



HammondCare - Darlinghurst

Performance Report

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Provider name: HammondCare

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Publication of report

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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	Non-compliant
Requirement 2(3)(a)	Non-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	Non-compliant
Requirement 6(3)(a)	Compliant
Requirement 6(3)(b)	Non-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)	Compliant
Requirement 8(3)(d)	Non-compliant
Requirement 8(3)(e)	Compliant



Detailed assessment

This performance report details the Commission'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 conducted 16-18 November 2020; 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 10 December 2020.



STANDARD 1

Consumer dignity and choice

COMPLIANT

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:

2. The organisation:
 - (a) has a culture of inclusion and respect for consumers; and
 - (b) supports consumers to exercise choice and independence; and
 - (c) 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 team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

The Assessment Team found that overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers interviewed confirmed they are treated with respect and encouraged to do things for themselves. Consumers said most staff are friendly and take an interest in their well-being. Consumers stated their personal privacy is respected and most staff know what is important to them.

All staff interviewed were aware of consumers cultural backgrounds, personal histories and things that are important to them. Most care and clinical staff members and especially the pastoral care and management team were observed treating consumers with dignity and respect.

The service's policy is to maintain a home like environment and all consumers interviewed spoke highly of the staff and management team.

STANDARD 1

Consumer dignity and choice

COMPLIANT

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:

- (i) make decisions about their own care and the way care and services are delivered; and*
- (ii) make decisions about when family, friends, carers or others should be involved in their care; and*
- (iii) communicate their decisions; and*
- (iv) 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

NON-COMPLIANT

Ongoing assessment and planning with consumers

Consumer outcome:

1. 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:

2. 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.

The Assessment Team found that overall, sampled consumers considered they feel like partners in the ongoing assessment and planning of their care and services.

For example:

- Five consumers sampled confirmed they are involved in their care planning and receive care and services in accordance with their needs, goals and preferences.
- One consumer said he was not aware of having a care plan but did remember having discussions with staff about his care. He said his representative takes care of his affairs and he was not concerned about not having a copy of his care plan.
- All consumers sampled said staff regularly explain aspects of their care and informed them of any progress and changes.
- All consumers sampled stated they receive the care and services they need.

The Assessment Team found evidence of effective care planning and assessment documentation in relation to clinical needs and individual personal goals and preferences were reflected in care planning documentation. However, risks were found to not be effectively assessed at the service for consumers who have risks

STANDARD 2 NON-COMPLIANT

Ongoing assessment and planning with consumers

such as alcohol intoxication, use of psychoactive substances, non-compliance with prescribed medication, verbal and physical behaviours that have an impact on other consumers, non-compliance with the use of appropriate mobility aids and for consumers who drive motorised scooters 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 2 Requirements

Requirement 2(3)(a)

Non-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.

The Assessment Team found the service has processes in place for the assessment and planning of consumers. The assessment and planning processes include consideration of risks to the consumer's health, well-being and dignity of care. However, risks were found to not be effectively assessed at the service for consumers who have risks such as alcohol intoxication, use of psychoactive substances, non-compliance with prescribed medication, verbal and physical behaviours that have an impact on other consumers, non-compliance with the use of appropriate mobility aids and for consumers who drive motorised scooters at the service.

Care planning documentation demonstrate evidence of comprehensive assessment and planning for consumers sampled. Risk is screened on admission for consumers. However, risk assessment, the likelihood of the occurrence and risk mitigation strategies discussed with the consumer and/or representative could not be found for several consumer's risks.

Care plans show evidence that care staff follow the admission, assessment and care planning process at eight weeks after admission, at every three and six months and an annual review. These plans show evidence of review when changes occur to the consumer's circumstances or preferences.

In their response the Approved Provider submitted information to address the issues raised by the Assessment Team. The supporting documentation that was supplied by the Approved Provider does not adequately address the risk assessment, the likelihood of the occurrence and risk mitigation strategies discussed with the consumer and/or representative, associated with alcohol intoxication, use of psychoactive substances, non-compliance with prescribed medication, verbal and physical behaviours that have an impact on other consumers, non-compliance with the use of appropriate mobility aids and for consumers who drive motorised scooters.

STANDARD 2 NON-COMPLIANT

Ongoing assessment and planning with consumers

While I am satisfied that the Approved Provider has taken steps to address the issues raised by the Assessment Team and has provided documentation for the planning and assessment, I am not persuaded that they have provided information which adequately supports the compliance with this requirement at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that it adequately ensures that 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:

- (i) 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*
- (ii) 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-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:

2. 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 personal and clinical care for consumers. The team also examined relevant documents.

Most sampled consumers said they feel they receive personal care and clinical care that is safe and right for them and they feel staff are knowledgeable and capable in providing the personal and clinical care they need.

The service demonstrates effective management of consumer's skin integrity and wound management. Pain management strategies and clinical review of medications and treatments are in place to provide consumers with safe and effective care in line with clinical best practice.

Review of restrictive practices demonstrates consumers are receiving psychotropics for relevant diagnoses at the service and there is regular review by a medical officer. There are no physical or environmental restraints at the service.

However, whilst the service has a system to monitor risks and strategies based on policies and procedures to manage high impact and high prevalence risks associated with the care of each consumer, the Assessment Team found consumer risks have not been assessed and managed effectively at the service for high impact or high prevalence risks and this has resulted in a negative impact on other consumers at the service

STANDARD 3 NON-COMPLIANT

Personal care and clinical care

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:

- (i) is best practice; and*
- (ii) is tailored to their needs; and*
- (iii) 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 Assessment Team found that the service demonstrates it monitors and has strategies in place based on policies and procedures to manage high impact and high prevalence risks associated with the care of each consumer. However, the Assessment Team found consumer risks have not been assessed and managed effectively at the service and this has resulted in an impact on other consumers at the service.

The Assessment Team found that care planning documents for consumers sampled indicated falls and aggressive behaviours related to alcohol intoxication form the key risks for consumers.

Whilst the service has monitored and endeavoured to manage behavioural incidents, with referrals to external services, the service has not effectively adjusted its practice in relation to delivering effective management of the risks associated with some consumers.

These behaviours are having a negative impact on the mental health and well-being of other consumers and staff. Staff and consumers feel they may be at risk of physical harm. There is no evidence the service has effectively assessed the risks in relation to this behaviour.

In their response the Approved Provider submitted information to address the issues raised by the Assessment Team. The Approved Provider advised that they acknowledge the recent escalation of behaviours for a consumer who displays regular aggressive behaviours, however they have commenced managing this with a recent referral to a Treatment program. The Approved Provider disagrees with the Assessment Team report that states that the consumer has 'displayed regular

STANDARD 3 NON-COMPLIANT

Personal care and clinical care

aggressive behaviours towards staff and consumers', however this is conflicting to feedback received from staff and consumers at the site audit.

It was also identified that risk assessments had not been completed for several consumers, who had high prevalence risks of falls, these include a consumer who has had a significant number of falls over a six-month period. Other consumers, who were found to have regular falls, require risk assessments to address falls risk when using substances or alcohol, or when using a mobility scooter. It is acknowledged that the Provider is allowing the consumers to undertake activities of their preference, and whilst the Approved Provider has provided evidence of the signed Charter of Aged Care Rights, and NDIS assessment, this does not absolve the Provider from undertaking risk assessments and putting in place various measures to prevent further falls from occurring.

While I am satisfied that the Approved Provider has taken steps to address the issues raised by the Assessment Team by providing documentation, and is undertaking work to address some behavioural concerns, I am not persuaded that they have provided information which supports the compliance with this requirement at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that it adequately ensures 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.

STANDARD 3 NON-COMPLIANT

Personal care and clinical care

Requirement 3(3)(g)

Compliant

Minimisation of infection related risks through implementing:

- (i) standard and transmission based precautions to prevent and control infection; and*
- (ii) 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 support 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:

2. 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 team also examined relevant documents.

All sampled consumers said they receive the services and supports for daily living that are important for their health and well-being that enable them to do the things they want to do.

For example:

- Consumers interviewed said they are supported to optimise their independence, health, wellbeing and quality of life.
- Consumers sampled confirmed they are supported by the service to do the things they like to do. As a result of COVID-19 community activities have been impacted. However, substitutes to support the interests of consumers were considered.
- Consumers said they are supported to keep in touch with the people who are important to them.
- Feedback from consumers and representatives interviewed included that meals provided were of a suitable quality, variety, and quantity.
- The service demonstrated they are providing spiritual and emotional care for consumers.

STANDARD 4 COMPLIANT

Services and supports for daily living

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:

- (i) participate in their community within and outside the organisation's service environment; and*
- (ii) have social and personal relationships; and*
- (iii) 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:

2. 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 team also examined relevant documents.

Sampled consumers said they feel the service is their home. Consumers said they feel safe, belong and feel comfortable in the service environment.

For example:

- Consumers interviewed said the service was their home.
- All consumers loved how their home was new, modern and clean, with their own ensuite and whatever personal effects they liked in their bedrooms.

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.

STANDARD 5 COMPLIANT

Organisation's service environment

Requirement 5(3)(b)

Compliant

The service environment:

- (i) is safe, clean, well maintained and comfortable; and*
- (ii) 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

Feedback and complaints

NON-COMPLIANT

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:

2. 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 team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

The Assessment Team found that overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

All consumers interviewed felt able and safe to make complaints and provide feedback to the service. Consumers were able to provide examples of changes made at the service in response to complaints and feedback.

However, consumers and staff were not aware of advocacy services or how to make a complaint if they felt uncomfortable raising concerns with staff at the service.

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

STANDARD 6 NON-COMPLIANT

Feedback and complaints

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)

Non-compliant

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

The Assessment Team found while consumers stated they feel comfortable in discussing their concerns with the staff and management team, the Team identified that some consumers and staff were not aware of advocacy services or how to make a complaint through an advocacy service, if they felt uncomfortable raising concerns with staff at the service. However, all consumers said they felt supported by the staff and management team to raise their concerns and especially with the pastoral care team.

Staff members were able to demonstrate how they support consumers with difficulty communicating to provide feedback or make complaints.

In their response the Approved Provider submitted information to address the issues raised by the Assessment Team. The Approved Provider advised that there are complaints and advocacy brochures available at the service and this information is also included in the admission pack. Complaints can be made anonymously through the feedback brochures, help lines and also through their online forms. Throughout the pandemic, the service communicated with consumers and their families regularly via email and each correspondence had a contact email and telephone number that could be called for further information. This communication included mechanisms to provide feedback externally and information about how to access advocacy services like the Older Persons Advocacy Network (OPAN).

While I am satisfied that the Approved Provider has taken steps to address the issues raised by the Assessment Team since the site audit and recognises that more can be done to support consumers to access interpreter and advocacy services, including, arranging OPAN to visit the service and meet with consumers, representatives and staff and implementing training for all staff on advocacy services. I am not persuaded that the Provider compliant with this requirement at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate at the time of the site audit that consumers are made aware

STANDARD 6 NON-COMPLIANT

Feedback and complaints

of and have the necessary knowledge of advocates or how to access 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

Human resources

COMPLIANT

Consumer outcome:

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

Organisation statement:

2. 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.

The Assessment Team found that overall sampled consumers and representatives said quality care and services were delivered when they need them and from people who are capable, caring and knowledgeable.

For example:

- Representatives said they felt staff were kind, caring and respectful.
- Consumers said the staff were very capable and able to do all that was needed in the apartments for consumers.
- Consumers talked about the staff and consumers as being one big family.

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.

STANDARD 7 COMPLIANT

Human resources

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 Organisational governance

NON-COMPLIANT

Consumer outcome:

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

Organisation statement:

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

Assessment of Standard 8

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

The Assessment Team found that all sampled consumers and representatives felt the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

- Consumers said staff were very kind, caring, capable and always calm while juggling complex needs.
- Consumers felt comfortable to make a complaint, raise a problem and provide feedback with staff and/or management.
- Representatives said they were well informed about the care their consumer received.
- Consumers and representatives were very grateful of the volunteers who gave of their time to support consumers at the service.

However, the Assessment Team found that whilst the organisation had effective risk systems and practices in place, significant risks for consumers have not been effectively managed.

STANDARD 8 NON-COMPLIANT

Organisational governance

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

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:

- (i) information management;*
- (ii) continuous improvement;*
- (iii) financial governance;*
- (iv) workforce governance, including the assignment of clear responsibilities and accountabilities;*
- (v) regulatory compliance;*
- (vi) feedback and complaints.*

Requirement 8(3)(d)

Non-compliant

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

- (i) managing high impact or high prevalence risks associated with the care of consumers;*
- (ii) identifying and responding to abuse and neglect of consumers;*
- (iii) supporting consumers to live the best life they can.*

The Assessment Team found that whilst the organisation had effective risk systems and practices in place these were not implemented effectively at the service. Significant risks for consumers have not been effectively assessed. Whilst it is acknowledged the service enables the consumers to live the best life that they can, some behavioural concerns are found to be impacting on several other consumers in the service every day and this has not been effectively managed to the satisfaction of consumers. Risk assessments have not been completed at the service for a number

STANDARD 8 NON-COMPLIANT

Organisational governance

of consumers. The impact of these risks on consumers, and other consumers at the service, are found to have not been managed effectively.

In their response the Approved Provider submitted information to address the issues raised by the Assessment Team. The Approved Provider advised that their response to the Site Audit Report has provided clear information about how they are managing the areas raised as a concern, and identified several examples where the Assessment Team had spoken of areas of risk that had been addressed, however as outlined earlier in this report, not all risks are managed effectively for high impact or high prevalence risks associated with the care of each consumer. These risks include behavioural concerns; non-compliance with prescribed medications; risk assessment of driving a scooter; risks associated with the use of psychoactive substances; risk assessments of consumers with beds against walls; high prevalence of falls for consumers not using mobility aids and risks to consumers for alcohol intoxication at the service.

While I am satisfied that the Approved Provider has taken steps to address the issues raised by the Assessment Team and provided documentation to support some examples, I am not persuaded that they have provided information which supports the compliance with this requirement at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that it adequately ensures that it has effective risk management systems and practices to manage high impact or high prevalence risks.

Requirement 8(3)(e)

Compliant

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

- (i) antimicrobial stewardship;*
- (ii) minimising the use of restraint;*
- (iii) 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.

Three of the four Quality Standards requirements 2(3)(a), 3(3)(b) and 8(3)(d) that have been found to be non-compliant are associated with the service not effectively assessing or managing risk, although the Approved Provider is addressing some of these concerns, there are still some requirements, which should be managed for the safety of the consumers.

Requirement 2(3)(a)

Non-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.

Required improvements

The Approved Provider must demonstrate that:

- Risk Assessments are reviewed, discussed and updated with all consumers/representatives indicating the likelihood of the occurrence, and the risk mitigation strategies.
- Risks are effectively assessed for consumers who identify with alcohol or psychoactive substances, non-compliance with prescribed medication, verbal and physical behaviours that have an impact on other consumers, non-compliance with the use of appropriate mobility aids and for consumers who drive motorised scooters at the service.
- There is consideration of risks and the impact on all consumers health and wellbeing, with behaviours of concern.

Requirement 3(3)(b)

Non-compliant

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

Required improvements

The Approved Provider must demonstrate that:

- Risk assessments are completed for all consumers particularly those with high impact or high prevalence risks i.e. falls, intoxication or substance abuse.



- Consumers/representatives are informed of consequences of consumers not adhering to mitigation strategies of risk assessments.

Requirement 6(3)(b)

Non-compliant

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

Required improvements

The Approved Provider must demonstrate that:

- Staff members support consumers with difficulty communicating to provide feedback or make complaints.
- Staff and consumers/representatives are aware of advocacy services and confident to make a complaint or access an advocacy service.
- Consumers/representatives are able to access interpreter services.

Requirement 8(3)(d)

Non-compliant

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

- (iv) *managing high impact or high prevalence risks associated with the care of consumers;*
- (v) *identifying and responding to abuse and neglect of consumers;*
- (vi) *supporting consumers to live the best life they can.*

Required improvements

The Approved Provider must demonstrate that:

- Risks are appropriately managed at the service, identifying and responding to the risk of abuse.
- Other improvements required are noted above in requirements 2(3)(a), 3(3)(b).