Consumer F’s personal care not being completed in accordance with their care plan.
* One representative stated they feel they must visit the service daily to make sure Consumer B is wearing clean clothes and has had their personal care attended to.

The provider did not agree with the Assessment Team’s recommendation. The provider’s response included commentary relating to the information highlighted in this requirement, as well as supporting documentation. The provider’s response for included, but was not limited to:

* At a clinical review in May 2023, the representative did not raise concerns regarding Consumer G’s appearance, continence management or general cleanliness.
* Call bell data for Consumer H demonstrating only 13 call bell response times over five minutes indicating appropriate response times by staff.

I have also considered the provider’s response to Standard 1 Consumer dignity and choice requirement (3)(a) relating to Consumers C, E and F in my finding for this requirement.

I acknowledge the provider’s response. However, I find each consumer was not provided safe and effective personal care which was tailored to their needs and optimised their health and well-being. In coming to my finding, I have considered feedback from care and clinical staff who stated provision of consumers’ personal care is documented in progress notes as care is attended to. Care files for Consumers G and E did not consistently include documentation to demonstrate care had been attended, indicating personal care had not been provided in line with their assessed needs and/or preferences. This was further supported by feedback from Consumer E’s representative who described ongoing issues relating to provision of personal care, and care staff who indicated they know Consumer E has not had a shower as they do not smell fresh and is not clean. I have also considered feedback from a representative demonstrating Consumer C was not provided personal care in line with their needs and another representative who feels they must visit daily as they are not confident Consumer B’s personal care will be attended to.

For the reasons detailed above, I find requirement (3)(a) in Standard 3 Personal care and clinical care non-compliant.

**In relation to all other requirements**, high impact or high prevalence risks were found to be identified through assessment processes, with management strategies developed and documented to ensure delivery of care and services in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and strategies to mitigate risks relating to falls, skin integrity, wounds, nutrition and hydration, and unplanned weight loss. Records of consumers identified as having risks associated with their care are maintained with highlighted consumers reviewed and discussed at Clinical care meetings. Consumers and representatives were satisfied consumers are provided clinical care, which is safe and right for them, including in relation to mobility requirements and falls management.

Clinical and care staff described how they work in collaboration with the General practitioner, the Nurse practitioner, and palliative care team to ensure the needs, goals and preferences of consumers nearing end of life are recognised and addressed. A care file for a consumer who had recently passed evidenced consultation with the family and General practitioner and referral to palliative services. The consumer’s care file reflected their preferences and included an End-of-life pathway, prepared to enable the service to meet the consumer’s wishes. Pharmacological interventions were implemented to ensure the consumer remained comfortable and free of pain. The representative said they appreciated the communication provided by the service in relation to the consumer’s passing and the emotional support offered by staff to support the consumer’s comfort and dignity during the last days of their life.

Where changes to consumers’ health are identified, care files demonstrated prompt recognition and response, including referrals to General practitioners and/or Allied health specialists. There are processes to ensure changes to consumers’ care and service needs are communicated to staff and care plans updated to reflect consumers’ current care and service needs. Staff were aware of their roles and responsibilities, including identifying and reporting signs of deterioration, and most consumers and representatives said staff know how consumers like care to be delivered and they are supported to access external providers when and as required.

The service demonstrated an effective infection prevention and control program aligned with nationally recognised guidelines and applicable governing standards. The service has two Infection prevention control leads who have undertaken formal training required and are responsible for overseeing and monitoring staff practice. Clinical staff stated, and documentation sampled showed antibiotic therapy is only prescribed when a consumer is symptomatic or has a history of infection related illness. Infections are monitored and reviewed monthly to monitor and identify trends. Staff said they have received training in relation to infection prevention and control, could describe precautions to be followed to minimise the risk of infection, and said they have access to adequate supplies of personal protective equipment. Staff were observed to generally practice appropriate infection control processes, however, one clinical staff member was observed undertaking a consumer’s wound treatment in a shared area and a consumer was attempting to touch the sterile field. On discussion of the observations with management actions were promptly implemented.

For the reasons detailed above, I find requirements (3)(b), (3)(c), (3)(d), (3)(e, (3)(f) and (3)(g) in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives were satisfied consumers receive safe and effective services and supports which optimises their independence, health, well-being and quality of life. Care files included information relating to consumers’ daily living support needs and preferences, and evidenced specific examples to maintain independence, including provision of regular walking groups to maintain consumers’ strength and balance and involvement of Allied health specialists to provide specific programs for individual consumers. Staff were familiar with sampled consumers’ daily living support needs, describing goals for optimising consumers’ independence and well-being.

Consumers said staff provide them support to maintain their psychological and emotional well-being. Each consumer’s emotional, spiritual and psychological well-being is promoted through regular wellness checks, café sessions where consumers get individual time with a Counsellor and referrals to Allied health specialists. Care files also included a personal profile identifying consumers who take comfort in attending religious and spiritual services.

Consumers are supported to participate in the community within and outside the service environment and are supported to maintain relationships of importance. A weekly group activity program is in place comprising of a range of activities, including a mix of physical, social and cognitive activities. For consumers who cannot or do not want to participate in the group program, individual activities are implemented. Lifestyle staff stated the activity program is constantly evolving and activities are driven by consumer interests and feedback. Consumers and representatives described activities consumers like to participate in and the Feedback log contained numerous compliments from consumers about the activity program and the range of options available to them.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, there are processes to ensure appropriate and timely are referrals are initiated. Care and lifestyle staff described how they are kept up-to-date with consumers’ changing needs and preferences and care files sampled demonstrated consumers are referred to appropriate providers of care, in line with their changing needs.

Most consumers stated the food service is acceptable, however, can be variable. Meals are prepared in line with a menu which is approved by a Dietitian, and the menu is adapted for consumers identified as requiring special and modified texture diets. Consumers were observed to be provided information about the meal choices available and were supported by staff to change options if they did not like what was offered, and consumers in the memory support wing were observed to be assisted with meals, as required.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use, including reactive and preventative maintenance processes. The Physiotherapist and Occupational therapist assess each consumer’s mobility and transfer equipment needs to ensure equipment provided is suitable for their individual needs. Staff said they have access to the essential equipment they require and can access external equipment suppliers to meet specific consumer needs, if required. Consumers were satisfied with the equipment provided to assist them with daily living tasks.

Based on the Assessment Team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service environment was observed to be welcoming, easy to navigate with outdoor areas and sufficient space, including communal areas, for consumers to sit or participate in activities. Consumers were observed enjoying the service environment, demonstrating familiarity with the layout and facilities, including the courtyards, balconies, activity areas and cinema, and could navigate to their chosen locations with ease. However, elements of the memory support wing environment were observed to not fully optimise consumers’ sense of interaction and function, specifically in relation to the dining experience and activity program. Consumers sampled described the ability to decorate, arrange and personalise their rooms with their own furniture, photographs, pictures and bedding.

The environment was observed to be safe, clean and well maintained and consumers were observed to move freely both indoors and outdoors. Reactive and preventative maintenance processes, supported by contracted services are in place and staff described how they report maintenance issues, in line with the service’s processes. Most consumers and representatives were complimentary of the cleanliness and maintenance of the service environment and confirmed equipment consumers use is clean, right for them and well maintained.

Based on the Assessment Team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

The Quality Standard is assessed as non-compliant as two of the four specific requirements have been assessed as non-compliant. The Assessment Team recommended requirements (3)(c) and (3)(d) in Standard 6 Feedback and complaints not met.

**Requirement (3)(c)**

The Assessment Team were not satisfied appropriate action is taken to resolve complaints. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

* Nine of 11 complainants sampled were not satisfied actions taken in response to complaints were effective in resolving the issues raised in relation to daily personal care. All described becoming very frustrated as despite having regular meetings with management and appropriate improvement actions being identified issues regularly reoccur.
  + Regular meetings have been implemented with one representative and the clinical management team to discuss their concerns. Actions taken included training and education for all staff on their responsibilities for providing immediate cleaning when required and back to basic training for all care staff which focused on the direct provision of personal care to consumers.
  + Feedback from Consumer B’s representative was raised with management who contacted the representative directly and arranged an appointment for them to speak to the Clinical care manager in relation to their concerns. Management also contacted the representative in relation to another matter raised with the representative indicating they were happy and satisfied with the information they had been provided.
* Whilst management provided information and consumers and representatives confirmed, action was being taken following in response to issues raised, actions were found to be not effective in resolving issues, resulting in recurrence of issues and ongoing consumer and representative dissatisfaction. The root cause of issues has not been identified and the overall effectiveness of actions taken have not been reviewed or evaluated.

The provider’s response included a Continuous improvement plan to address the deficiencies identified and outlined planned actions and outcomes. The provider’s response included, but was not limited to; develop actions the consumer has agreed to; formally engage with each consumer on a regular basis regarding feedback provided and monitor satisfaction levels; ensure monitoring against individual issues raised to ensure successful outcome and result for the complainant.

I acknowledge the provider’s response. However, I find the service did not demonstrate a best practice system for managing and responding to complaints. In coming to my finding, I have placed weight on feedback from representatives demonstrating that while actions were found to have been taken in response to complaints raised, the actions were not consistently effective in addressing issues.

For the reasons detailed above, I find requirement (3)(c) in Standard 6 Feedback and complaints non-compliant.

**Requirement (3)(d)**

The Assessment Team were not satisfied feedback and complaints are used effectively to improve the quality of care and services. The Assessment Team’s report provided the following evidence gathered through interviews, observations and documentation relevant to my finding:

* Nine representatives expressed ongoing concerns indicating feedback and complaints they provide in relation to personal care, continence management, cleanliness of rooms, has not resulted in improvement actions being sustained or an overall improvement in care and service delivery.
* Consumer A’s representative said they have been raising issues about the provision of personal care since February 2023, not just for the benefit of the consumer, but for all consumers, however, they see the same issues recurring which they find very frustrating.
* The complaints log showed a family were concerned about a lack of prompt management of incontinence, lack of assistance with meals, medication management and lack of regular sighting by staff to ensure a consumer’s safety and well-being. Documentation showed the consumer’s family did not feel improvement actions were being implemented by care staff and their concerns had not been resolved. The consumer was noted to no longer reside at the service.
* The complaints log showed a family were concerned about how staff had spoken to the consumer which resulted in significant distress. Management stated this was still being investigated and a SIRS was submitted during the Site Audit for this incident. The consumer no longer resides at the service.

The provider’s response included a Continuous improvement plan to address the deficiencies identified and outlined planned actions and outcomes. The provider’s response included, but was not limited to, conduct a systemic review of complaints management processes to ensure feedback is reviewed, actioned, evaluated and feedback to complainant is undertaken.

I acknowledge the provider’s response. However, in coming to my finding, I have placed weight on feedback provided by representatives indicating feedback and complaints they had provided had not resulted in sustained improvements to care and service delivery. This was further supported through evidence highlighted in Standard 3 Personal care and clinical care requirement (3)(a) and Standard 7 Human resources requirements (3)(a), (3)(b) and (3)(e). As such, I find the service has not effectively used information from complaints to identify and implement improvements to safety and quality systems or to review the overall effectiveness of complaints management processes.

For the reasons detailed above, I find requirement (3)(d) in Standard 6 Feedback and complaints non-compliant.

**In relation to requirements (3)(c) and (3)(d)**, I acknowledge the provider has submitted a Continuous improvement plan identifying actions to remedy the deficits identified and planned completion dates have been set. However, I consider that the planned completion date for the improvement actions planned and/or implemented is noted as October 2023, therefore, time will be required to establish efficacy, staff competency and improved consumer outcomes.

**In relation to requirements (3)(a) and (3)(b),** consumers and representatives felt supported to provide feedback or make complaints. While most said they felt comfortable speaking with management and found management to be approachable, several consumers and representatives stated frequent changes in management over the past 12 months impacted their ability to know who to speak to. Consumers are supported to provide feedback and make complaints through meeting forums, and noticeboards around the service clearly displayed information about how to provide feedback or make a complaint. Staff described ways in which they support consumers to provide feedback, including directing them to available resources, assisting them complete feedback forms, or escalating matters to management, if required.

Consumers are provided with or have access to information about internal and external feedback and complaints mechanisms, advocacy, and language services on entry and ongoing and were aware of how to access these avenues. Two representatives were aware of and had used external advocate organisations to assist them with raising concerns to management.

For the reasons detailed above, I find requirements (3)(a) and (3)(b) in Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Non-compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

The Quality Standard is assessed as non-compliant as three of the five specific requirements have been assessed as non-compliant. The Assessment Team recommended requirements (3)(a), (3)(b) and (3)(e) in Standard 7 Human resources not met.

**Requirement (3)(a)**

The Assessment Team were not satisfied the workforce is planned to ensure the number and mix of staff enables the delivery and management of safe and quality services. The Assessment Team’s report provided the following evidence gathered through interviews, observations and documentation relevant to my finding:

* Representatives described impacts resulting from insufficient staff, including poor personal care, continence management and pressure area care; lack of staff supervision possibly contributing to incidents and impacting consumer safety; and call bells not being consistently responded to resulting in a representative contacting the service so they can contact the nursing station and have staff attend to the consumer.
* Representatives also indicated:
* On one occasion, they asked for a staff member to assist Consumer D with continence management. While a staff member attended, they were unable to assist right away, and the consumer waited 40 minutes for staff to be available to attend to them.
* They waited 25 minutes for a staff member to bring a suitable continence aid so they could change Consumer F and, on another occasion, waited approximately 30 minutes, for staff to attend to clean the consumer’s bathroom. The representative commented, ‘there is not enough staff to provide a basic level of care and hygiene’.
* Consumer B required assistance with toileting, a staff member attended the call bell, switched it off and said they would return but did not do so in a timely manner.
* Documentation showed a representative reported the consumer sat in their underwear in the bathroom for 45 minutes waiting for staff to assist them.
* On two days of the Site Audit, in the afternoon, consumers with cognitive impairment, at risk of falls and changed behaviours who reside in the memory support wing were observed to not be supervised by staff, placing them at risk.
* Lifestyle meeting minutes for May 2023 noted carers absence in the memory support wing, particularly during morning and afternoon tea and from 1pm onwards. The minutes recorded lifestyle assistants were concerned about staffing levels. Management indicated they had addressed this issue by introducing additional staff, however, observations confirmed this was not effective during the times noted.

I have also considered evidence presented in Standard 1 Consumer dignity and choice requirement (3)(a) indicating Consumer A’s representative described concerns raised, including despite communicating the need for the consumer to attend critical appointments, the consumer has not been ready for at least five appointments.

The provider’s response included a Continuous improvement plan to address the deficiencies identified in the Assessment Team’s report and outlined planned actions and outcomes. The provider’s response included, but was not limited to; undertaking a comprehensive roster review which has resulted in an additional night duty shift in one area, medication competent care staff member in the mornings and afternoons and a cleaning shift; appointed a new General manager to support the service; and introduced an additional four-hour shift in one area to ensure cleanliness and assist with consumer care.

I acknowledge the provider’s response. However, I find the service did not demonstrate there were adequate numbers and mix of staff to deliver safe and quality care and services. In coming to my finding, I have placed weight on feedback provided from representatives indicating insufficient staffing numbers to provide quality care and services and the resulting impacts to consumers’ health and well-being. I have also considered while actions had been implemented to address staffing concerns in the memory support wing, lack of sufficient staff oversight of consumers in this area was observed, potentially placing consumers at risk.

For the reasons detailed above, I find requirement (3)(a) in Standard 7 Human resources non-compliant.

**Requirement (3)(b)**

The Assessment Team were not satisfied workforce interactions with each consumer were kind caring and respectful. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

* Documentation showed one representative had made the decision to remove the consumer from the service following unkind treatment by a staff member. The representative reported the consumer was ‘humiliated’ by unkind comments of a staff member.
* Consumer A said male staff at night are rough and pull and push them when they attend to them. The consumer said this has been going on for ages. The Assessment Team provided this feedback to management who provided evidence they had submitted a SIRS report following the feedback.
* One consumer stated a staff member was not kind and caring and had attempted to steal from their handbag. A SIRS report was made at the time the complaint was raised. The staff member was identified as an agency staff and management indicated they will not return to the service.
* One consumer said a staff member on night shift was not kind and caring towards them, was shouting at them, and expecting them to do more than they were able to. Clinical management said they were aware of the issue and confirmed they would be speaking with staff regarding appropriate conduct.
* Ten consumers and/or representatives indicated consumers were not treated in a kind and caring way in relation to personal care, continence management and the cleanliness of their bedrooms and bathrooms.

I have also considered evidence highlighted in Standard 1 Consumer dignity and choice requirement (1)(a) where a care staff said at times, they have been told by other staff that the consumer has had a shower, but they know they have not as the consumer does not smell fresh and is not clean. The care staff said they did not want to get colleagues in trouble but at times they had found the consumer was not in a satisfactory and clean state.

The provider’s response included a Continuous improvement plan to address the deficiencies identified and outlined planned actions and outcomes. The provider’s response included, but not limited to, staff to be provided training on dignified care and customer service.

I acknowledge the provider’s response. However, I have placed weight on feedback provided by consumers and representatives demonstrating workforce interactions with consumers are not consistently kind, caring and respectful, and the resulting impacts on consumers described. I have also considered staff showed a lack of confidence in advocating on behalf of consumers where they observe other staff being disrespectful or unkind to consumers, as despite one staff member describing a consumer not being provided personal care, they stated they did not want to get their colleagues in trouble. As such, I find the staff interactions described have the potential to impact the outcomes of consumers’ care and services, including their safety, health and well-being.

For the reasons detailed above, I find requirement (3)(b) in Standard 7 Human resources non-compliant.

**Requirement (3)(e)**

The Assessment Team were not satisfied regular assessment and monitoring of each staff member’s practice or performance is undertaken. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

* Ten consumers and representatives indicated consumers were not receiving personal care in line with their care plans. Care staff were not effectively monitored to ensure a quality standard of care is delivered which maintains consumer dignity.
* Five consumers/representatives reported bedrooms and bathrooms were not suitably clean and cleaning and care staff were not effectively monitored to ensure the environment was consistently clean and hygienic.
* Care staff in one wing were not effectively monitored to ensure their availability to provide appropriate supervision of consumers with cognitive impairment, changed behaviours and at risk of falls.
* One presentative said, ‘carers don’t seem to know what they are doing and don’t seem to be getting any supervision’ and they, ‘have to check everything’. Examples provided related to consumers’ personal care needs and nutritional requirements.
* Management provided examples of staff training, including back to basics, choice and dignity, and cleaning. However, staff did not consistently demonstrate application of the knowledge and were not monitored, and consumers and representatives remain dissatisfied with the standard of care and competency of some care staff in related areas of care and service provision.
* Approximately 52 staff appraisals were identified as having not been completed. Management indicated recent turnover in a senior management position and other staffing matters had impacted completion, and they have a plan to attend to these over the next six to eight weeks.

The provider’s response included a Continuous improvement plan to address the deficiencies identified in the Assessment Team’s report and outlined planned actions and outcomes. The provider’s response included, but was not limited to; review performance management processes in place and apply relevant Human resource performance processes to each individual staff member requiring this.

I acknowledge the provider’s response. However, I find ongoing monitoring of the performance of each member of the workforce was not demonstrated. In coming to my finding, I have considered the intent of the requirement which expects the performance of all members of the workforce is to be regularly evaluated to identify, plan, and support any training and development needs. Feedback from management and staff and documentation sampled demonstrated regular staff appraisal processes have not been undertaken, in line with the service’s processes. I have also considered the evidence presented demonstrates the service’s processes to monitor staff performance on an ongoing basis have not been effectively implemented resulting in compromised quality of care and service provision to consumers.

For the reasons detailed above, I find requirement (3)(e) in Standard 7 Human resources non-compliant.

**In relation to requirements (3)(a), (3)(b) and (3)(e)**, I acknowledge the provider has submitted a Continuous improvement plan identifying actions to remedy the deficits identified and planned completion dates have been set. However, I consider that the planned completion date for the improvement actions planned and/or implemented is noted as October 2023, therefore, time will be required to establish efficacy, staff competency and improved consumer outcomes.

**In relation to requirements (3)(c) and (3)(d),** there are processes to ensure the workforce is competent and have the qualifications and knowledge to perform their roles. Management ensures the workforce is competent through an induction/orientation process and ongoing through provision of training. Staff competency is monitored through observations, staff appraisals, feedback processes, review of incidents and audits. Staff described completion of a range of training sessions to ensure they are competent to undertake their roles. Most consumers and representatives felt nursing staff in particular were competent and they were confident in their skills and knowledge, however, three consumers and/or representatives did not express full confidence in the competence of care staff.

The workforce is supported to deliver outcomes for consumers in line with the Standards through recruitment, and ongoing training. Training records sampled demonstrated staff have undertaken a range of mandatory and non-mandatory training topics over the past 12 months and staff sampled indicated they receive the training they need. Consumers and representatives felt staff who cared for consumers were well trained and provided them with appropriate care and services.

the reasons detailed above, I find requirements (3)(c) and (3)(d) in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the five specific requirements has been assessed as non-compliant. The Assessment Team recommended requirements (3)(a), (3)(b) and (3)(c) in Standard 8 Organisational governance not met. In relation to requirements (3)(a) and (3)(b), I have come to a different view from the Assessment Team’s recommendation of not met and find the service compliant with these requirements.

**In relation to requirement (3)(a)**

The Assessment Team were not satisfied effective systems to support consumers to engage in the development, delivery and evaluation of care and services were consistently demonstrated. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

* Ten consumers and representatives did not consider the organisation supports and encourages their involvement in improving care and services, particularly when utilising feedback mechanisms.
  + Consumers and representatives said they have provided ongoing feedback to staff and management, however, issues raised are not resolved to their satisfaction and do not translate to ongoing improvement of care and services.
  + While complaints information is collected and actions taken, for many consumers the issues remain unresolved, and they did not find this an effective form of engagement.

The provider’s response included a Continuous improvement plan to address the deficiencies identified in the Assessment Team’s report. The provider’s response included, but was not limited to, supporting consumers and representatives to use the external complaints system and promotes this through displaying and communicating in agreements, brochures and newsletters.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service compliant with this requirement. I have considered that the evidence presented does not indicate systemic issues with the service’s processes to support consumers in development, delivery and evaluation of care and services. I have considered the evidence in other requirements which reflect the core deficiency associated with the evidence, specifically Standard 6 Feedback and complaints requirements (3)(c) and (3)(d).

In coming to my finding for this requirement, I have considered information in the Assessment Team’s report demonstrating the organisation has multiple avenues to engage consumers in the development, delivery and evaluation of care and services, including feedback mechanisms, consumer meeting forums and a consumer representative advocate who assists with consumer engagement with management. Minutes of consumer meeting forums demonstrated engagement with consumers and attendees, including opportunities for questions and feedback.

For the reasons detailed above, I find requirement (3)(a) in Standard 8 Organisational governance compliant.

**Requirement (3)(b)**

The Assessment Team were not satisfied the organisation’s governing body promotes a culture of safe and quality care. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

* Twelve consumers and/or representatives said they had ongoing concerns, with three representatives specifically saying they had lost, ‘faith’ and ‘trust’ and did not consider the service well run.
  + Three representatives had made the decision to remove their family members from the service in the last 12 months as they did not feel their relatives were provided with safe and quality care and services.
* The governing body has not ensured:
  + All staff are competent and have the skills and knowledge to perform their roles effectively, particularly in relation to providing personal care and continence management, which impacted on consumer dignity.
  + Inclusive quality care and services where each consumer is treated with dignity and respect is promoted.
  + Staff practices and performance is monitored regularly to ensure staff provide care in line with the Quality Standards and with consumer needs and preferences. Approximately 52 staff are overdue for a performance appraisal.

The provider’s response included a Continuous improvement plan to address the deficiencies identified in the Assessment Team’s report. The provider’s response included, but was not limited to, appointed a General manager to support the service; daily monitoring of care minutes and staffing allocation; training for staff in dignified care; and weekly monitoring of completion of the performance appraisal schedule.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service compliant with this requirement. In coming to my finding, I have considered the evidence presented does not demonstrate systemic issues with the Board’s promotion of a culture of safe, inclusive and quality care and services, and their accountability for this delivery. I have considered the evidence highlighted in other requirements which reflect the core deficiencies associated with the evidence, specifically, requirement (3)(c) in this Standard, and requirements (3)(a), (3)(b) and (3)(e) in Standard 7 Human resources.

In coming to my finding for this requirement, I have considered information in the Assessment Team’s report indicating the organisation is governed by a Board who are supported by various committees relating to clinical governance and risk compliance and Executive committees. The service provides monthly reports to the Board and executive leadership teams, and information flows through, from the service level to the organisation and the Board. A recent Board report sampled included information relating to clinical indicators, quality improvement activities, feedback and complaints, reportable incidents and actions for continuous improvement. The Board can request additional information from the organisation and the service to satisfy themselves care and service provision is safe.

For the reasons detailed above, I find requirement (3)(b) in Standard 8 Organisational governance compliant.

**Requirement (3)(c)**

Effective organisation wide governance systems relating to information management, continuous improvement, financial governance and regulatory compliance were demonstrated. However, the Assessment Team were not satisfied effective systems in relation to feedback and complaints and workforce governance were demonstrated. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

* Effective workforce governance systems were not demonstrated. Consumers and representatives did not consider there were sufficient and competent staff, which impacted on consumers’ dignity and the standard of care and services. Consumers and representatives also described examples of where staff did not treat each consumer in a kind and caring manner.
* A recent consumer survey demonstrated consumers and representatives were not satisfied with the service’s feedback systems. Management are working to address these issues and noted recent changes in management have impacted this area.
  + Feedback from consumers and representatives showed where they considered aspects of care and service were below their expectations, actions undertaken were not fully effective or imbedded into consumers’ care and service delivery nor resulted in sustained improvements. While consumers and representatives acknowledged their concerns are listened to and improvement actions are taken to address them, they remain dissatisfied with the implementation of these actions and see the same issues recuring.
  + Ten consumers and representatives did not consider the complaints and feedback system to be effective even though they had completed written and verbal complaints and had meetings with management.

The provider’s response included a Continuous improvement plan to address the deficiencies identified and outlined planned actions and outcomes. The provider’s response included but was not limited to; undertake a full roster review; consider feedback from staff and consumers to inform rostering process, sufficiency reviews and adequacy of staff skills and knowledge; ensure performance processes are complied with; conduct a systemic review of complaints management practices; ensure feedback is reviewed, actioned and evaluated; and review management and staff understanding of current feedback and complaints management processes.

I acknowledge the provider’s response. However, I find effective organisation wide governance systems relating to workforce governance and feedback and complaints were not demonstrated. I have considered the evidence highlighted in Standard 7 requirements (3)(a), (3)(b) and (3)(e) demonstrates the organisation’s workforce governance systems are not effective. I find organisational processes have not ensured the workforce is sufficient or workforce practices effectively monitored to ensure appropriate interactions with consumers and delivery of safe and quality care and services. Additionally, the organisation did not demonstrate a best practice system for managing and responding to feedback and complaints. I have considered the findings of non-compliance in Standard 6 Feedback and complaints requirements (3)(c) and (3)(d) indicate deficiencies with the governance processes associated with feedback and complaints and that key deficits in care and services identified by the Assessment Team had not been addressed by the service even though feedback indicated issues associated with aspects of care and service delivery.

For the reasons detailed above, I find requirement (3)(c) in Standard 8 Organisational governance non-compliant.

**In relation to requirements (3)(a), (3)(b) and (3)(c)**, I acknowledge the provider has submitted an action plan outlining actions required to address the deficits identified. However, the action plan does not include planned completion dates for the actions identified. I consider time will be required to establish efficacy, staff competency and improved consumer outcomes.

**In relation to requirements (3)(d) and (3)(e)**, effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents were demonstrated. Clinical incident reports and Clinical care meeting minutes sampled for the previous three months showed clinical incident data is collected, collated and reported monthly, and an analysis of the data is undertaken to identify trends with areas for improvement identified and actioned. Incidents were found to have been appropriately escalated and reviewed by the management team and reported in line with SIRS requirements and timeframes. Care and clinical staff described their role in the incident management process which aligned with the organisation’s policy and procedures.

An effective clinical governance framework, inclusive of antimicrobial stewardship, minimising use of restraint and open disclosure, is supported by policies and procedures to guide staff practice. Management and staff awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

For the reasons detailed above, I find requirements (3)(d) and (3)(e) in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)