Southern Cross Care Edens Landing - Connolly Court

Performance Report

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EDENS LANDING QLD 4207
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**Commission ID:** 5269

**Provider name:** Southern Cross Care (Qld) Ltd

**Site Audit date:** 9 March 2022 to 11 March 2022

**Date of Performance Report:** 3 June 2022

# Performance report prepared by

Alice Redden, 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 14 April 2022.
* the Assessment Team’s report for the Assessment Contact conducted on 27 April 2022, as this is a relevant matter.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Information from the Assessment Team’s reports from the Site Audit conducted on 9 to 11 March 2022 and Assessment Contact conducted on 27 April 2022 has been considered in the finding of Compliance in relation to this Standard.

The Assessment Team at the Site Audit conducted on 9 to 11 March 2022 recommended the Service was not met in relation to Requirement (3)(a). Based on information in the Assessment Team’s report for the Site Audit, the Approved Provider’s response and information in the Assessment Team’s report from the Assessment Contact, which I find relevant to this Requirement I have found the Service Compliant in Requirement (3)(a) and have provided reasons in the relevant Requirement below.

Consumers interviewed confirmed they are treated with dignity and respect, can maintain their identity and are supported to make informed decisions about the care and services they receive. Consumers confirmed they feel valued and are supported to continue doing the things they like and maintain their independence. Consumers stated staff respect their privacy.

The service has processes to identify each consumer’s unique needs including, cultural and religious preferences, life histories and people important to them. The information is recorded and communicated to staff and others who provide care and services. The service provides appropriate and timely information to consumers, in a way which consumers can understand, both in writing and verbally through meetings. The service supports consumers to make choices including other people the consumer wishes to be involved in making decisions and consumer decisions and people involved in their care are recorded in the consumers’ care plans. The service has policies and procedures including dignity in risk processes to direct staff in supporting and delivering care which has the consumer at the centre.

Staff interviewed provided examples of how they support each consumer’s individual needs in line with the consumer’s choice and preference, including providing culturally appropriate supports and supporting consumers where risk is involved. Staff were observed to treat consumers with respect and supported consumers’ privacy including keeping consumer information and records confidential.

## 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.*

At the Site Audit conducted on 9 to 11 March 2022 the Assessment Team found not all staff interactions with staff demonstrated each consumer is treated with respect. Evidence relied upon included:

* One consumer stated they had a poor interaction with a physiotherapist during provision of clinical treatment and the physiotherapist did not respect their preference not to have the treatment.
* One consumer was observed to not be treated with respect by one staff when the staff was asking the consumer about a current wound. Management followed this up immediately the staff and general communication and reminder to staff about communication with consumers.

The Approved Provider’s response disagrees with the Assessment Team’s finding and provided supportive evidence the Service has effective and established systems to ensure each consumer is treated with dignity and respect. Relevant evidence to my decision included:

* The consumer who reported a poor interaction with a physiotherapist did not report this interaction to any staff or management at the Service. The Assessment Team did not provide this feedback for managements consideration and response during the Site Audit.
	+ The Service took appropriate action on receipt of the feedback and reported the incident, requested the contracted external physiotherapist not attend the Service again and consulted with the consumer.
* The consumer who was observed to have one interaction with staff that was not respectful was also observed by management at the time of the interaction. The interaction was a staff being repetitive and not trying alternate communication techniques. Management immediately followed up.
* Evidence was provided of other methods of consumer feedback indicating ongoing positive feedback from consumers of being treated with dignity and respect.
* Evidence was provided to confirm the systemic approach the Service takes to identify and support each consumer as well as to train and monitor staff to ensure consumers are treated with dignity and respect and their unique identities supported.

I have also considered relevant evidence from the Assessment Contact conducted on 27 April 2022 of consumers feedback and observations in relation to staff interactions during the provision of care which indicate staff interactions are respectful and consumers are satisfied staff treat them with dignity and respect.

The Service has a comprehensive and imbedded system to assess, identify, communicate and support each consumer in a respectful and dignified manner which also values the identity, culture and diversity of each consumer. The balance of consumer feedback evidenced in the Site Audit report and the Assessment Contact report indicates consumers are satisfied they are treated with dignity and respect and provided multiple positive examples and evidence of the consumer experience. Staff interviews and observations of staff interactions with consumers support the finding staff value consumers identity and treat them with dignity and respect and in accordance with their unique needs. The evidence of the poor interaction by a physiotherapist has been expanded upon through the Approved Provider’s response with the evidence and clarification of the appropriate actions taken and the impact to the consumer. While one interaction observed was not optimal in relation to effective communication from one staff member, the evidence presented is insufficient alone to support the consumer was not respected or valued or the consumer was impacted by the interaction. On the balance of the evidence provided I find the Service has demonstrated consumers are treated with dignity and respect and there are effective systems in place to monitor staff interactions and ensure staff have the training, support and resources to support and value consumers identity, culture and diversity.

I have further considered the examples above in the outcome of Compliant in Standard 3 Requirement (3)(a) and Standard 7 Requirement (3)(b) where it is also relevant and where the same evidence has been relied upon in the Site Audit report for recommendation of not met.

Based on the summarised evidence above, I find the Service Compliant with this Requirement.

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Information from the Assessment Team’s reports from the Site Audit conducted on 9 to 11 March 2022 and Assessment Contact conducted on 27 April 2022 has been considered in the finding of Compliance in relation to this Standard.

The Assessment Team at the Site Audit conducted on 9 to 11 March 2022 recommended the Service was not met in relation to Requirements (3)(a), (3)(b), (3)(d) and (3)(e). Based on information in the Assessment Team’s report for the Site Audit, the Approved Provider’s response and information in the Assessment Team’s report from the Assessment Contact, which I find relevant to these Requirements I have found the Service Compliant in Requirements (3)(a), (3)(b), (3)(d) and (3)(e) and have provided reasons in the relevant Requirement below.

Consumers and their representatives interviewed confirmed they are involved in assessment and planning of consumers’ care and stated they feel partnered in process. Consumers and their representatives confirmed they are informed of the outcomes of assessment and planning through discussions and case conferences with staff and have access to a written copy of the care plan.

The service has an electronic assessment and care planning system and assessment tools including risk assessments and charting are completed by staff to inform the strategies in the care plan. Consumers’ care plans viewed had recorded consumers’ needs, goals and preferences in line with consumers’ current needs. Medical officers and other health professionals involved in assessment and care of the consumer have their directives recorded in the care plan. Consumers’ wishes for end of life are identified and documented in line with consumers’ choice, however there was some inconsistency in the recording of the information. All consumers’ care plans viewed had regular reviews recorded including when changes occur and the outcomes of consultation with the consumer or their representatives recorded.

Staff interviewed demonstrated the assessment process including completing incident reports and charting to identify changes in consumer needs. Staff confirmed they have access to the care plans and changes or information about consumers are communicated through handover processes.

## 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.*

At the Site Audit conducted on 9 to 11 March 2022 the Assessment Team found the Service did not demonstrate all assessments and plans were appropriately completed and there were gaps in the information recorded on charts and assessments. Relevant evidence included:

* All eleven consumer files viewed had some gaps identified in assessments and charting.
* Psychotropic medications prescribed were not always reflected in the behaviour care plans of consumers.
* Behaviour charts did not always reference medications used for behaviour management and were generic in nature.
* One consumer with some recent weight loss had a nutrition assessment which was still under review.

The Approved Provider’s response disagrees with the Assessment Team’s finding and provided supportive evidence the Service has effective and established systems to ensure comprehensive assessments are completed and used to identify risks and inform the development of consumers care plans. Relevant evidence to my decision included:

* The Service utilises an electronic assessment, charting and care planning system and staff have been provided training and support in using the system.
* A monitoring system is in place to identify, review and report on any overdue, incomplete or outstanding assessments. Where deficits in assessment are identified they are actioned and rectified immediately.
* The gaps identified were not reported to or discussed with key personnel during the Site Audit to ensure the Service could demonstrate where the information was in each consumers assessment or plan.

I have also considered relevant evidence from the Assessment Contact conducted on 27 April 2022 which included review of eight consumer files, all demonstrating the following evidence relevant to this Requirement, which was recommended met:

* All files had comprehensive assessments and risk assessments completed in line with the Service’s processes.
* Care plans were all complete and detailed with individual strategies based on assessment and charting, including strategies to manage risks associated with behaviours and complex clinical needs.
* All staff interviewed confirmed the assessment and care planning process, including the assessment of risks.

The Service has a comprehensive and imbedded assessment and planning system which ensures consumers needs, including risks, are assessed on entry to the Service and regularly reassessed including when incidents or changes occur. I have placed weight on the detailed evidence from the Assessment Contact conducted on 27 April 2022 which found all consumers assessments, charts and care plans were completed and contained detailed strategies to inform care delivery. The deficits identified during the Site Audit conducted on 9 to 11 March 2022 were not sufficient in detail to show the Service had not assessed consumers’ needs including risks. There was evidence appropriate assessments, charts and care plans were being undertaken to identify and monitor risks including in relation the use of psychotropic medications. The Site Audit report also confirmed the Service has a comprehensive system of charting, assessments and care plans to inform the delivery of care and consumers and their representatives interviewed were all satisfied with the assessment and planning process.

Based on the summarised evidence above, I find the Service Compliant with this Requirement.

### 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.*

At the Site Audit conducted on 9 to 11 March 2022 the Assessment Team found the Service did not demonstrate all consumer files viewed showed all consumer current needs and preferences were documented or completed and some end of life plans were not uploaded onto the consumer file. Relevant evidence provided and considered included:

* One consumer’s file did not have consistent information in relation to their current pain needs as stated by the consumer and did not contain information in relation to end of life planning. The consumer’s file did not reflect the do not resuscitate wishes of the consumer.
* One consumer’s file did not contain the signed advanced care plan as discussed with the representative in January 2022.
* Other evidence provided in this Requirement, such as the regular reviews of consumer plans, I have considered in other Requirements where it is more relevant.

The Approved Provider’s response disagrees with the Assessment Team’s finding and provided evidence to show the Service has effective and established systems to ensure consumers care plans contain information in relation to consumers current needs and preferences. The response confirms where deficits were raised with management in relation to documentation supportive evidence was provided.

I have also considered relevant evidence from the Assessment Contact conducted on 27 April 2022 which included review of eight consumer files, all demonstrating care plans contain detailed and individualised information on consumers’ current needs and preferences.

The Service has a comprehensive care planning system to ensure consumers’ current needs and preferences are identified and documented. There is evidence in the Site Audit report demonstrating opportunities to discuss and record end of life and advanced care planning occur regularly. The deficits identified of care plans not always containing this documentation is not sufficient to show the consumers end of life and advanced care plans have not been identified or addressed. One consumers feedback in relation to pain management being inconsistent with the current care plan was not supported through sufficiently corroborated evidence to show the consumers current pain needs were not identified or addressed. I have placed weight on evidence showing the Service has a comprehensive system to ensure consumers current needs are identified and addressed and the gaps identified are not sufficiently supported by evidence to demonstrate non-compliance with this Requirement. As evidenced in the Assessment Contact report, eight consumers files contained detailed, up to date and regularly reviewed consumer assessments and plans.

Based on the summarised evidence above, I find the Service Compliant with this Requirement.

### 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.*

At the Site Audit conducted on 9 to 11 March 2022 the Assessment Team found the Service did not demonstrate information contained in the assessments and plans of consumers is communicated effectively as one consumer’s psychotropic medication in the care plans was not consistent with the psychotropic register or medication chart. Management confirmed they are aware of some misunderstanding in relation to medications with the consumer.

The Approved Provider’s response disagrees with the Assessment Team’s finding and provided evidence to show the Service has effective and established systems to ensure assessments and care plans are effectively discussed and reviewed regularly with consumers and their representatives.

The Service has an imbedded system of communicating assessments and care plans with consumers and their representatives on initial assessment, during regular reviews and when changes occur. Consumers and their representatives interviewed at both the Site Audit and Assessment Contact confirmed staff communicate with them their care needs and they are aware of and have access to the consumers care plans if they require it. I have placed weight on the evidence of a comprehensive system being in place and the consumer and representative feedback confirming they are satisfied they are informed, aware and have access to their care plans. The deficit identified is not sufficiently relevant or weighted to this Requirement to support non-compliance.

Based on the summarised evidence above, I find the Service Compliant in relation to this Requirement.

### 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.*

At the Site Audit conducted on 9 to 11 March 2022 the Assessment Team found the Service did not demonstrate each consumers’ clinical care files were reviewed regularly. The evidence provided specifically referred to three consumers whose care plans did not refer to medications currently prescribed, including one who hadn’t had their advanced care plan reviewed each 12 months. However, other evidence shows regular reviews occur and changes are made following incidents.

The Approved Provider’s response disagrees with the Assessment Team’s finding and provided evidence to show the Service has effective and established systems to ensure regular reviews of the assessments and care plans occur. A monitoring system is in place to identify when reviews are due or overdue to alert staff and management to take appropriate action.

I have also considered relevant evidence from the Assessment Contact conducted on 27 April 2022 which included review of eight consumer files, all demonstrating the following evidence relevant to this Requirement, which was recommended met:

* All consumers files were reviewed three monthly or when a change occurred in consultation with consumers or their representatives.
* Detailed evidence shows updates and changes are made to assessments and plans following reviews including when incidents or changes such as falls, hospitalisation or changes in physical or behavioural needs.
* Consumers confirmed regular reviews of their care occur.

The Service has an imbedded and comprehensive system to ensure consumers care and services are reviewed regularly for effectiveness. There are monitoring and reporting systems in place to alert when regular reviews are required, and incident systems are effective at ensuring appropriate review and reassessment occurs. Consumers and their representatives at both the Site Audit and Assessment Contact confirmed staff regularly review their care with them and are satisfied changes are made as a result. I have placed weight on the evidence confirming review processes are effective and are occurring as required. The deficits identified where there was inconsistencies in documented information in relation to medications is not sufficient to show actual review of the effectiveness of the care and services delivered is not occurring and all other evidence including feedback from staff and consumers confirms reviews are occurring.

Based on the summarised evidence above, I find the Service Compliant in relation to this Requirement.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Information from the Assessment Team’s reports from the Site Audit conducted on 9 to 11 March 2022 and Assessment Contact conducted on 27 April 2022 has been considered in the finding of Compliance in relation to this Standard.

The Assessment Team at the Site Audit conducted on 9 to 11 March 2022 recommended the Service was not met in relation to Requirements (3)(a), (3)(b), (3)(d), (3)(e), (3)(f) and (3)(g). Based on information in the Assessment Team’s report for the Site Audit, the Approved Provider’s response and information in the Assessment Team’s report from the Assessment Contact, which I find relevant to these Requirements I have found the Service Compliant in Requirements (3)(a), (3)(b), (3)(d), (3)(e), (3)(f) and (3)(g) and have provided reasons in the relevant Requirement below.

Consumers and their representatives interviewed confirmed consumers are delivered safe and effective personal and clinical care in line with their needs. Consumers confirmed when incidents including occur the service identifies and takes appropriate action to investigate and prevent or reduce further incidents. Consumers confirmed they have access to medical officers and health specialists when they need them. However, a consumer had some chronic pain which could have been managed better and two consumers were not always satisfied with physiotherapy services.

Incident reports, progress notes and clinical handovers and meetings are used to identify changes or deteriorations in consumers’ cognitive and physical health and functioning. Consumer care plans viewed show specialists and medical officers are involved in the assessment and review of consumers to ensure appropriate strategies are implemented to care for consumers. The service has policies, procedures and assessment tools to guide the delivery of personal care and clinical care in line with best practice to optimise the consumers’ health and well-being.

Staff interviewed confirmed processes for identifying changes in consumer health and reporting incidents. Staff confirmed they are informed when changes to consumer care needs occur and are provided information including alerts and strategies to provide appropriate care. Staff provided examples of managing consumer personal and clinical care in line with the consumers’ current needs. Staff confirmed appropriate examples of how they identify and manage infections including infectious outbreaks. Staff said they have access to guidelines to direct how they manage infections.

### 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.*

At the Site Audit conducted on 9 to 11 March 2022 the Assessment Team found the Service did not demonstrate each consumer’s clinical care in relation to chemical restraint, wound, pain and antibiotic management. Relevant examples to this Requirement included:

* One consumer was observed to have a wound which had been dressed and was observed by the team to report some discomfort to staff. However, the documented wound record was closed and wound measurement photos not consistent. Another consumer’s wound record confirmed tape measures are not consistently used in wound photographs.
* Two consumers with chronic pain issues related to relevant diagnosis reported experiencing ongoing pain which isn’t managed. Both had relevant medication regimes in place, one had refused a pain specialist.
* Two consumers with prescribed psychotropic medications had not had the medications considered or assessed as chemical restraints. One consumer had regular medication for behaviours associated with dementia and had recent incidents of aggression with no behaviour charting. One consumer had prescribed medication when entering the service which had not been reviewed or considered as a restraint and the relevant diagnosis was unclear. Management confirmed the relevant diagnosis for the medication use was Parkinson’s and not for management of behaviours.
* Three consumers behaviour support plans did not reflect the current psychotropic medication register which showed they were prescribed psychotropic medications.
* One consumer had long term antibiotics prescribed for a known condition.

The Approved Provider’s response disagrees with the Assessment Team’s finding and provided evidence to show the Service has an effective system in place to ensure each consumer receives safe and effective personal care and clinical care. Evidence included:

* The service monitors prescribed psychotropic medications and ensures medications are only administered in line with relevant diagnosis and are not administered or used as chemical restraints. Staff and management are aware of the relevant policies and procedures in relation to psychotropic medications and restrictive practices and follow them accordingly.
* Consumers with complex behavioural needs have detailed plans in place with appropriate strategies to manage the behaviours.
* The Service has processes to ensure pain charting and behaviour charting are used appropriately to inform pain and behaviour assessments and these are reviewed regularly and when changes and incidents occur.
* The Service has effective wound monitoring and record processes to ensure all wounds are recorded, measured and monitored until resolved. While not all photographs contain the ruler, the electronic records ensure measurements are recorded.

I have also considered relevant evidence from the Assessment Contact conducted on 27 April 2022 which included review of eight consumer’s clinical and personal care, demonstrating the following evidence relevant to this Requirement, which was recommended met:

* All eight consumer’s personal care and clinical care assessments, care plans, progress notes, medication charts, monitoring records and other documented correspondence and communication reflected individualised care that is safe, effective and tailored to the specific needs and preferences of each consumer.
* Consumers sampled included those with high risks and complex clinical care needs including those with diabetes, recent falls with injuries, wounds, pain, nutritional needs and behavioural needs.
* Evidence showed referrals to specialists and medical officers where required and recommendations had been implemented and followed by staff to manage consumer’s needs.
* Consumers interviewed were satisfied with the personal and clinical care delivered and confirmed it is safe and right for them.
* Staff interviewed could describe processes for communicating and delivering clinical and personal care and confirmed the support of registered nurses and other allied health and specialists is available.
* Staff interviewed provided examples of supporting and delivering consumers clinical and personal care in line with their assessed needs, including those with complex clinical needs.

The Service has a comprehensive and imbedded system to support the delivery of safe and effective personal care and clinical care. Consumers interviewed at both the Site Audit and Assessment Contact confirmed they receive personal and clinical care that is safe and right for them. While two consumers with chronic pain reported experiencing ongoing pain, there is insufficient evidence to show the service was not effectively managing the pain. Pain assessments and plans and medication regimes were in place and in line with medical officer’s orders to manage the pain. The Service has a system in place to monitor the use of psychotropic medications and identify the use of chemical restraint. There is insufficient evidence to show any consumer was being administered medications outside of the prescribed reasons for restraining a consumer. Wounds were being dressed, managed and monitored in line with the Service’s processes and records of measurements were recorded. The Service acknowledges photographs do not always contain the ruler measurement as a visual record and have implemented improvements to address this. Consumers are being administered antibiotics in line with medical officer’s orders and in consultation with consumers based on medical conditions and needs. I have placed weight on the consumer feedback being positive in regards to the delivery and management of their clinical care and where consumers feedback about pain was provided to the Service appropriate review occurred and there was evidence of appropriate pain management already being in place.

Based on the summarised evidence above, I find the Service Compliant with this Requirement.

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

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

At the Site Audit conducted on 9 to 11 March 2022 the Assessment Team found the Service did not demonstrate consumers documentation and record keeping in relation to psychotropic medication or pain management were appropriately completed. Relevant evidence included:

* Consumers listed on the psychotropic medication register did not have appropriately listed relevant diagnosis to support use was not a restrictive practice.
* One consumer had not had a medication review following improvement in their condition.
* One consumer had not had a medication review and there was no documented evidence of recent condition that required the medication.

The Approved Provider’s response disagrees with the Assessment Team’s finding and provided evidence to show the Service has effective systems in place to identify and assess risks including those associated with medications, behaviours and pain.

I have also considered relevant evidence from the Assessment Contact conducted on 27 April 2022 which included review of eight consumer’s clinical and personal care, demonstrating the following evidence relevant to this Requirement:

* Consumers had risks associated with care assessed and managed appropriately including in relation to pain, wounds, nutrition and behaviours.
* Consumers were satisfied with clinical care provided.

The Service has an effective system to identify, manage and monitor risks associated with consumers clinical and personal care. The deficits identified at the Site Audit were based on documentation inconsistencies and were not sufficient to show any deficits in the actual management of risks or delivery of clinical care. There was no evidence to show behaviour risks of consumers were not being managed and care plans were in place to guide staff in the management. There was no evidence to show medications had been administered unsafely or not in line with prescribed orders. There was no evidence to show consumers pain had not been identified or appropriate management plans were in place. Where chronic pain was identified as ongoing management were working with the consumers. I have placed weight on other evidence throughout the Site Audit report and Assessment Contact report which demonstrates consumers are satisfied with the delivery of personal and clinical care and staff are aware of consumers needs and follow related policies and procedures. Other documentation confirms risks associated with clinical care are assessed, identified and strategies are in place to manage and monitor the risks and appropriate communication and consultation occurs with staff and consumers.

Based on the summarised evidence above, I find the Service Compliant with this Requirement.

### 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.*

At the Site Audit conducted on 9 to 11 March 2022 the Assessment Team found the Service did not demonstrate changes in consumers conditions were responded to in a timely manner. Relevant examples included:

* Wound documentation was closed while a wound was still being treated and managed.
* Pain management documentation was not reviewed for three consumers.
* Care plans did not reflect or were not consistent with prescribed medications.
* One consumer’s nutritional assessment had been under review since January 2022.

The Approved Provider’s response disagrees with the Assessment Team’s finding and provided evidence to show the Service has appropriate systems and staff practices to identify and respond to deterioration in consumers’ condition.

I have also considered relevant evidence from the Assessment Contact conducted on 27 April 2022 which included review of eight consumer’s clinical and personal care, demonstrating the following evidence relevant to this Requirement:

* Two consumers with recent deterioration were appropriately identified and actions such as referrals, reviews, reassessment and changes to care strategies and delivery were implemented in response to the deterioration.

The Service has a system to identify and respond to changes and deterioration in consumers needs. Evidence throughout the Site Audit report and Assessment Contact report indicates staff are aware of consumers current needs and appropriate and effective communication and actions occur if a change, incident or deterioration in condition occurs. While evidence presented in the Site Audit report indicates some documentation gaps in relation to consumers care, there is insufficient evidence to show that actual changes or deterioration in the consumers condition were not recognised and responded to. There is evidence to show the medications are monitored, staff were aware of consumers pain and chronic pain issues had been assessed, wounds were monitored and being attended to appropriately and a change to a consumer’s nutrition needs was recognised and being responded to. I have placed weight on overall evidence and the positive feedback from majority of consumers and staff in relation to the delivery of care.

Based on the summarised evidence above, I find the Service Compliant with this Requirement.

### 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.*

At the Site Audit conducted on 9 to 11 March 2022 the Assessment Team found the Service did not demonstrate information about the consumers needs is always consistently documented. Examples provided included:

* Two consumers were not happy with the services provided by physiotherapist in relation to pain management and documentation to support actions in relation to this was not evident.
* Some consumer care plans used to communicate consumer needs were inconsistent, generic or medications not reviewed for long periods.

The Approved Provider’s response disagrees with the Assessment Team’s finding and provided evidence to show the Service has an effective system to ensure information about consumers is documented and communicated within the organisation and with others involved in the care of the consumer.

I have also considered relevant evidence from the Assessment Contact conducted on 27 April 2022 which included review of eight consumer’s clinical and personal care, demonstrating the following evidence relevant to this Requirement:

* Consumer care plans contained detailed, individualised and current information about the consumers personal and clinical care needs.
* Consumers were satisfied their needs were communicated effectively to those providing the care.
* Staff were aware of consumers needs and provided examples of how consumers information is communicated to them and to others involved in care.

The Service has effective and imbedded systems to record, document and communicate information about the consumers to those involved in the consumers care. The Service has a comprehensive electronic clinical care system which all consumer information is entered into and which is accessible by all providing care to consumers. There are monitoring, and alert processes built into the system to ensure information is communicated and reviewed by appropriate personnel. Staff interviewed at both the Site Audit and the Assessment Contact confirmed methods of communicating consumers needs and information including through handovers and the electronic care system. I have placed weight on the majority of evidence in the Site Audit report and Assessment Contact report indicating information about consumers is current and individualised. I find while gaps in documentation in the care plans about medications may have been identified, there is insufficient evidence to support that medications had not been reviewed, communicated or monitored by appropriate staff such as medical officers and registered nurses through the medication charting processes. The Service did demonstrate current needs of consumers requiring physiotherapist were communicated, where the consumers expressed dissatisfaction with physiotherapy services the management are following up and reviewing where required.

Based on the summarised evidence above, I find the Service Compliant with this Requirement.

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

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

At the Site Audit conducted on 9 to 11 March 2022 the Assessment Team found the Service has a system to refer consumer to appropriate specialists when required, however the referrals are not always completed in a timely manner. Relevant evidence provided included:

* Two consumers psychotropic medications did not appear to have been reviewed in a timely manner for a long period of time.
* One consumer was not satisfied they were referred to a physiotherapist when requested.
* One consumer did not have prescribed medication reviewed.
* One consumer who was under review in relation to nutrition had not been referred.

The Approved Provider’s response disagrees with the Assessment Team’s finding and provided evidence to show the Service has effective systems in place to ensure consumers are referred to appropriate specialists including medical officers, physiotherapists and other specialists when required. The Service maintains a psychotropic medication register and all prescribed medications are regularly reviewed by medical officers in line with medication management processes.

I have also considered relevant evidence from the Assessment Contact conducted on 27 April 2022 which included review of eight consumer’s clinical and personal care, demonstrating the following evidence relevant to this Requirement:

* When changes occurred in consumers needs timely and appropriate review and referral occurred including to physiotherapists following falls and to medical officers.

The Service has access to a variety of medical officers, allied health and other professionals and referral systems are in place to ensure when a consumer requires a referral it occurs. Throughout the Site Audit report and Assessment Contact report there is evidence of consumers being referred to and having access and support from other individuals and professionals on a regular basis and when required. The examples provided in the Site Audit are not supported by sufficient evidence to corroborate or show that a referral was required or what other communication and review had occurred in relation to the matters. Staff and management were able to describe and provide examples of appropriate and timely referrals for other consumers to demonstrate compliance with this Requirement.

Based on the summarised evidence above, I find the Service Compliant with this Requirement.

### 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.*

At the Site Audit conducted on 9 to 11 March 2022 the Assessment Team found the Service had effective systems in place to minimise infection related risks in relation to infection outbreaks, including Covid-19 and the Service has policies on antimicrobial stewardship and use of antibiotics. However, the Assessment Team found the service did not manage one consumer’s long-term antibiotic use for chronic infection in line with appropriate antibiotic use.

The Approved Provider’s response disagrees with the Assessment Team’s finding and provided evidence to show the Service had managed the consumer’s antibiotic use in consultation with the medical officer, the consumer and in line with the consumer’s needs and ongoing risk of infections. The Consumer’s infections had not recurred since the regime of long-term antibiotics had been prescribed.

The Service has comprehensive systems supported by policies and procedures and staff training to ensure risks related to infections are minimised. Staff demonstrated they have an understanding and practices which are in line with infection control policies and procedures. Consumers confirmed the Service and staff have effectively and appropriately managed risks associated with infections including Covid-19. The Service has procedures and staff have an understanding of antimicrobial stewardship and appropriate antibiotic use. The consumer prescribed long term antibiotics had a known high risk of recurring infections and the antibiotic use was done in consultation with the medical officer and consumer and had been effective in minimising the risk of infection and preventing further ongoing infection for the consumer.

Based on the summarised evidence above, I find the Service Compliant with this Requirement.

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers and their representatives interviewed confirmed consumers receive the services and supports for daily living that are important for the consumers’ health and well-being and enable them to do the things they want. Consumers provided examples of being supported to attend and engage in a variety of individual and group activities that support their emotional and social needs. Consumers confirmed staff support them to remain independent and provide consumers with assistance to do activities of their choice.

The service has processes to identify and assess consumers’ needs and preferences in relation to social, emotional, spiritual and psychological well-being. The service develops plans to direct services and supports including activities to engage consumers’ spiritual and emotional supports. The service has dedicated lifestyle staff to assist and support consumers in doing the things of interest to them and engaging in social relationships within and outside the service.

Consumers’ dietary and nutritional needs and preferences are recorded and are available to staff where consumer meals are prepared and served. Consumers confirmed they receive quality meals and are able to provide feedback to improve meals.

Consumers are provided appropriate equipment to promote their independence and which is appropriate for their assessed needs. Equipment observed was well maintained and suitable for its purpose.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers and their representatives interviewed confirmed consumers feel safe and at home in the service and have access to indoor and outdoor living areas including a cinema. Consumers confirmed they are supported to personalise their rooms and their visitors are always made to feel welcome. Consumers stated they are satisfied the service is clean and well maintained

Observations of the service environment show the service is clean and well maintained and is welcoming with appropriate environment to support the consumers’ needs including those living with dementia. Consumers were observed to move freely within and outside the building and were observed enjoying the living environment.

The service has a scheduled and reactive cleaning and maintenance system in place to ensure the service is clean and maintained. The maintenance system includes the use of contractors to maintain and safety check equipment. Hazard reporting systems ensure any safety issues are identified and reported for appropriate action.

## 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

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

Consumers and their representatives interviewed confirmed they have access to a variety of ways to make complaints and provide feedback to the service including verbally to staff and management, through feedback forms, surveys and meetings. Consumers and their representatives are satisfied the service takes appropriate action when complaints are made and apologies are given when mistakes are made.

The service has an effective complaints system and a complaints and feedback register is maintained by management to monitor and ensure all complaints are investigated and appropriate action taken. The complaints register shows all complaints and suggestions are recorded and monitored. The service actively uses feedback to feed into their continuous improvement system. Where incidents occur, or things go wrong the service openly acknowledges and communicates this and has an open disclosure policy.

Staff interviewed confirmed the feedback and complaints processes and provided examples of how they support consumers who wish to raise concerns including those who raise complaints verbally. Observations show consumers and their representatives have access to internal and external complaints and advocacy information.

## 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

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

Information from the Assessment Team’s reports from the Site Audit conducted on 9 to 11 March 2022 and Assessment Contact conducted on 27 April 2022 has been considered in the finding of Compliance in relation to this Standard.

The Assessment Team at the Site Audit conducted on 9 to 11 March 2022 recommended the Service was not met in relation to Requirements (3)(b), and (3)(e). Based on information in the Assessment Team’s report for the Site Audit, the Approved Provider’s response and information in the Assessment Team’s report from the Assessment Contact, which I find relevant to these Requirements I have found the Service Compliant in Requirements (3)(b) and (3)(e) and have provided reasons in the relevant Requirement below.

Consumers and their representatives interviewed confirmed consumers receive quality care and services from staff who are kind and caring and skilled in their roles. Consumers and their representatives interviewed confirmed there are adequate numbers of staff to provide care to consumers when they need it. Consumers are satisfied staff perform their roles well.

The service has a planned approach to rostering and allocating staff based on the needs of consumers and monitoring of call bells and feedback contributes to the planning of staffing. Staff performance is monitored through observation and feedback mechanisms, and annual training is monitored for effectiveness and the service uses feedback, incidents and staff surveys to identify additional staff training required. Staff are recruited through a corporate process based on their skills and qualifications and professional registrations and police certificates are recorded and monitored.

Staff interviewed confirmed they have enough time to perform their roles, have opportunities to provide feedback and participate in regular training. Management confirmed casual staff and their own staff are utilised to fill vacant shifts to support consumers with regular staff who are familiar with their needs.

## 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.*

At the Site Audit conducted on 9 to 11 March 2022 the Assessment Team found the Service did not demonstrate each staff interaction with consumers was kind, caring or respectful of the consumer’s identity, culture and diversity. Two relevant examples were provided:

* One staff was observed to repeatedly ask the same questions while interacting with a consumer when the consumer did not appear to understand. The consumer did not appear impacted or upset following the interaction.
* One consumer stated they did not like an interaction with a physiotherapist during the provision of physiotherapy services.

The Approved Provider’s response disagrees with the Assessment Team’s finding and argued the majority of consumers provided positive examples of staff interactions and consumer feedback supports consumers are satisfied staff interact with them respectfully.

I have also considered relevant evidence from the Assessment Contact conducted on 27 April 2022 which demonstrated the following evidence relevant to this Requirement:

* Consumers interviewed were satisfied with how staff treat them when providing care and services.
* Observations show appropriate and respectful interactions between staff and consumers.

The Service has processes to ensure staff interact with consumers in a kind, caring and respectful manner. Policies, staff training and ongoing monitoring of staff practice ensure staff are aware of how to treat consumers with kindness and respect. The one observation used as evidence does not demonstrate the consumer was impacted or upset by the interaction and there is insufficient evidence to show the staff was not interacting in a manner appropriate to that consumer’s individual needs. The consumer’s feedback about a poor interaction with a physiotherapist was not reported to management at the time, has not recurred and with the evidence provided is insufficient to show if the interaction was inappropriate in relation to the consumers assessed care needs for physiotherapy. Management are following up and further reviewing the feedback with the consumer. I have addressed the same evidence in more detail in Standard 1 Requirement (3)(a) which has been found Compliant. I have placed weight on the positive consumer feedback and observations in relation to staff interactions with consumers.

Based on the summarised evidence above, I find the Service Compliant with this Requirement.

### 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.*

At the Site Audit conducted on 9 to 11 March 2022 the Assessment Team found the Service does not complete regular performance appraisals for staff and staff and management confirmed formal performance appraisals are not completed.

The Approved Provider’s response disagrees with the Assessment Team’s finding and provided evidence to show the Service has other systems and processes to assess, monitor and review the performance of each member of the workforce. These include meetings, ongoing monitoring and supervision, surveys, consumer feedback processes and individual and group meetings and handovers with staff. The Approved Provider’s response confirmed the Service’s procedures for monitoring staff do not include a performance review as other methods are more effective.

I have also considered relevant evidence from the Assessment Contact conducted on 27 April 2022 which demonstrated the following evidence relevant to this Requirement, which was recommended met:

* The Service have a staff performance review policy and guideline in place.
* Staff confirmed ongoing and informal performance discussions and feedback occur with management and supervisors.
* Management confirmed effective processes for monitoring and reviewing staff performance including consumer and staff surveys, feedback processes, staff training and training requests, staff meetings and direct observations of staff practice.
* Results show staff feedback does lead to training, feedback and improvements in staff performance and support.

The Service has multiple mechanisms to monitor and review staff practice and performance. Staff confirmed ongoing discussions with management in relation to their work, practice and performance. Management confirmed how feedback systems interact and inform the monitoring and assessment of staff performance. I have placed weight on the overall consumer and staff feedback and observational evidence throughout the Site Audit and Assessment Contact reports demonstrating staff performance is monitored and where improvements are identified actions are taken.

Based on the summarised evidence above, I find the Service Compliant with this Requirement.

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Information from the Assessment Team’s reports from the Site Audit conducted on 9 to 11 March 2022 and Assessment Contact conducted on 27 April 2022 has been considered in the finding of Compliance in relation to this Standard.

The Assessment Team at the Site Audit conducted on 9 to 11 March 2022 recommended the Service was not met in relation to Requirements (3)(c), and (3)(e). Based on information in the Assessment Team’s report for the Site Audit, the Approved Provider’s response and information in the Assessment Team’s report from the Assessment Contact, which I find relevant to these Requirements I have found the Service Compliant in Requirements (3)(c) and (3)(e) and have provided reasons in the relevant Requirement below.

Consumers and their representatives interviewed confirmed consumers are engaged by the service to provide feedback, suggestions and have input into the development of care and services and improvements at the service.

The service is supported by the wider organisation which oversees the development of policies and procedures to direct care and service delivery including the promotion of safe, inclusive and quality care and services. Governance systems are in place to ensure effective information management, feedback and complaints systems, continuous improvement processes, financial governance and the service understands and meets its regulatory requirements. The service completes regular reports to the organisation and has regular meetings to ensure systems are monitored for effectiveness.

The service has a risk management system which directs staff in the identification and management of risks associated with care of consumers and how to identify and respond to elder abuse. Incidents are recorded including outcomes of investigations and actions taken and reported and discussed regularly to identify trends. The service has a clinical governance framework supported by the wider organisation and current guidelines are in place to minimise the use of restraint, ensure antimicrobial stewardship and direct the use of open disclosure. Clinical incidents and trends are analysed and discussed at clinical meetings including areas for improvement and action.

## 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.*

At the Site Audit conducted on 9 to 11 March 2022 the Assessment Team found the Service did not demonstrate effective information systems or workforce governance systems. Evidence included:

* There were some inconsistencies in consumer information, specifically in relation to psychotropic medications. The Assessment Team had difficulty accessing and finding information during the Site Audit.
* The workforce is not monitored through a regular performance appraisal process and observation of one staff interaction and one consumer feedback was not positive.

The Approved Provider’s response disagrees with the Assessment Team’s finding and provided evidence to show the Service has an imbedded and comprehensive governance system supported by the wider organisation in relation to information management and workforce governance.

I have also considered relevant evidence from the Assessment Contact conducted on 27 April 2022 which demonstrated the following evidence relevant to this Requirement:

* Information in relation to consumers was up to date, current and accessible on the electronic information management system.
* Workforce monitoring and review systems are in place and effective at ensuring the workforce is governed.

The Service has imbedded and comprehensive organisational governance systems in relation to information management and workforce governance. The Service’s organisational governance systems are supported by the wider organisation and include an electronic information management system to record, communicate and manage consumer information to staff, management and the wider organisation. The Assessment Team’s issues experienced in accessing information during the Site Audit are not a reflection of the effectiveness of the information system itself. Information in relation to consumers was evidenced throughout the Site Audit report and Assessment Contact report to be recorded, current and communicated to those involved in the care of consumers. The workforce governance system includes policies and procedures to guide the supervision and monitoring of staff including through using feedback to improve workforce practices. I have placed weight on the finding of Compliance with all other Standards when coming to my finding of Compliance with this Requirement. Evidence shows effective governance systems are in place and the Organisation monitors and governs the Service’s performance and application of its systems to ensure effectiveness.

Based on the summarised evidence above, I find the Service Compliant with this Requirement.

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

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

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

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

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

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

At the Site Audit conducted on 9 to 11 March 2022 the Assessment Team found the Service did not demonstrate minimisation of the use of restraint as the psychotropic register had some documentation inconsistencies and medications were not reviewed or tracked in relation to whether they were used as a restraint.

The Approved Provider’s response disagrees with the Assessment Team’s finding and provided evidence to show the Organisation has a comprehensive and imbedded clinical governance framework which is followed and implemented at the Service to ensure restrictive practices are identified and their use minimised. The response states there is no chemical restraint in use at the Service and there is a system in place to monitor psychotropic medications.

The Service has comprehensive policies and procedures in place to support the minimisation of restraint and has an organisation wide clinical governance framework in place which monitors and guides the performance of the Service in relation to minimising restraint. The evidence provided in the Site Audit report is not sufficient to show any consumer was being administered medications as a form of restraint and where documentation and record deficits showed inconsistencies, these were not sufficient to show the Service had not followed the relevant policies and procedures. Staff and management were aware of the clinical governance systems including the psychotropic register and reporting and monitoring processes in relation to the use of restraint.

Based on the summarised evidence above, I find the Service Compliant with this Requirement.

# 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.