Sandown Apartments

Performance Report

Southerwood Dve   
SANDY BAY TAS 7005  
Phone number: 03 6216 7100

**Commission ID:** 8054

**Provider name:** Southern Cross Care (Tas) Inc

**Site Audit date:** 9 August 2022 to 12 August 2022

**Date of Performance Report:** 15September 2022

# Performance report prepared by

Catherine Spiller, 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** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received on 7 September 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

Overall, consumers said they are treated with dignity and respect and feel that their identities and diversity are valued. For example:

* Consumers and their representatives indicated consumers have choice in relation to most of their care and services, can communicate their decisions, and have choice regarding relationships and the involvement of others.
* Consumers and representatives were satisfied that consumers are supported to take risks, to enable them to live the best lives they can.
* Overall, consumers and their representatives said consumer privacy is respected.
* Consumers were satisfied that personal information is kept confidential.

Staff demonstrated an understanding of consumers’ cultural needs and preferences, and these were documented in care plans. Clinical staff were able to describe a risk enablement process, and these assessments were evident within consumer files. Staff were aware of consumers’ relationships and outlined how they support them to maintain these connections. Care staff described closing the door and drawing curtains when assisting consumers with hygiene.

Care planning documentation outlined consumers’ personal histories. Consumer choices in relation to care and relationships were documented in care plans.

The Assessment Team observed staff treating consumers kindly and with respect. Staff were observed knocking before entering consumers’ rooms.

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

Overall, consumers are able to partner in ongoing assessment and planning that helps them get the care and services need for health and well-being. For example:

* Overall, consumers and their representatives said they are involved in initial and ongoing assessment and planning of consumers’ care and services.
* Overall, consumers and their representatives described how they participate in the planning and review of consumers’ care.
* Most consumers said that what is important to them regarding their care and services is respected and addresses their current needs.
* Most consumers and their representatives said they felt there is effective communication about assessment and planning outcomes of consumers’ care and that care plans are made available.
* Consumers and their representatives said they are kept informed regarding changes to consumers’ health including when incidents occur.

Management and clinical staff explained how there is collaboration between consumers, representatives and other health professionals to ensure an ongoing partnership to meet consumers’ needs and preferences. Staff demonstrated knowledge of consumers’ risks and described strategies used to ensure they deliver safe and effective care. Clinical staff described how they communicate care and services outcomes to consumers and/or representatives and between staff members.

Care documentation evidences care planning includes relevant assessment and consideration of consumers’ risks such as falls, pressure injuries, unplanned weight loss, changing behaviours and infection conditions. Care planning documents evidence input from other care providers and consultation between staff and others that are involved in consumers’ care. Care planning documentation has evidence of consultation with the consumer and/or representatives. Care planning documents show that care and services are regularly reviewed for effectiveness or as a result of incidents altering consumers’ needs.

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

Overall, most consumers and their representatives said clinical and personal care meets consumers’ needs. For example:

* Consumers and their representatives said the service provides safe care for consumers with complex care needs.
* Consumers said their end of life wishes had been discussed with them.
* Consumers and their representatives expressed satisfaction with how deterioration of consumers health was recognised and responded to in a timely manner.
* Consumers and representatives confirmed information about their care is communicated with others providing them with care.
* Most consumers and their representatives sampled expressed satisfaction with access to medical officers, allied health professionals and specialists when required.
* Consumers and representatives provided positive feedback on how the service manages COVID-19 outbreaks.

Clinical staff demonstrated knowledge and skills in managing the clinical care of consumers. Management and staff described the high impact and high prevalence risks to consumers and how risk is minimised. Clinical staff described how deterioration or changes are identified, followed up and communicated. Staff described the palliative pathway and the resources available to them to support consumers nearing end of life. Staff demonstrated knowledge regarding infections, infection control and prevention measures.

Documentation reflects personalised care that is safe and effective and is based on best practice principles. Care planning documents reflected appropriate actions taken when deterioration in consumers’ health status occurred. Care planning documentation reflects information about consumers’ condition, needs and preferences and progress notes demonstrate sharing information with external services involved in care. Care planning documents reflect timely referrals to providers of other care and services and recommendations are documented.

Staff and contractors were observed by the Assessment Team to mostly wear PPE according to best practice.

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

Overall, consumers consider they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Most consumers were satisfied that services and supports for daily living meet their needs, goals and preferences and optimise their independence, health, wellbeing and quality of life. However, most sampled consumers suggested changes to the activity program.
* Most consumers reported that services and supports promote their emotional, spiritual and psychological well-being.
* Most consumers and representatives said consumers can participate in the internal and external community, have relationships, and do things of interest to them. However, some consumers and representatives said the program did not provide activities of interest to some consumers.
* Most consumers and their representatives said staff are aware of their needs and they do not have to repeatedly explain their needs. Representatives said they are informed of any changes to their family members’ conditions.
* Overall, consumers were satisfied that equipment provided is suitable, clean, and adequately maintained.

Staff demonstrated an understanding of consumers’ preferred activities, and this information was reflected in care planning documentation. Staff were able to outline consumers’ spiritual needs, and potential indicators of a change in mood. Staff were aware of consumers’ relationships and could explain how they are supported. Clinical and care staff explained they are informed of updates to consumer needs and preferences via handover meetings, printed handovers, and progress notes. Lifestyle staff explained their use of volunteers, and volunteers were observed assisting in various ways during the site audit.

Care planning documentation reflected consumers’ spiritual beliefs and practices, and strategies for emotional support. Care plans contain most information regarding relationships important to consumers and activities of interest. Written documentation was observed and was mostly consistent with consumers’ needs. The equipment observed appeared suitable, clean, and well-maintained.

While most of the meals observed by the Assessment Team were reasonably presented and looked inviting, negative feedback was received from some consumers regarding meals. All consumers and representatives said they receive enough food but overall feedback was negative in relation to variety, choice, and the quality of the food. The service demonstrated that they have responded to the concerns in relation to meals. An external consultant, has undertaken a review of Southern Cross Care Tasmania Food Services operations and service delivery, the report identified numerous recommendations in relation to cooking and service model, catering management and leadership structure, cost monitoring and reporting, labour rosters and duties lists, and menu design and review. At the time of the visit, the Assessment Team observed management conducting a meeting with some consumers where some changes to meal options were being discussed. Whilst I note the negative feedback from consumers in the Assessment Team report, the Service has taken actions to address and currently implementing a number of recommendations to make the required improvements. Therefore, on balance, I find the service complaint with requirement 4(3)(f).

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

Overall, consumers, feel they belong and are safe and comfortable in the organisation’s service environment. For example:

* Consumers were satisfied with their ability to move freely within and outside the service.
* Consumers are able to decorate their rooms with personalised objects.
* Most consumers said the service environment is comfortable and well maintained.
* Consumers said they receive a prompt response if something needs repair.

Staff explained that consumers can entertain visitors in their rooms or in other rooms of the service, which can be booked for special occasions. Maintenance staff outlined their proactive maintenance schedule and explained how they manage reactive maintenance. Staff demonstrated an understanding of how to request maintenance assistance, and said requests are actioned in a timely way.

The Assessment Team observed, consumers and their representatives moving freely around the service and using communal areas for social interactions. The Assessment Team observed the service to have wide corridors, various communal areas and to be clean and well maintained.

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 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Overall, consumers feel safe and are encouraged and supported to give feedback and make complaints. For example:

* Consumers and their representatives were aware of the complaints process with consumers saying they are encouraged to provide feedback at regular ‘resident/relative’ meetings.
* Consumers and their representatives did not comment on their knowledge of advocacy services, however had awareness of the external complaints systems.
* Not all consumers and their representatives expressed satisfaction with the response to, or the outcome of complaints.

Staff discussed how if a consumer or representative raised an issue or complaint, they would address the issue if they were able to, document the concern and refer other issues to management. Management and staff described using open disclosure principles in the handling of complaints, including working collaboratively with consumers and representatives and apologising when necessary.

The feedback register notes the issue, comments, outcome, review date and if the matter is closed or remains open.

The Assessment Team noted feedback forms and lodgement boxes both upstairs and downstairs within the service. The Assessment Team observed the feedback register and plan for continuous improvement reflected a range of concerns raised by consumers, staff and representatives.

The Assessment Team observed that over the previous 6 months, the service has received a range of complaints regarding cleanliness of the service and meals. In regard to cleaning, cleaning audits are to being commenced to ensure cleaning is consistent. Management provided information in regard to the food service and stated that an external review has been undertaken, and they are currently working through the recommendations to improve the meal service. On balance, the service is addressing the issues(see additional detail is provided in 4(3)(f)) therefore, I find the Service compliant with requirement 5(3)9(b).

The Assessment Team observed information displayed regarding advocacy services and other methods of raising a complaint including in multiple languages. The Assessment Team observed information brochures regarding the Older Person’s Advocacy Network (OPAN).

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

### Requirement 6(3)(d) Compliant

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Overall, consumers consider they get quality care and services when they need them from people who are knowledgeable, capable and caring. For example:

* Most consumers said that staff interact with them in a kind and caring manner and were complimentary about how staff treat them and acknowledge their backgrounds.
* Consumers expressed satisfaction with staff knowledge and skills to meet clinical and care needs.

Staff demonstrated knowledge of and respect for consumer backgrounds and cultural preferences. The service demonstrated how they plan the number and mix of staff to enable safe and quality care and services to consumers. Clinical and care staff said that there is adequate staffing and they can complete their tasks within their delegated shifts.

The service has a schedule of training and staff expressed satisfaction with the training provided. The service has a formalised recruitment process and staff gave positive feedback about the program. All staff said they were supported to provide quality care through regular and current training. Clinical and care staff confirmed they have received training in relation to the Serious Incident Response Scheme (SIRS), the updated restrictive practice types and open disclosure. Staff confirmed their participation in regular performance reviews.

The roster demonstrates that all shifts were covered in the previous week with additional shifts worked in response to a COVID-19 outbreak. Documentation demonstrates staff have qualifications commensurate with their roles and their competence is monitored. The service has policies and procedures in relation to human resources, including managing performance.

The Assessment Team observed staff addressing consumers by their preferred names and interacting with them in a caring and respectful manner.

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

## Assessment of Standard 7 Requirements

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

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

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

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

### Requirement 7(3)(c) Compliant

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall, consumers are confident the organisation is well run and they can partner in improving the delivery of care and services. For example:

* Most consumers and their representatives said they are engaged in care planning and service provision, although some said they had not seen their care plans.
* Overall, consumers and their representatives expressed feeling safe at the service and living in an inclusive environment with access to quality care and services.
* Some representatives highlighted some issues related to care and services.

Staff confirmed they could readily access the information they require in relation to consumers’ needs, goals and preferences, staff education, policies and procedures, human resource related information and organisational communications.

Management was able to describe how the organisation’s governing body promotes their governance policies. Analysis of monthly audits and clinical indicators by the facility manager arereported through the executive committees to Board level and benchmarked across all services in the organisation to identify and address wider trends. Management described how the Board has communicated the Quality Standards via a range of mechanisms including staff training and communication to consumers and representatives via meetings.

The service demonstrated governance systems are in place for the management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation has a variety of policies, procedures and practices that support and guide management and staff.

The service undertakes quality auditing through both internal and external systems and uses data and trend analysis, in addition to reviewing complaints and suggestions from consumers and other stakeholders which may arise individually or through meeting forums. Recently noted improvements relate to the newly introduced menu and food temperature systems, reviewing the cleaning schedule, updating of policies and improvements to the staff performance appraisal calendar.

Regulatory compliance is managed centrally by the executive team who receive updates to legislative changes. Changes or updates to policies and procedures at the service are communicated via staff meetings, emails and newsletters.

The service demonstrated it has a documented clinical governance framework that provides overarching monitoring and guidance for clinical care. The service has a dedicated IPC lead who monitors infection rates within the service as well as antibiotic usage.

Management demonstrated an understanding of requirements in relation to minimising restraint. Clinical staff described their understanding of restrictive practice and their roles in monitoring and reviewing consumers subject to restrictive practice.

A feedback and complaints register is maintained, which is mostly up to date. Representative feedback indicated that not all complaints are responded to in a timely manner, nor responded to effectively. Staff demonstrated an understanding of the term ‘open disclosure’ and how this is enacted when incidents have or may have caused harm to consumers.

Clinical staff were able to describe the concepts of antimicrobial stewardship and the measures taken to reduce the use of antibiotics, and how this is discussed with the medical officer, consumers and representatives when infections are identified.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found this requirement as not met, however, I have formed a different view.

The Assessment Team found that the Service is not able to demonstrate management and staff are consistently reporting serious incidents. Management and staff could describe their roles and obligations in relation to mandatory reporting. The Assessment team found the service’s incident and SIRS register demonstrated reportable incidents are not always actioned and recorded as per legislative requirements. For one consumer, staff did not complete an incident form following a near miss situation regarding the incorrect preparation of soft and bite-sized diets. The incident had not been reported through SIRS as a Priority 1 incident within 24 hours or recorded on the SIRS/accident register.

The approved provider acknowledged that the report was not reported at the time of the incident. In their response, they stated the organisation has systems and processes, including a comprehensive incident management policy and SIRS policy, which guide and support the service to monitor and manage incidents. Training and education on incident management and SIRS is undertaken on commencement including the Commission’s SIRS training modules. A number of documents were provided that support this. Since the time of the Assessment this incident has been reported accordingly and a number of improvements have been implemented to improve incident reporting and prevent this occurring in the future.

In making this decision, I have considered the Assessment Team findings and the approved providers response. I note the processes, systems and actions already in place and a number of additional actions that have been put in place since to mitigate against this issue. This appears to be an isolated incident, and does not infer systemic gaps in the services incident management systems and processes. The Assessment Team report states that most incidents are reported, escalated and reviewed by management at the service. Incident data is analysed with trends reported and reviewed by the organisation’s executive management, including the Board. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers. Therefore, I find the service compliant with this requirement

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.