The Whiddon Group - Maclean

Performance Report

27 Union Street   
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**Commission ID:** 0106

**Provider name:** The Frank Whiddon Masonic Homes of New South Wales

**Site Audit date:** 24 May 2022 to 27 May 2022

**Date of Performance Report:** 22 June 2022

# Performance report prepared by

E Woodley, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **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) | 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 17 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 understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers interviewed by the Assessment Team consider that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. Consumers and representatives interviewed said staff are respectful towards them, and their individual identity, culture and diversity is recognised and valued. Consumers said care and services are delivered in a way which respects their personal privacy, and they expressed confidence that their personal information is kept confidential.

Consumers described the ways their social connections are supported and said their decisions about who they wish to be involved in discussions about their care and services is respected by the service. Consumers and representatives said the information provided to them is current, accurate and timely, and enables them to make informed decisions about the consumer’s care and services.

Staff interviewed demonstrated they have knowledge about what is important to consumers and their individual preferences in relation to care and services. This information aligned with care planning documentation and feedback received during interviews with consumers and representatives. Staff were able to describe how they ensure that consumer’s preferences are respected, and how they are supported to take risks and exercise choice.

Electronic and hard copy documentation is securely stored to ensure confidentiality of consumer information in accordance with organisational policies and procedures. Staff were observed to deliver care and services and undertake their duties in a way which respected each consumer’s privacy.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Consumers and representatives interviewed by the Assessment Team confirmed they are involved in care planning, including when there are changes to consumer’s care needs. Consumers and representatives sampled confirmed they are informed of the outcomes of assessment and planning and have access to the consumer’s care and service plan if they wish. Consumers and representatives were able to provide examples of how other providers of care are involved in meeting consumers’ healthcare needs.

Consumers and representatives interviewed said staff understand their end of life wishes and a review of documentation confirmed the consumer’s needs, goals and preferences regarding end of life are documented.

The service has an electronic care management system in place which supports planned care and services to meet each consumer’s needs, goals and preferences and inform the delivery of safe and effective care. The Assessment Team reviewed care planning documentation for consumers sampled and identified assessment and planning includes the consideration of risk and reflects the consumer’s current needs, goals, and preferences. The service demonstrated care and services are regularly reviewed for effectiveness, and when circumstances change or when incidents occur.

Care plans for consumers sampled show integrated and coordinated assessment and planning involving other organisations, individuals and providers of other care and services, including medical officers, allied health professionals, and specialists in wound care, diabetes, and pain management.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall, consumers interviewed by the Assessment Team considered they receive personal care and clinical care that is safe and right for themand in accordance with their needs and preferences. Consumers and representatives interviewed said consumers receive the care they need which is tailored to their individual needs, and they have access to a medical officer or other health professionals when they need it. Consumers confirmed the care they receive when they are unwell or experiencing a deterioration in their health is responded to in a timely manner, with their preferences being met.

The service demonstrated timely and appropriate referrals to medical officers, allied health professionals, podiatrists, acupuncturists and dietitians, and the sharing and communication of information to support consumer’s health and well-being. Care planning documentation identifies the timely identification of, and response to, changes in the consumer’s condition and/or health status, including the effective management of high impact, high prevalence risk to the consumer.

The service has policies and procedures regarding the minimisation of infection-related risks which outlines how the service will prepare for, identify, and manage any outbreaks. The organisation has policies and procedures related to antimicrobial stewardship and staff interviewed provided examples of how they ensure appropriate antibiotic prescribing and use to reduce the risk of increasing resistance to antibiotics.

However, the Assessment Team found the service did not demonstrate that clinical care delivery is best practice for consumers who are subject to a restrictive practice. Not all consumers have a Behaviour Support Plan (BSP) in place which aligns with legislative requirements. The service was not able to demonstrate monitoring of restrictive practices are consistently occurring and/or documented to support the safe use of the restraint.

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

### Assessment of Standard 3 Requirements

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

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

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

Most care planning documentation reviewed by the Assessment Team reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. This included in relation to wound management, maintenance of skin integrity, pain management, diabetes monitoring and management and oxygen therapy. All consumers and representatives interviewed said consumers receive care that is safe and right for them and meets their individual needs and preferences. However, the Assessment Team identified gaps in the service’s compliance with new legislative requirements for restrictive practices and BSPs. The Assessment Team found the service had not identified all consumers subject to chemical and environmental restrictive practice, and not all had a BSP documented. Care planning documentation did not demonstrate any consumers subject to a form of restrictive practice were monitored when the restraint was in use. The Assessment Team noted that consumers requiring BSPs had these completed during the Site Audit once this gap was raised with the service. The Assessment Team did not observe or identify any negative impact on consumers sampled regarding restrictive practices not being effectively managed.

The approved provider’s response identifies that the service has reviewed all restrictive practices used at the service, and where gaps have been identified in the Site Audit report, these have been rectified. The approved provider’s response identifies that support and guidance has been provided to the service through the approved provider’s clinical governance team, who will continue to monitor compliance with this legislation.

While the Assessment Team identified gaps in the service’s compliance with new legislative requirements for restrictive practices and BSPs, I have considered this in my assessment of Standard 8, Requirement 8(3)(c). The Assessment Team did not identify any negative impact on consumers regarding restrictive practices not being effectively managed, and overall the service was able to demonstrate consumers receive safe and effective personal and clinical care, which is best practice, tailored to the consumer’s needs and optimises their health and well-being.

I find this requirement is Compliant.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall, consumers interviewed by the Assessment Team considered that they receive the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers said the service supports and facilitates them to maintain personal and social relationships and remain in contact with people who are important to them.

Consumers and representatives interviewed said consumers are supported to engage in activities they are interested in, both inside the service and in the wider community. Consumers and representatives said the activities schedule is varied and adequate to meet the consumer’s needs and preferences, and that the service involves other individuals and external organisations to supplement the activities schedule as required or when beneficial to the consumer.

Consumers said the service meets their emotional, social, spiritual, and psychological needs through the internal support provided by staff, volunteers, the Pastoral Carer, and church services.

Consumers provided positive feedback in relation to the meals provided at the service and dining experience, and said the meals are varied and align with their dietary needs and preferences.

Care planning documentation demonstrated each consumer’s condition, needs and preferences are effectively communicated within the organisation and with others who provide services and supports for daily living, and timely and appropriate referrals are made to other providers of care and services as required.

The Assessment Team observed lifestyle and leisure supports and equipment to be clean, well-maintained, safe, and suitable to meet the needs of the consumer cohort.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall, consumers interviewed by the Assessment Team considered they feel they belong in the service, and feel safe and comfortable in the service environment. Consumers and representatives said the service environment was clean and maintained to their satisfaction, and that equipment and furniture provided are safe, clean and suitable to their needs. Consumers sampled said they are independent and can move freely inside and outside the service. Consumers have access to a call bell to alert staff if they need assistance.

The Assessment Team observed the service environment to be secure, clean and tidy, and equipment to be clean, well maintained and suitable to the needs of the consumer cohort.

Staff interviewed demonstrated an awareness of how to report equipment requiring maintenance. Documentation identified reactive maintenance is attended to in a timely manner and preventative maintenance is undertaken as scheduled.

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

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

Consumers and representatives interviewed by the Assessment Team considered they are encouraged and supported to provide feedback, suggestions and make complaints, and appropriate action is taken in response. Consumers stated they are regularly encouraged to provide feedback in forums such as consumer meetings and food focused meetings. Sampled consumers who had raised concerns or provided feedback could describe what changes had been made in response.

The service demonstrated processes are in place to promote and support consumers and representatives to provide feedback and make complaints, and these are used to continually improve the care and services provided to consumers. The service demonstrates it uses an open disclosure approach when something goes wrong.

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

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

Consumers and representatives interviewed by the Assessment Team considered they receive quality care and services when they need them and from people who are knowledgeable and capable. All interviewed consumers and representatives reported that staff are kind and caring and having the skills and knowledge to provide quality and safe care and services. All consumers representatives felt there were enough staff and there were minimal delays in staff response to call bells.

Staff interviewed by the Assessment Team said there were enough staff rostered and they had adequate time to meet consumer’s care and service needs. Review of the roster evidenced staff shifts are replaced in a timely manner if required, and call bell data identified minimal delays in staff response to consumer call bells.

The organisation’s training program provides staff with an orientation and ongoing training in skills relevant to each role. There are assessments of competency in key skills such as medication management, hand hygiene, catering, and cleaning. The performance of staff is regularly monitored, and performance issues are addressed.

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-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers and representatives interviewed by the Assessment Team considered the organisation is well run and they can partner in improving the delivery of care and services. Consumers and representatives interviewed said they are consulted about improving the delivery of care and services and felt confident raising any issues or concerns with staff and management.

The organisation, through policies, processes, and training, promotes a culture of safe and quality care and services. Reporting systems provide the organisation’s governing body with timely information about the performance of the service to enable accountability.

The service demonstrated effective risk management systems and practices, and a clinical governance framework is implemented at the service.

However, the service was unable to demonstrate effective organisation wide governance systems related to regulatory compliance were effective in ensuring changes to restrictive practice were implemented appropriately at the service.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) 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 organisation has implemented effective governance systems relating to information management, continuous improvement, financial and workforce governance and feedback and complaints at the service. However, the Assessment Team found the systems relating to regulatory compliance were not effective in ensuring the changes to legislative requirements for restrictive practices and BSPs were implemented and monitored at the service. The Assessment Team found the service had not identified all consumer’s subject to chemical and environmental restrictive practice, and not all had a BSP documented. Care planning documentation did not demonstrate any consumers subject to a form of restrictive practice were monitored when the restraint was in use.

The approved provider’s response identifies that the organisation has resources that are updated and reviewed regularly to ensure they encompass legislative changes and guide services how to achieve this. The approved provider’s response also identifies additional monitoring processes at the organisational level to test compliance with restrictive practice and BSP legalisation.

While the approved provider demonstrated some regulatory guidance and monitoring processes in place at the time of the Site Audit, these were not effective in ensuring the service is compliant with legislative requirements for restrictive practices and BSPs.

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) Compliant

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

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

# Areas for improvement

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

* Standard 8, Requirement 8(3)(c) – The organisation wide governance systems implemented at the service regarding regulatory compliance are effective in ensuring monitoring and compliance with relevant aged care legislation.