



# Performance Report

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<b>Name of service:</b>	Stanmore Place Care Community
<b>Service address:</b>	66 Cambridge Street STANMORE NSW 2048
<b>Commission ID:</b>	2524
<b>Approved provider:</b>	DPG Services Pty Ltd
<b>Activity type:</b>	Site Audit
<b>Activity date:</b>	20 June 2023 to 22 June 2023
<b>Performance report date:</b>	19 September 2023

This performance report **is published** on the Aged Care Quality and Safety Commission's (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

## This performance report

This performance report for Stanmore Place Care Community (**the service**) has been prepared by K Peddie, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)<sup>1</sup>.

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

## Material relied on

The following information has been considered in preparing the 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 responses to the assessment team's report received 20 July 2023 and 31 August 2023.

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<sup>1</sup> The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018.

## Assessment summary

	Compliant
<b>Standard 2</b> Ongoing assessment and planning with consumers	<b>Compliant</b>
<b>Standard 3</b> Personal care and clinical care	<b>Compliant</b>
<b>Standard 4</b> Services and supports for daily living	<b>Compliant</b>
<b>Standard 5</b> Organisation's service environment	<b>Compliant</b>
<b>Standard 6</b> Feedback and complaints	<b>Compliant</b>
<b>Standard 7</b> Human resources	<b>Compliant</b>
<b>Standard 8</b> Organisational governance	<b>Compliant</b>

A detailed assessment is provided later in this report for each assessed Standard.

## Areas for improvement

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

## Standard 1

Consumer dignity and choice		
Requirement 1(3)(a)	Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.	Compliant
Requirement 1(3)(b)	Care and services are culturally safe	Compliant
Requirement 1(3)(c)	Each consumer is supported to exercise choice and independence, including to: <ul style="list-style-type: none"> <li>(i) make decisions about their own care and the way care and services are delivered; and</li> <li>(ii) make decisions about when family, friends, carers or others should be involved in their care; and</li> <li>(iii) communicate their decisions; and</li> <li>(iv) make connections with others and maintain relationships of choice, including intimate relationships.</li> </ul>	Compliant
Requirement 1(3)(d)	Each consumer is supported to take risks to enable them to live the best life they can.	Compliant
Requirement 1(3)(e)	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.	Compliant
Requirement 1(3)(f)	Each consumer's privacy is respected and personal information is kept confidential.	Compliant

### Findings


This Quality Standard is compliant as all requirements have been assessed as compliant.

Consumers and representatives feel staff always treat consumers with dignity and respect and consumers feel valued as an individual. Staff and management speak about consumers in a dignified manner and describe how they treat consumers with respect by acknowledging their choices and making an effort to understand their background, life history and personal preferences. Care planning documentation reflects consumers' cultural background and individual preferences, and the service's policies demonstrate a commitment to respecting the culture and identity of consumers throughout the service.

Consumers and their representatives confirm the service recognises and respects the diverse cultural backgrounds of consumers and provides care consistent with their cultural traditions and preferences. Staff are able to explain how consumers receive culturally safe care in alignment with their care plan and preferences. Staff and management also demonstrate how the service's activities calendar and menu is catered towards the diverse cultural preferences of consumers at the service. The service demonstrates care and services are culturally safe.

Consumers and representatives said consumers are given choices about how and when care is provided, and consumers' choices are respected by staff. Staff interviewed are able to describe how they support consumers to make choices, maintain their independence and engage in relationships of their choosing. Care planning documentation identified consumers' individual





choices pertaining to how and when care is delivered, who is involved in their care, and how the service supports them in maintaining the relationships that are important to them.

Consumers and representatives described how the service supports consumers to take risks. Staff and management demonstrate they are aware of the risks taken by consumers, confirmed they support consumers to take risks and also demonstrate they are committed to ensuring that these risks are managed appropriately. Care planning documentation supports consumers to continue risk taking activities. The service demonstrates consumers are supported to take risks to enable them to exercise their independence and live the life they choose.

Consumers and representatives confirm they are kept informed through printed information and verbal reminders. Staff and management can describe the ways in which information is provided to consumers in line with their needs and preferences. The service demonstrates it provides consumers and representatives information regarding care and services in a timely, clear and easy to understand manner to enable them to make informed choices.

Consumers feel the service respects their privacy. Staff and management can describe the practical ways they respect the personal privacy of consumers at the service. The assessment team observed the service has protocols in place to protect consumer privacy and confidentiality. The service demonstrates each consumer's privacy is respected, and personal information is kept confidential.

## Standard 2

Ongoing assessment and planning with consumers		
Requirement 2(3)(a)	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.	Compliant
Requirement 2(3)(b)	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.	Compliant
Requirement 2(3)(c)	<p>The organisation demonstrates that assessment and planning:</p> <ul style="list-style-type: none"> <li>(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</li> <li>(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.</li> </ul>	Compliant
Requirement 2(3)(d)	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.	Compliant
Requirement 2(3)(e)	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.	Compliant


### Findings

This Quality Standard is compliant as all requirements have been assessed as compliant.

Consumers and representatives express satisfaction with the care planning and assessment processes at the service. Care planning documentation demonstrates assessment and planning considers risks to consumer health and well-being and informs the delivery of safe and effective care and services. Management can describe the care planning processes in detail, and how it informs the delivery of care and services. The service has documented staff guidelines about ongoing assessment and care planning with consumers and their representatives.

Consumers and representatives said staff involve them in the assessment and planning of the care for the consumer through regular conversations with clinical staff or management during admission, during care plan reviews and when circumstances change. The service demonstrates care planning documentation identifies and addresses consumers' current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes. Staff can describe how the service ensures assessment and planning reflect consumers' current preferences.

Consumers and representatives can identify who is involved in consumer care, including internal and external healthcare providers. Care planning documentation evidences regular reviews and evaluation, and involvement of a range of external health providers and services such as medical officers, allied health professionals and specialists. Staff described systems that enable consumers, their representatives and other providers of care to be involved in the



ongoing review of care planning to ensure quality of care is provided. The service has documented staff guidance and procedures about ongoing care planning evaluation with consumers and representatives, and other healthcare services.

Consumers and representatives confirm they are involved if changes are made to a consumer's care and services plan. The service demonstrates the outcomes of assessment and planning are effectively communicated to the consumer and representatives and documented in a care and services plan that is readily available to the consumer and to those who are involved in their care. Clinical staff explained how they update families who regularly visit in person, and contact families over the telephone or by email.

Consumers and representatives said clinical staff regularly discuss consumer care needs with them, and any changes requested are addressed in a timely manner. Care planning documentation evidences review on both a regular basis and when circumstances change, such as if a consumer's condition deteriorates or incidents occur including where a consumer experiences an infection, has a fall or change to skin integrity. Management and staff can describe how and when consumer care plans are reviewed. The service has documents to guide staff in the review of care planning documents and post-incident procedures.

## Standard 3

Personal care and clinical care		
Requirement 3(3)(a)	Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: <ul style="list-style-type: none"> <li>(i) is best practice; and</li> <li>(ii) is tailored to their needs; and</li> <li>(iii) optimises their health and well-being.</li> </ul>	Compliant
Requirement 3(3)(b)	Effective management of high impact or high prevalence risks associated with the care of each consumer.	Compliant
Requirement 3(3)(c)	The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.	Compliant
Requirement 3(3)(d)	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.	Compliant
Requirement 3(3)(e)	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.	Compliant
Requirement 3(3)(f)	Timely and appropriate referrals to individuals, other organisations and providers of other care and services.	Compliant
Requirement 3(3)(g)	Minimisation of infection related risks through implementing: <ul style="list-style-type: none"> <li>(i) standard and transmission based precautions to prevent and control infection; and</li> <li>(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.</li> </ul>	Compliant


## Findings

This Quality Standard is compliant as all requirements have been assessed as compliant.

Consumers and representatives said consumers receive care that is safe and right for them and meets consumer's individual needs and preferences. Consumer files, including care plans, progress notes, medication use, and monitoring charts reflect individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. Management and staff can describe how they know the care they provide is safe and effective. The service has policies, procedures, and work instructions for key areas of care including restrictive practices, wound management, and pain management, that reflect best practice.

The assessment team found the service was not able to demonstrate that identified high-impact and high-prevalence risks are effectively managed through implementation of risk mitigation strategies for individual consumers. Five consumers said they did not feel the service is effectively providing behaviour support for one consumer. However, the assessment team advised management can describe the high-impact and high-prevalence risks for consumers at





the service and have taken action to address the behaviour support need for the consumer that impacted on other consumers.

The approved provider in their response provided further evidence on how they manage high impact and high prevalence risks at the service and the individualised behaviour support provided for the consumer identified. Management provided evidence to show their engagement with the five consumers individually to discuss their concerns, seek further feedback and offer support. Evidence was also provided of broader engagement with consumers across the service to seek feedback and provide opportunity for individualised follow-up discussions where needed.


I have considered the evidence presented by both the assessment team and the approved provider. The service is providing individualised behaviour support to the consumer identified in the assessment team report, using a range of individualised non-pharmacological strategies. The service is also engaging with consumers who raised concerns about behaviour support to monitor any impact for those consumers, and any support required. In addition, the service is more broadly engaging with other consumers in the service and no other concerns have been identified about the provision of behaviour support. I am satisfied the organisation demonstrates the effective management of high impact or high prevalence risks associated with the care of each consumer at the service. Based on the evidence and reasons details above I find the service is compliant in Requirement 3(3)(b).

Consumers and representatives expressed satisfaction about how the service provides care to consumers nearing end of life. The service demonstrates that the needs, goals and preferences of consumers nearing end of life are recognised and addressed, their comfort maximised and their dignity preserved. Care planning documentation includes an advance care plan where the consumer wishes and evidenced discussions with representatives regarding palliative care. Staff described how they approach conversations around end of life and how they care for end of life consumers through regular repositioning, hygiene and comfort care, pain management, and emotional support.

Consumers and representatives said the service recognises and responds to changes in condition in a suitable and timely manner. The service demonstrates changes in a consumer's capacity or condition is recognised and responded to in a timely manner. Care planning documentation and progress notes record the identification of, and response to, deterioration or changes in a consumer's condition. Clinical and care staff described how they monitor signs, changes or deterioration from consumers, and describe a range of signs related to deterioration. Management and clinical staff explained how deterioration would be discussed during handovers, staff meetings, initiate a general practitioner review, hospital transfer if needed and a subsequent review of care planning documentation.

Consumers and representatives said the consumer's care needs and preferences are effectively communicated between staff, and consumers receive the care they need. The service demonstrates information about the consumer's condition, needs and preferences is documented and effectively communicated with those involved in the care of consumers. Care planning and handover documentation provides information to support effective and appropriate sharing of the consumer's information to support care. Clinical and care staff described and were observed in communication and handover processes sharing information about consumer care needs in a confidential manner.

Consumers and representatives said referrals are timely, appropriate and occur when needed. Care planning documentation and progress notes from consumers evidenced input of others and referrals where needed such as clinical and medical specialists and allied health practitioners. Management, staff and the physiotherapist described the service's referral



processes, including notification to physiotherapist when a consumer has a fall. Staff were able to provide examples of consumers who were referred to individuals, organisations and other providers of care to provide value to a consumer's care.

Consumers and representatives expressed satisfaction with the service's management to recent outbreaks, and infection prevention and control precautions and procedures. Consumers and representatives commended staff on their frequent use of personal protective equipment and hand hygiene, consistent with the assessment team's observations. The service demonstrates preparedness in the event of an infectious outbreak, including for a COVID-19 outbreak, and best practice antibiotic practices. An outbreak management plan supports the service's preparedness in the event of an infection control outbreak with the assistance of an appointed infection prevention and control lead.

## Standard 4

Services and supports for daily living		
Requirement 4(3)(a)	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.	Compliant
Requirement 4(3)(b)	Services and supports for daily living promote each consumer's emotional, spiritual and psychological well-being.	Compliant
Requirement 4(3)(c)	Services and supports for daily living assist each consumer to: <ul style="list-style-type: none"> <li>(i) participate in their community within and outside the organisation's service environment; and</li> <li>(ii) have social and personal relationships; and</li> <li>(iii) do the things of interest to them.</li> </ul>	Compliant
Requirement 4(3)(d)	Information about the consumer's condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.	Compliant
Requirement 4(3)(e)	Timely and appropriate referrals to individuals, other organisations and providers of other care and services.	Compliant
Requirement 4(3)(f)	Where meals are provided, they are varied and of suitable quality and quantity.	Compliant
Requirement 4(3)(g)	Where equipment is provided, it is safe, suitable, clean and well maintained.	Compliant


### Findings

This Quality Standard is compliant as all requirements have been assessed as compliant.

Consumers and representatives advised they are supported to participate in activities they like, and they are provided with appropriate support to optimise their independence and quality of life. Lifestyle staff explained how they partner with consumers to conduct a lifestyle assessment upon admission, which collects the consumer's individual preferences, including likes, dislikes, interests, and social, emotional, cultural and spiritual needs. Staff can explain what is important to consumers and what they like to do, and this aligns with information within the consumer's care plan.

Consumers described how the service promotes their emotional, spiritual and psychological well-being. Staff described how they support consumers emotional and spiritual needs. Care planning documentation includes information on consumers' emotional, spiritual, and psychological well-being needs, goals and preferences. The activity schedule evidenced activities to support the emotional, spiritual, and psychological well-being of consumers, including religious services and reminiscing.

Consumers said they felt supported to participate in activities within the service and in the outside community as they choose. The service enables consumers to maintain social and personal connections that are important to them. Staff provided examples of consumers who are supported to maintain their relationships, both inside and outside of the service. Care



planning documentation identifies the people important to individual consumers and the activities of interest to each consumer.

Consumers and representatives said information about the consumer's conditions, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. Staff said they communicate and document changes and provide updates at shift handovers attended by staff at the service. Care planning documentation provides information to support safe and effective care as it relates to services and supports for daily living.

Consumers and representatives said they are supported as needed by other organisations, support services and providers of other care and services. Care planning documentation identified referral to other organisations and services. Staff can describe other individuals, organisations and providers of other care and services available and specific consumers who utilise these services.

Consumers and representatives expressed satisfaction with the quality, quantity, and variety of meals provided at the service and said they can provide feedback and comments on the food, which are acted upon. Staff describe how they ensure consumer choices are supported and arrange alternatives if the consumer wishes. Documentation is available that describes the dietary needs and preferences of consumers.

Consumers and representatives report having access to equipment, including mobility aids and shower chairs to assist consumers with their daily living activities. The service demonstrates where equipment is provided to consumers, it is safe, clean and well maintained. Staff can describe how equipment is kept safe, clean and well maintained.

## Standard 5

Organisation's service environment		
Requirement 5(3)(a)	The service environment is welcoming and easy to understand, and optimises each consumer's sense of belonging, independence, interaction and function.	Compliant
Requirement 5(3)(b)	The service environment: (i) is safe, clean, well maintained and comfortable; and (ii) enables consumers to move freely, both indoors and outdoors.	Compliant
Requirement 5(3)(c)	Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.	Compliant

### Findings

This Quality Standard is compliant as all requirements have been assessed as compliant.

Consumers and representatives said, and the assessment team observed, that the service environment is welcoming and easy to understand. Management and staff are able to describe features of the service that help each consumer to feel welcome and optimise their sense of belonging, independence, interaction, and function.

Consumers and representatives said the service environment is safe, clean, and well-maintained and allows consumers to move around freely as they wish. The service can demonstrate it is safe, clean, and well-maintained and consumers were able to move freely, both indoors and outdoors. Staff can describe how the service environment is cleaned and maintained in accordance with a cleaning schedule.

Consumers advised and the assessment team observed that equipment and fittings were cleaned and maintained regularly. The service is able to demonstrate furniture, fittings and equipment are safe and well maintained. Staff describe their role and the processes for cleaning and maintaining personal equipment, furniture, and fittings in the service and how these items are made suitable for each consumer.



## Standard 6

Feedback and complaints		
Requirement 6(3)(a)	Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.	Compliant
Requirement 6(3)(b)	Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.	Compliant
Requirement 6(3)(c)	Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.	Compliant
Requirement 6(3)(d)	Feedback and complaints are reviewed and used to improve the quality of care and services.	Compliant

### Findings


This Quality Standard is compliant as all requirements have been assessed as compliant.

Consumers and representatives understand how to give feedback and make complaints. The service demonstrates consumers and their representatives are supported to provide feedback and complaints. Management and staff can describe how they support consumers to provide feedback and make complaints through various systems such as the service's feedback forms, consumer meetings and verbally to staff. The service's complaints policy indicated the service's commitment to responding to feedback and complaints when they arise from consumers.

Most consumers and representatives said they are aware of, and have access to, advocacy services, language translation services and other methods for raising and resolving complaints. While two consumers said they were not familiar with advocacy and external complaints services, these consumers explained they did not have complaints to raise and would feel comfortable raising concerns with staff directly if they did. Management and staff can describe the information on advocacy and interpreter services available throughout the service, and the assessment team observed brochures to be available in a variety of different languages for consumers with linguistically diverse backgrounds. Documentation and observations show the service is actively promoting advocacy and interpreter services where required.

The assessment team found most consumers and representatives said the service takes appropriate actions in response to complaints and follows a process of open disclosure when concerns are raised or an incident has occurred. Staff and management demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer and their representatives and maintain a transparent approach in the event of something going wrong in the delivery of care and services. One consumer, however, explained that while the service usually responds to complaints appropriately, a lack of action in response to one particular complaint they have raised several times has made them lose confidence in the service's complaints approach.

The approved provider in their response provided further evidence of the engagement they had with the consumer about their complaint and the actions that had been taken in response to address the concerns. The approved provider demonstrated records of the complaints made, investigation of the issues and the outcome of each complaint including discussion with the consumer on the outcome.



I have considered the evidence presented by both the assessment team and the approved provider. The service is taking action in response to complaints and using an open disclosure process. The approved provider was able to show for one consumer who raised a concern about their complaints, how the complaints are recorded, investigated and the action taken in response, including further discussion with the consumer. I am satisfied the organisation demonstrates there are processes to address feedback and complaints, take appropriate action and involve the consumer in the process. Based on the evidence and reasons details above I find the service is compliant in Requirement 6(3)(c).

The service demonstrates feedback and complaints are regularly reviewed and used to improve the quality of care and services. Management and staff described complaints and the actions taken in response and explained how feedback and complaints have been used to inform continuous improvement across the service. The service demonstrates it maintains a system and procedure for receiving, monitoring and actioning feedback from consumers and their representatives.

## Standard 7

Human resources		
Requirement 7(3)(a)	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.	Compliant
Requirement 7(3)(b)	Workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity.	Compliant
Requirement 7(3)(c)	The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.	Compliant
Requirement 7(3)(d)	The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.	Compliant
Requirement 7(3)(e)	Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.	Compliant

### Findings

This Quality Standard is compliant as all requirements have been assessed as compliant.


Consumers and representatives said there is a sufficient number of staff at the service. Whilst one consumer said they sometimes have to wait longer than they would like for a call bell they did not feel this has any impact on their care. The service demonstrates there are adequate staffing levels and mixes of staff to meet the needs of consumers. Management provided evidence care needs are responded to in a timely manner. Management and staff described how the service ensures there are enough staff to provide safe and quality care, including through the usage of agency staff where shortfalls in staff due to unplanned leave arise.

Consumers and representatives said staff are kind, caring and gentle when providing care. The service demonstrates interactions between the workforce and consumers are kind, caring and respectful of each consumer's identity, culture and diversity. Staff were observed greeting consumers by their preferred name and demonstrated they are familiar with each consumer's individual needs and identity.

Consumers and representatives said staff perform their duties effectively and they are confident staff are sufficiently skilled to meet consumer care needs. Staff said they are confident the training they received has equipped them with the knowledge and skills to appropriately perform their roles. Position descriptions outline key competencies and qualifications required for each role, and staff have the relevant qualifications and registrations to perform their job.

Consumers and representatives believe staff are equipped to ensure the delivery of safe and quality care and services as required by the Aged Care Quality Standards. Management said there is mandatory annual refresher training which is to be completed by all staff, and toolbox training available for staff where further training is required. Staff interviewed said the service provides mandatory and supplementary training to support them to provide quality care.

The service regularly assesses, monitors, and reviews the performance of each staff member. Documentation demonstrates the service reviews staff performance annually and more regularly



when required. All staff appraisals have been completed, and staff are able to describe the performance review process and explain how their performance is monitored.

## Standard 8

Organisational governance		
Requirement 8(3)(a)	Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.	Compliant
Requirement 8(3)(b)	The organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.	Compliant
Requirement 8(3)(c)	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.	Compliant
Requirement 8(3)(d)	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 (iv) managing and preventing incidents, including the use of an incident management system.	Compliant
Requirement 8(3)(e)	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.	Compliant


### Findings

This Quality Standard is compliant as all requirements have been assessed as compliant.

Consumers and representatives expressed satisfaction in the management of the service and their involvement in the development, delivery and evaluation of care and services. Consumers and representatives are actively engaged in the development, delivery and evaluation of care and services. Staff and management can recall a variety of mechanisms to ensure consumers provide input and make their own decisions about the care and services provided to them. Review of the service's feedback mechanisms demonstrates suggestions are followed up by staff and the information is used to plan and implement service improvements.

The organisation has frameworks and policies that support the governing body's promotion of a culture of safe, inclusive and quality care and services, and the organisation's governing body is accountable for care and service delivery. Management is able to describe how the





organisational structure facilitates sufficient governance oversight and the delivery of quality care and services across the service.

There are organisation-wide governance systems related to informational management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff in the service confirmed they can easily access the information they need to perform their roles which includes care planning documentation, the risk management system for incident reports and their online portal which provides access to training, policies and procedures. The service's continuous improvement plan includes continuous improvement identified through various mechanisms such as feedback and complaints, consumer meetings, internal audits by the national clinical services and quality team, clinical indicators, staff feedback and informal conversations. The Board oversee the financial governance of the service to ensure the finances required to deliver safe and quality care at services at the service. Workforce is governed with arrangements to ensure the service has a workforce that is sufficient, skilled and qualified to provide safe and quality care and services. Regulatory compliance is carefully monitored and communicated to the service by the governing body in a timely manner, with regulatory updates provided to management weekly from head office. Feedback and complaints are supported with procedural guidance and tools to ensure that complaints are encouraged, investigated, actioned and used to drive continuous improvement.

The assessment team found the organisational risk management system and practices are in place at the service for the management of high-impact high-prevalence risks, identifying and responding to abuse and neglect, and supporting consumers to live the best life they can. The assessment team raised while the service has an incident management system in place, including a serious incident response policy and guidelines there were two incidents where reporting to the Commission's serious incident response scheme reporting requirements did not appear to be met.

The approved provider in their response provided further evidence to show that for one incident the reporting to the Commission had occurred as required and within the required timeframe. For the other incident the approved provider acknowledges that reporting did not occur within the required timeframe and remedial actions have been completed to minimise a reoccurrence of late reporting. I have considered that while the service did not report one incident to the Commission's serious incident response scheme within the required timeframe this was due to an individual not completing the organisation's process. I have found there is an organisational risk management system in use at the service and this does include managing and preventing incidents and use of an incident management system that enables incidents to be identified, responded and notified to the Commission as required. Information on incidents is reported to the Board and is used to improve performance and ensure the delivery of safe and quality care and services. Based on the evidence and reasons details above I find the service is compliant in Requirement 8(3)(d).

The organisation has a clinical governance framework that guides the clinical care at the service. The clinical governance framework includes antimicrobial stewardship, which is guided by a policy and procedure and overseen by the organisation's infection prevention and control consultant, minimising the use of restraint, which is supported through a policy, education, monitoring of practice in the service and reporting through clinical data, and open disclosure which has a policy, regular staff training, and is reported on through governance reporting arrangements.