St Josephs Nursing Home

Performance Report

20 Dalley Street
LISMORE NSW 2480
Phone number: 02 6627 9356

**Commission ID:** 1494

**Provider name:** The Trustees of the Roman Catholic Church for the Diocese of Lismore

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

**Date of Performance Report:** 11 July 2022

# Performance report prepared by

Dean Saunders, 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** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-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** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 28 June 2022

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the Consumer’s experience and how the organisation understood and applied the requirements within this Standard, the Assessment Team interviewed consumers, asking them about the requirements, reviewed the care documentation and tested staff understanding and application of the requirements under this Standard.

Consumers said they were treated with dignity, respect and kindness by staff and could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers reported staff supported them to exercise choice and independence and make decisions. Consumers were supported to maintain relationships important to them and said they were supported to take risks in activities of their choosing in a way that also considered the risk.

Consumers were provided with information which allowed them to make informed choices about how they lived their lives including activities available, meal selections and what was happening at the service.

Consumers’ personal privacy was respected in a variety of ways including staff knocking on doors and awaiting a response prior to entry, ensuring appropriate privacy during care provision and maintaining the confidentiality of consumer records.

Consumers’ care documentation reflects their personal choices and includes information regarding their lifestyle, recreational, social and emotional needs and preferences. The organisation’s policies and procedures supported staff in their understanding of how to support consumer individuality and choice.

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

Consumers considered they felt like partners in the ongoing assessment and planning of their care and services. Consumers, and other people the consumer wished to be involved, were included in the initial and ongoing assessment and planning of their care and services. Consumers and representatives said they were informed about the outcomes of assessment and planning and had access to the consumer’s care plan.

The Assessment Team reviewed assessment and care documentation which showed initial assessments were completed to identify consumers’ needs, goals and preferences, including advance care planning and end of life planning. Risks were identified as part of the assessment and care planning process. There are processes to support the regular review of care and service delivery. Care plans were reviewed on a three-monthly basis or as consumer care needs changed. The Assessment Team found that care planning documentation evidenced involvement of consumers and their representatives in this process.

The service accessed external services and allied health professionals as required to support consumer care.

The service had a suite of evidence-based policies and procedures to guide staff with the assessment and care planning process.

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 NON-COMPLIANTPersonal 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

Consumers received personal care and clinical care that was safe and right for them. Consumers had access to a Medical officer or other health professionals as required. Consumers were included in decisions about their care and it was tailored to meet their needs and preferences. They considered their needs and preferences are effectively communicated between staff and described the ways the care being provided is meeting their needs. Consumers nearing the end of life received safe and appropriate care which maintained their comfort and dignity.

The Assessment Team reviewed care plans and associated documentation and found that consumers were receiving care that was individualised, safe and effective. Care documentation demonstrated deterioration or changes in a consumer’s health care needs were responded to in a timely manner. For example, diabetes management included documented evidence of interventions applied when blood glucose levels were outside normal parameters. The electronic care planning system included alerts to inform staff of changes in consumers’ care requirements and staff understood how the electronic care planning system supported care delivery.

The service had a suite of evidence-based procedures to guide staff in the safe and effective care of consumers including minimising the use of restrictive practices; recognition and management of pain; pressure injury prevention and wound care management.

Staff described how they deliver care to consumers approaching the end of life and how they promoted the consumer’s comfort. Staff described how changes in consumers’ care and services are communicated via verbal handover from registered and care staff, progress notes and messages in the electronic care planning system and updated care plans. Staff described how they notify the consumer’s representative and Medical officer when a consumer experiences a clinical incident, a change in condition or when they are transferred to or return from hospital.

In relation to the management and minimisation of infection-related risks, the service was able to demonstrate that they had an established, coordinated approach to manage outbreaks of COVID-19.

The service could not demonstrate that high impact, high prevalence risks associated with the care of some consumers, are effectively managed. The service was unable to demonstrate effective management of risks associated with the monitoring of consumers post falls, and pain management.

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

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

The service could not demonstrate that high impact, high prevalence risks associated with the care of some consumers, are effectively managed.

Care documentation identified the high impact or high prevalence risks for each sampled consumer. However, strategies to manage and mitigate those risks have not been consistently documented in care and services plans, and processes to manage and monitor the risks associated with the care of some sampled consumers pain management and post falls have not been effective. For example, care documentation for three named consumers did not evidence ongoing observations of their condition following falls.

Review of the service’s falls management policy identified the observation protocol following a witnessed or unwitnessed fall or head strike are documented within the policy. However, management advised the service does not have a falls follow up procedure. Registered staff did not demonstrate a shared understanding of the observations required following a consumer fall and not all were able to locate the service’s falls management policy. In response to the Assessment Team’s feedback management advised registered staff had been provided copies of the falls management policy and allocated an interactive online learning module regarding falls risk identification, management and reporting to be completed within 30 days.

Regarding pain management, review of care documentation for three named consumers did not evidence consistent pain monitoring or re-assessment of their pain following changes in their circumstances. Care documentation for some sampled consumers did not have pain assessments or pain care plans in place. In response to the Assessment Team’s feedback, management advised a post hospital checklist will be introduced at the service that will include prompts for staff to complete a pain assessment for all consumers on their return from hospital.

The service in its response to the site audit report has confirmed that the post feedback actions have been completed and has provided updated evidence of remedial action taken. Policies and practices in relation to post falls management and medication management were provided. While I acknowledge the actions that the approved provider has taken, I find this requirement is Non-compliant.

### 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

Consumers considered they received the services and supports for daily living which were important for their health and well-being and enabled them to do the things that were important to them.

Consumers said their choices were respected in relation to meals, interaction with staff and other residents and participation in scheduled activities. They said they were supported to attend activities within and outside the service and with their families and friends.

Consumers confirmed said they were supported to keep in touch with people who are important to them and the service meets their emotional, social, spiritual and psychological needs by way of the internal support provided by staff, volunteers and pastoral carers.

Care planning information was individualised and reflective of the needs and preferences of each consumer. Care information reflected the involvement of other organisations and providers of care and services in the provision of lifestyle supports. Care planning documentation reflected the individual dietary preferences of consumers which was effectively communicated to catering staff.

Equipment used to support the lifestyle needs of consumers was clean, suitable and well-maintained. Staff confirmed they could access a variety of equipment to support the lifestyle needs of consumers.

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

Consumers confirmed the service environment was safe, clean and comfortable and that they could mobilise freely inside and outside the service. They said they were able to personalise their rooms with items of importance to them. Consumers and representatives felt comfortable raising maintenance requests with staff which were attended to promptly.

Management described design features of the service to enhance consumers’ independence, interaction and function and to improve consumers’ sense of belonging. Equipment and furnishings in the communal areas were observed to be clean and free from stains or odours. Furnishings were observed to be fit for purpose and in good condition.

Maintenance and care staff confirmed equipment is regularly checked to ensure it remains safe, well-maintained and suitable for consumer use.

Staff demonstrated an awareness of how to report maintenance issues and maintenance documentation evidenced preventative and reactive maintenance was completed for the service’s living environment and equipment.

The Assessment Team observed the service’s living environment including consumers’ rooms, communal internal areas and garden areas and found the service was secure, clean and well-maintained. Consumers were observed moving freely within the environment and accessing equipment that was appropriate to their needs.

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

Consumers considered they were encouraged and supported to provide feedback, suggestions and make complaints and that appropriate action was taken in response by the service. Consumers said they received information on how to make a complaint and provide feedback and felt safe and comfortable in doing so.

Consumers and representatives who had recently made a complaint or provided feedback said management acknowledged the issue and involved the consumer in the resolution process to achieve a satisfactory outcome.

Staff interviewed demonstrated a shared understanding of the internal and external complaints and feedback avenues available for consumers. Staff demonstrated a shared understanding of the principles of open disclosure.

The service has policies and processes in place to promote and support consumers and representatives to provide feedback and complaints and these are used to continually improve care and services. Open disclosure processes are applied when required and in accordance with organisational policies. Information provided to consumers included how to access external advocacy, interpreter and support agencies as well as external complaint organisations.

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 and representatives considered that they receive quality care and services when they need them from staff who are capable and caring. Consumers said they felt staff had adequate training and knowledge to appropriately deliver cares and services and confirmed staff are respectful of their identity, culture and diversity.

The Assessment Team observed staff interactions to be kind, caring and gentle when delivering care. Staff demonstrated knowledge and understanding of individual consumers and knew what was important to them.

Staff competency is monitored through observations of staff practice, feedback from consumers and representatives and review of incidents. Management advised that the service has established performance management and development processes. Staff have access to a range of training programs through online learning and face to face education sessions with staff completing annual mandatory training modules.

A review of staff performance development plans demonstrated the organisation’s performance review process encourages staff to self-identify goals and training needs and engage in reflective practice

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 NON-COMPLIANTOrganisational 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

Consumers consider that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives provided examples of how they could provide input into their care and services which included case conferences, consumer meetings and directly to management. The Assessment team reviewed meeting minutes, feedback and complaints documentation and care documentation which evidenced the engagement of consumers and representatives in the development, delivery and evaluation of their care and services.

Interviews with management and review of documentation identified the organisation’s governing body promotes a safe and inclusive culture at the service. Operational documentation demonstrated the governing body was informed and accountable for the care and services delivered. The organisation’s management team advised clinical and operational data regarding the service was collated and reported to the Board each month to ensure consumers’ needs were met and contributed to the service’s continuous improvement activities.

The organisation had effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints.

However, the Assessment Team identified deficits within the service’s regulatory compliance systems and the monitoring of clinical care relating to falls.

The organisation was unable to demonstrate effective organisation wide governance systems in relation to regulatory compliance, specifically the reporting of incidents through SIRS.

The organisation has not ensured effective and consistent clinical oversight at management level is occurring in accordance with the organisation’s clinical governance framework, specifically in relation to falls and pain management.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

The service had effective organisation wide governance systems in areas of information management, continuous improvement, financial governance, workforce governance, and feedback and complaints.

However, the service was unable to demonstrate effective organisation wide governance systems in relation to regulatory compliance.

**Information Management**

Staff had access to policies and procedures electronically and any changes to policies and procedures were communicated by management via staff meetings, electronic messages and training and education. The Assessment Team observed information sources accessible to staff and consumers throughout the service.

**Continuous Improvement**

Management advised opportunities for improvement are identified through a range of sources including audits, consumer/representative feedback, survey results, discussion at consumer meetings and new legislation. Information from audits and analysis of trends is reviewed by the service’s clinical management team and reported to the Governance Committee. The Board uses this information to satisfy itself the service is meeting quality and compliance requirements.

**Financial Governance**

The service has its own budget set by the Board. The CEO has the authority to re-allocate funds within the budget to address emerging trends and the Facility Manager has an allocated budget and can access additional funds to meet the needs of consumers via further approvals through the organisation’s CEO.

**Workforce Governance**

The service had systems in place to monitor workforce competency and ensure the workforce is appropriately planned to facilitate the delivery of safe and effective consumer care. The organisation had a staff performance framework, supported by policies and procedures, which outlines processes for probationary performance reviews and quarterly performance discussions. The Assessment Team observed documentation, policies and procedures outlining role responsibilities and accountability.

**Regulatory Compliance**

The organisation had governance mechanisms in place to track, audit and monitor compliance with legislative and regulatory standards. Industry standards and guidelines were monitored by the organisation’s executive through subscriptions to various legislative services and peak bodies.

The organisation has policies and procedures in relation to incident reporting that capture SIRS and identify the types of incidents to be reported, reporting timeframes, responsibilities, and processes. However, the Assessment Team identified several incidents within the service’s Incident management system that should have been reported under SIRS. The service has not correctly or consistently identified incidents within the scope of SIRS and oversight by management has not recognised this. Following the Assessment Teams feedback, management acknowledged these deficiencies.

The service in its response to the site audit report has confirmed that historical incidents have been reviewed to determine whether any further notifications were overlooked and also outlined remedial actions directed at ensuring future compliance.

**Feedback and Complaints**

The organisation demonstrated that systems and processes were in place to encourage consumer/representative feedback and complaints, and to ensure appropriate action was taken and improvements were made at the service due to consumer/representative feedback.

While I acknowledge the actions that the approved provider has taken, I find this requirement is Non-compliant.

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

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

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

### Requirement 8(3)(e) Non-compliant

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

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

The organisation demonstrated a documented clinical governance framework is in place, however, it had not been effectively implemented in relation to clinical oversight of falls management and pain management for consumers at the service.

The service was able to provide a documented clinical governance framework that included:

* a policy relating to antimicrobial stewardship.
* a policy relating to minimising the use of restraint.
* an open disclosure policy.

The service was unable to demonstrate that clinical oversight by management ensured effective post falls monitoring was completed to manage the risk to a consumer whose condition may deteriorate following a fall and to ensure that care delivery in relation to pain management was completed in line with the service’s pain management policy.

In response to the feedback from the Assessment Team, management advised Registered staff had been directed to read the falls management policy and complete online education. Management also reported they would review completion of observations as part of their review of falls incidents and would follow up with staff where this has not been completed in line with the policy.

In regard to deficiencies identified regarding clinical oversight of pain management, management advised a new process will be implemented to develop an interim pain management care plan from the initial pain assessment on a consumer’s entry to the service. Consumer care plans will be reviewed to ensure pain management is addressed.

The service in its response to the site audit plan confirmed that sound remedial actions have been taken in relation to post fall and medication management areas.

While I acknowledge the actions that the approved provider has taken, I find this requirement is Non-compliant. The changes made may not yet be embedded and have not been assessed by independent audit. Furthermore the specificity of the changes made may not ensure the breadth of potential or emerging issues (other than falls or medication management) are caught by the clinical governance framework.

This requirement is non-compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* The service should ensure its post falls and medication management updated systems are effectively embedded.
* The service should ensure the changes to its SIRS reporting protocols are effective.
* The service should ensure the changes it has made to its clinical governance system will capture all emerging and potential issue and not those only relating to post falls and medication management.