Rosemore Aged Care

Performance Report

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**Commission ID:** 2574

**Provider name:** Allity Pty Ltd

**Site Audit date:** 28 June 2022 to 30 June 2022

**Date of Performance Report:** 5 August 2022

# Performance report prepared by

E Woodley, 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** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the Site Audit report received 25 July 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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

Consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. Consumers interviewed said their individual identity, culture and diversity is recognised and valued, and they are encouraged and supported to maintain their independence. In addition, consumers are supported to maintain connections with people important to them including their family, other consumers within the service and the wider community.

Consumers are supported to exercise choice, including taking risks to enable them to live their lives in the way they choose. Consumers are also provided information that is current, accurate and timely, and enables them to make informed choices about their care.

Staff were able to describe how they ensure consumer’s preferences are respected, and how their culture, values and background influences the delivery of their care and services. Staff were observed by the Assessment Team to deliver care in a way that respected consumer’s privacy.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Consumers and representatives interviewed confirmed that they are involved in care planning to the extent they wish to be involved and feel the service listens and incorporates the consumer’s preferences regarding care and services. Consumers and representatives interviewed confirmed that they are informed of outcomes of assessments and planning via meetings, emails, phone or in person. Consumers and representatives said they have access to care plans if they request this.

The service considers risk with the consumer during the assessment and planning process to make sure care and services are safe, effective, and personalised. The service also addresses the consumers current care needs and preferences including end of life care and these plans are followed to ensure consumers advanced care preferences are undertaken.

The service utilises other providers of care and services to undertake assessment and review of consumers care needs. These include allied health staff for assessment of mobility, wound care, swallowing impairment and nutritional needs.

Staff have access to consumers care plans and personal preferences via computers, electronic tablets, and detailed clinical handover sheets. However, care staff do predominantly rely on the registered nurses and clinical handover sheets to stay informed of care changes and consumer preferences.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumers and representatives interviewed confirmed that they are provided timely personal and clinical care that is safe and provided in the manner they have requested. In addition, consumers have access to appropriate clinical and other specialists to manage their complex health needs including when there has been an incident that affects them.

Documentation and interviews demonstrated personal and clinical care is tailored to the needs and preferences of consumers, and based on assessments of their needs, goals, and preferences. Service management and clinical staff demonstrated the service manages high impact and high prevalence risks associated with the care of each consumer. Progress notes and clinical handover documents capture daily changes in consumer’s health and follow up is completed by the clinical team.

The service has procedures to guide staff practice when consumers experience deterioration or change in their condition. In addition, the service readily seeks referrals to doctors and other health professionals when a consumer’s health is changing and deterioration in clinical status is identified.

The service continues to review its precautions to prevent and control infection considering the current COVID-19 pandemic. This includes monitoring of people entering the service, infection prevention and control activities, and management of consumer infections.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Consumers are supported by the service to do the things they like to do including participating in activities provided by the service and outings available in the wider community. Consumers who preferred more solitary activities were supported to do the things they enjoyed. Consumers said they are supported to maintain connections with people important to them including their family, other consumers within the service and the wider community. In addition, consumers have access to religious services and other supports to maintain their spiritual, emotional, and psychological wellbeing.

The service meets consumer’s nutrition and hydration needs in line with their preferences, dietary needs, and spiritual and cultural backgrounds. The menu at the service offers choices and alternatives at all main mealtimes, and the chef is available during the day and receives direct feedback from the consumers. In addition, the service provides equipment to support consumers daily living and independence, and ensures it is safe and suitable for use.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

*Information about the consumer’s condition, needs and preferences is communicated 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

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

Consumers and representatives interviewed provided positive feedback about the service environment and described the rooms, bathrooms, and common areas as clean and well maintained. Consumers said they all felt safe at the service and that the service was easy to navigate with easy access to the outside areas. In addition, consumers are able to personalise their rooms if they chose.

The Assessment Team observed the service to be clean, safe, and generally well maintained. The Assessment Team also observed signage and posters that were of appropriate language, font, and size. Corridors were observed to be clean with handrails for consumers and visitors to mobilise around the environment. Outdoor garden and courtyards were secure with paved areas, and sufficient tables and chairs for consumers and visitors to sit and relax.

Staff described how requests for maintenance are submitted for repair or replacement and explained how equipment is cleaned and stored between use. Management acknowledged the maintenance register indicates they are behind with scheduled and preventative maintenance and is implementing solutions to mitigate this.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers and representatives interviewed considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

The service demonstrated they make consumers aware of language services and have access to advocates if required when raising or resolving complaints. Staff could provide information on how they deal with consumers who speak languages, other than English, to support them in making complaints. Staff interviewed described action they took when feedback was received verbally and had received training in how to assist consumers in raising complaints.

The service has a system for recording and resolving complaints, however they were not able to demonstrate that all complaints received, specifically verbally, had been recorded or communicated by staff to management. The Assessment Team found during the Site Audit that staff were receiving verbal complaints from consumers on a variety of issues that had been dealt with by staff at their level, however, not communicated to management to determine if there are any systemic deficiencies that may require improvements. There was no trend analysis completed, and the Assessment Team were not able to identify how the feedback was used to improve any identified areas of concern within the service for continuous improvement purposes.

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

## Assessment of Standard 6 Requirements

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

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

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

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

### Requirement 6(3)(c) 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 Assessment Team found that the service was not able to demonstrate how feedback from consumers, representatives or carers is used to inform continuous improvements for consumers or the organisation as a whole. Feedback from staff indicated that when they receive information regarding consumers, they act on the information to rectify any concerns, however, do not document or inform management of the feedback received.

Staff were asked what they would do if they received a complaint and the Assessment Team were advised that they would rectify the issue themselves, which was generally the case, and ensure that the consumer or person providing feedback were satisfied with the outcome. Staff confirmed that once it was resolved they would not do anything further with that information. The Assessment Team raised this with management who advised that staff have been given training on how to deal with feedback and know to give any verbal feedback to the management team.

There have only been three written complaints received this year however, there was nothing to indicate that the information had been considered for continuous improvement at the service. In addition, the service was not able to show the Assessment Team if there was a trend analysis undertaken from complaints received, information being provided to staff on complaint trends, or any review undertaken of complaints/feedback received at the service.

The internal and external complaints mechanisms are to be discussed with each employee during the induction procedure. Employees are to be reminded at regular intervals of these mechanisms, for instance, through discussion at meetings, education etc, however, staff were not able to verbalise the above mechanisms.

This has resulted in any verbal issues raised by consumers or their representatives to staff not being documented in the log management system.

The Plan for Continuous Improvement (PCI) for the service had not been updated since June 2021. The only areas identified for continuous improvement were surrounding the service environment and maintenance. This was acknowledged by management as an area that needed to be addressed and to provide further training to staff to ensure that all feedback is captured to ensure continuous improvement at the service.

The Approved Provider submitted a detailed response relating to the findings of the Assessment Team including documented evidence. This evidence provided actions taken by the Approved Provider to improve some of the outcomes from the feedback and complaints provided by consumers/representatives. However, this is not reflective of the evidence from the Assessment Team at the time of the site audit and improvements are required to see feedback and complaints recorded and used as part of the continuous improvement process and plan.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated feedback and complaints are reviewed and used to improve the quality of care and services.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Staff at the service have the necessary qualification for their roles however they did not always follow the services policies and procedures when providing care. Staff could describe how they support consumers with memory problems, however, could not show the Assessment Team how they accessed behavioural support plans to ensure that the strategies that were being implemented were effective. In addition, staff were observed to use practices that were not supported by the organisation policies and procedures around minimising the use of restraint with some staff using restrictive practices by using furniture, bedding, and some force to prevent consumers from moving freely about the service. Staff were open in providing the reasons this was being done, without recognising the practice is not in line with policies and procedures in minimising restraint.

Sampled consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring saying they receive good clinical care and are happy with the way care is provided. In addition, consumers and representatives were confident that staff know what they are doing when providing care. However, some representatives felt that there could be more staff in the afternoons, however, consumers thought there were enough staff to support them.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Non-compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team found that the service was able to demonstrate that the workforce has the qualifications to competently undertake their duties. However, staff did not demonstrate they had sufficient knowledge, specifically in managing and understanding restraint and effectively managing behaviours when performing their roles and caring for consumers. The service did said that it did not support these practices however they could not show how staff were sufficiently supervised to perform their roles appropriately to improve the care outcomes for consumers.

Regular training is provided to staff and there has been a number of sessions that have been delivered face to face, through toolbox meetings and the completion of online modules. The service had conducted training on the SIRS, restrictive practices and psychotropic medications, however, staff continue to use restrictive practices that were not supported by the service.

The Assessment Team did however view documentation to support the roles that staff were required to undertake and maintained records of their qualifications and competencies on personnel files. The service also has an induction handbook to support new staff during their onboarding process which covers a four-day period where they are buddied and assessed to ensure that they have the skills required to care for consumers.

The Approved Provider submitted a detailed response relating to the findings of the Assessment Team including documented evidence. This evidence provided actions taken by the Approved Provider including making some immediate changes particularly in relation to consumer care. However, this is not reflective of the evidence from the Assessment Team at the time of the site audit and continued improvements are required especially in relation to staff education and the use of restrictive practices.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The organisation was able to demonstrate how it is accountable to ensure the safe delivery of care and service through a suite of policies and procedures, however, the service was not able to demonstrate that these policies and procedures were always followed by staff. The Assessment Team observed staff using restrictive practices to prevent consumers from mobilising freely on their own. This practice was not supported by the service or the policies and procedures that had been developed by the governing body.

The organisation promotes a culture of safe and inclusive services and could demonstrate their accountability. Consumers and their representatives are engaged through various methods for the service to evaluate the care and services received to support them live their best life. There are systems, policies and procedures readily available to ensure effective governance is implemented to improve the outcomes for consumers as well as managing high impact and high prevalence risks.

Consumers and representatives gave positive feedback with regard to how the service is run and were overall satisfied that they felt supported and included in how their care is developed and delivered.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) 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) Non-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.*

The Assessment Team found the service did not demonstrate that there is clinical governance minimising the use of restraint. Staff said they use restrictive practices to keep the consumer safe. This was not supported by the service and the service was not aware that it was occurring. In contrast, a suite of policies procedures on the service’s responsibilities to monitor and make improvements to ensure good clinical outcomes are observed by staff. These include antimicrobial stewardship, and open disclosure.

The Antimicrobial Stewardship (AMS) policy promotes the appropriate use of antimicrobials to treat infections and reduce possible adverse events associated with antimicrobial use. The service has seven core elements to support the program leadership commitment is committed to providing adequate time, financial, and technological resources to support the team and its activities. The service also has access to a consultant pharmacist or other individual with AMS specific drug expertise.

The service’s restrictive practices and minimisation policy encourages an environment that minimises restrictive practices to promote the dignity, independence and safety of consumers, ensure there is minimal restrictive practices used and only as a last resort to prevent harm to the consumer or other persons, that any alternative measures have been considered or strategies implemented and documented before using any restrictive practice and ensuring that any restrictive practice is monitored and reviewed for the consumers safety and wellbeing. In addition, there is a psychotropic register for every consumer, noting changes in consent and medication changes. However, the governance of these policies and procedures is not effectively maintained as staff do not act in accordance with policy.

Open disclosure requires the service to identify and assess all incidents, by acknowledging and discussing what went wrong, providing an apology and investigating the matter. The service prepares for open disclosure by assembling a team to investigate, provide a timeframe for the investigation to be completed to all parties and gather all relevant information. Management will then meet with the consumer and representative as required, listen, and allow questions by all parties so they can agree with how to proceed. Information is provided as required along with any future course of action while providing emotional/practical support to consumers, representatives, and staff. Overall, the service was able to demonstrate to the Assessment Team the governance on the use open disclosure when things go wrong.

The Approved Provider submitted a detailed response relating to the findings of the Assessment Team including documented evidence. This evidence provided actions taken by the Approved Provider in relation to improving clinical governance and senior management oversight of governance for the service in general. However, this is not reflective of the evidence from the Assessment Team at the time of the site audit and governance still needs attention for continuous improvement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

# 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)

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

* Continue with improvements as outlined in the Approved Provider response to the Site Audit Report.
* Ensure there is a practical way for staff to capture verbal feedback and complaints, so they can be used to improve the quality of care and services.
* Look at ways to ensure that there is a systematic, consistent, functioning avenue to ensure that feedback/complaints are used for improving the quality of care and services provided to consumers.
* Ensure that there is a functioning method for feedback and complaints to flow through to the continuous improvement plan.

### Requirement 7(3)(c)

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

* Continue with improvements as outlined in the Approved Provider response to the Site Audit Report.
* Identify knowledge gaps for staff to improve their competency in identified areas particularly in relation to restrictive practices.
* Review and develop a training plan based on the needs of the staff as identified.
* Review and improve staff recruitment and orientation processes in especially in relation to restrictive practices
* Continue to identify knowledge gaps for staff to improve their competency in identified areas and seek their inputs.

### 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.*

* Continue with improvements as outlined in the Approved Provider response to the Site Audit Report.
* Improve and commence training for staff on minimising restraint.
* Ensure improvements to clinical governance framework are implemented and evaluated as an ongoing process.