Aegis Hermitage

Performance Report

5 Cottage Close
ELLENBROOK WA 6069
Phone number: 08 9297 0222

**Commission ID:** 7328

**Provider name:** Aegis Aged Care Group Pty Ltd

**Site Audit date:** 1 February 2022 to 3 February 2022

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

# Performance report prepared by

Stewart Brumm, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

The 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.
* Infection control monitoring checklist

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Assessment Team observed that consumers are treated with dignity and respect, their culture is valued, they can make informed choices about the care and services they receive, as well as live the life they choose. Further, consumers and/or their representatives are provided with information that is current, accurate and timely, thereby supporting them to make choices regarding personal and clinical care, food options and lifestyle activities. The Assessment Team’s observations were confirmed by most interviewed consumers.

The approved provider has policies and procedures which guide staff with respect to consumer diversity, which is particularly important, given the range of cultures that exist amongst consumers residing at the service. The Assessment Team observed clinical, therapeutic and care staff using innovative techniques to communicate with consumers in a supportive way, including the use of body language, communication cards and identifying staff members who speak the same first language as non-English speaking consumers, as someone with whom they can regularly converse.

The Assessment Team noted that consumers’ electronic care records include information about the individual in general, their life history and their cultural background and preferences. Staff familiarise themselves with consumers’ care plans and were observed throughout the site audit to have a genuine knowledge of individual’s backgrounds, needs and preferences and therefore, care was delivered in way which respects consumers’ dignity.

The approved provider demonstrated that consumers exercise choice and independence, including being supported to make decisions about their own care and services and the way in which they are delivered, as well as when family and friends should be involved in their care. Overall, consumers are supported to communicate their decisions, maintain connections with other people and where relevant, this includes intimate relationships.

Consumers’ care plans identify their needs and preferences and where risks were identified, risk assessments have been completed. Consumers interviewed stated they can make decisions about how they wish to live their life, following which discussions occur and actions taken to mitigate and/or minimise the risk associated with the consumer’s choices. The Assessment Team viewed completed consumer risk assessments which were signed by all relevant parties.

The approved provider demonstrated that consumers’ privacy is respected and personal information is kept confidential, as evidenced by staff announcing themselves before entering consumers’ rooms, as well as through secure nursing stations and a password-protected electronic care record system.

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

The approved provider conducts a comprehensive assessment of consumers’ personal and clinical needs upon entry to the service, which includes documenting their individual preferences in care plans. Consumers are supported to make their own decisions regarding the care they receive and when risk is involved, these decisions are underpinned by a risk assessment which helps inform the delivery of safe and effective care and services. Consumers’ representatives provide input throughout the spectrum of care planning and review, which can include end of life planning if the consumer wishes.

The Assessment Team viewed comprehensive care plans which make clear that consumers and/or their representatives are involved in the assessment, planning and review of consumers’ care and services. Care plans further showed that health professionals, including speech pathologists and specialist nurses, as well as condition-specific support organisations, are engaged for assistance and management strategies when required.

The approved provider demonstrated that the outcomes of assessment and planning are discussed with the consumer and/or their representative, which includes providing them a copy of the care plan. Staff access consumers’ care plans via portable, electronic devices and the Assessment Team observed there are enough devices for all staff.

The approved provider demonstrated that care and services are reviewed regularly by clinical and allied health staff. Reviews take place monthly, annually and when a consumer’s health needs change or an incident occurs. Interviewed consumer representatives state that the service’s management will contact them when there is a change to a consumer’s condition, or if an incident has occurred, so that the consumer’s needs can be discussed.

The Assessment Team viewed consumer files which confirmed referrals are made to other healthcare providers to review individuals’ conditions, which may include the involvement of medical practitioners, nurse practitioners, dieticians, wound care specialists, dentists and physiotherapists. Care plans are updated in consultation with the consumer and/or their representative and according to recommendations made by treatment teams.

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

The approved provider demonstrated that consumers receive safe and effective personal and clinical care that is tailored to their needs. Consumers’ needs are comprehensively assessed upon entry to the service and regularly thereafter. Clinical nurse managers monitor clinical care and refer consumers to specialist and other health services when required. Interviewed consumers confirmed that their individual needs are met by staff or external healthcare providers and the service follows policies and procedures which support the delivery of safe and effective care.

The approved provider effectively manages high impact or high prevalence clinical risks by completing assessments for each consumer, following which a care plan is developed that informs staff of consumers’ individual needs and minimises risks, such as falls, skin injuries, wounds, weight loss and medication management. Consumers who wish to undertake risk spend time with clinical staff to discuss the risk and the possible consequences of those risks. When consumers decide to accept the risk associated with their choices, consent forms are signed by all relevant parties.

The approved provider has systems in place to monitor and review the risk to consumers whose decisions may place their clinical safety in a vulnerable position. The Assessment Team viewed consumers’ care plans which confirmed that risk assessments are conducted for those wishing to take risks and interventions are in place to mitigate the risks associated with their choices.

The approved provider demonstrated that the needs and preferences of consumers nearing the end of life are documented and their comfort and dignity maintained. Consumers and/or their representatives are offered the opportunity to discuss and record consumers’ end of life wishes upon entry to the service, at a family conference or when they are nearing the end of life. Consumers’ wishes are documented in an advance care directive and a palliative care management plan is developed, which guides staff who care for consumers during this time. Staff are trained in the delivery of palliative care and a review of consumers’ records confirmed that advance care directives are in place, as per consumers’ wishes.

Consumers are monitored and reviewed by clinical and registered staff for changes to their clinical, cognitive or mental health status. The approved provider has procedures which guide staff with responsibility for recognising and responding to changes in consumers’ conditions in a timely manner. The Assessment Team reviewed documentation which confirmed that consumers are reviewed monthly by registered staff to identify changes in their condition that may lead to clinical deterioration, including skin integrity, pain management and behavioural changes.

Information regarding consumers’ health, their specific needs and preferences is documented and shared within the service, as well as with other healthcare providers when required. Consumers’ information is communicated to staff during handover meetings held at the commencement of each shift. Further, staff follow consumers’ care plans and record progress notes which track individual's daily care.

The Assessment Team viewed consumers’ progress notes which provide adequate information regarding individuals’ clinical care needs. Where responsibility for care is shared, consumers’ assessments, care plans and progress notes are recorded by medical practitioners and allied health professionals, which can be accessed by staff and external providers as required. Interviewed consumers confirmed they receive care by external healthcare providers and that staff are knowledgeable about, as well as provide, some treatments recommended by other healthcare providers.

The approved provider demonstrated that it makes timely referrals to other organisations and healthcare professionals who deliver care to consumers. A review of consumers’ care plans confirmed that registered staff refer consumers to speech pathologists, dieticians, podiatrists, condition-specific support organisations and allied health providers. Recommendations made by external healthcare providers are recorded in consumers’ care plans and processes that must be followed are appropriately shared when consumers are transferred to hospital or attend medical clinics. Interviewed consumers generally confirmed that they see medical professionals when they are unwell and that they discuss the care needed with relevant staff.

The approved provider has policies and procedures in place to minimise infection-related risks and to promote the proper use of antibiotics. The Assessment Team viewed the approved provider’s antimicrobial stewardship policy, which includes the use of standard and transmission-based precautions to manage infection. Interviewed management and clinical staff demonstrated they understand the risk of resistance to antibiotic therapy and infections are reported, monitored, analysed and trended each month. Staff are trained in infection control, which has been repeated during the COVID-19 pandemic. Further, the Assessment Team observed that staff regularly wash their hands after providing care to consumers.

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.*

### 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

Overall, interviewed consumers considered they received the services and supports for daily living that are important for their health and well-being, which enable them to participate in things of importance to them. Interviewed consumers confirmed they are supported to attend activities in the community, or one-on-one support is provided to those who prefer time spent on their own. Consumers further confirmed they are supported to maintain relationships with family and friends and connections within the wider community.

The approved provider demonstrated it provides safe and effective care and services to consumers, in a way which meet their needs, goals and preferences. Consumers confirmed they have access to supports and services which enable them to enjoy life and maintain their health, well-being and independence. The Assessment Team reviewed consumers’ care plans which confirmed they had been assessed by relevant allied health professionals and where required, services and supports were arranged to meet the needs, goals and preferences of individuals.

Services and supports are in place to promote consumers’ emotional, spiritual and psychological well-being. The needs of consumers are assessed by an occupational therapist and resident lifestyle officer, who gather information which enables the approved provider to understand the types of support required and put them in place.

The Assessment Team viewed consumers’ care plans which document information about consumers’ history, spiritual needs and the type of leisure and lifestyle activities enjoyed by individuals. Overall, interviewed consumers expressed satisfaction with their quality of life at the service as they receive the care and services they need and participate in activities of importance to them.

The approved provider has processes in place to ensure that information about consumers’ conditions, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. Interviewed consumers stated that staff know them well and share their information only with relevant people and/or organisations. Staff have ready access to consumers’ care plans, at a level commensurate with their role.

The approved provider makes timely and appropriate referrals to individuals, other organisations of relevance to consumers, as well as to providers of other care and services. In addition, the approved provider has policies and procedures in place regarding external referrals to other healthcare providers, which includes privacy and confidentiality provisions.

The approved provider demonstrated that it provides meals that are varied and of suitable quality and quantity. Overall, interviewed consumers stated they enjoy the choices offered to them at mealtimes and a review of care plans showed that consumers’ specific dietary requirements regarding food, fluids, food preferences, allergies and favourite place(s) to take their meals are recorded and catered for, as well as communicated to relevant staff.

The approved provider demonstrated that where equipment is provided it is safe, suitable and well maintained. Interviewed consumers stated they have access to the equipment needed to mobilise and that it is clean and well maintained. Maintenance staff advised that preventative maintenance and cleaning schedules are in place and care staff stated they have access to the equipment needed to perform their roles.

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

The Assessment Team observed the service environment to be clean and welcoming. Consumer rooms were observed to be personalised and comfortable. The service has a number of quiet areas for consumers to meet with each other and with visitors.

All consumers interviewed stated they were very comfortable in the environment. Several consumers reported they were happy that they had been able to personalise their room with furniture from home.

Consumers and representatives interviewed stated they were satisfied the environment is safe, clean, well maintained and comfortable. The Assessment Team found the service is safe, clean, well maintained and comfortable. Consumers were observed to be able to move freely indoors and to outdoor courtyards within the service boundary. There are processes in place to ensure there is regular maintenance and cleaning. Inspections and environmental audits are completed to identify issues. Consumers and staff are encouraged to raise any maintenance or safety issues.

The service has processes to ensure there is suitable, safe and maintained furniture and equipment provided to consumers. Consumers interviewed are satisfied with equipment provided.

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

Most consumers interviewed advised they are encouraged and supported to provide feedback and make complaints, others advised they were not comfortable raising concerns with staff or management relating to matters, such as dislikes relating to food, person centred care, and staff communication and competency.

Management advised consumer feedback is welcomed and encouraged and advised of a new electronic feedback initiative which enables feedback to be provided easily and which aligns with the Quality Standards. This system enables further tracking/trending and analysis of feedback.

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

The approved provider demonstrates appropriate action is taken in response to complaints and an open disclosure process is used when adverse events occur and was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services.

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

The approved provider demonstrated its workforce is planned to enable, and the number and mix of the workforce deployed enables the delivery and management of safe and quality care and services. Management acknowledged that the service has recently been through a period of limited staffing but stated this is now improving. Documentation confirmed staffing levels are monitored and reviewed regularly.

Most consumers were satisfied with staffing levels, however, whilst some reported concerns about staffing levels, no negative impacts related to staffing were identified by the Assessment Team.

The approved provider demonstrated workforce interactions with consumers are kind, caring and respectful of the consumer’s identity, culture and diversity. The Assessment Team observed interactions to be compassionate, appropriate and respectful. Staff were able to describe consumers’ needs, preferences and individual identity.

The approved provider demonstrated its workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers provided feedback that indicated they felt safe and confident staff knew what they were doing. Management advised, and documentation confirmed staff are recruited with appropriate qualifications to perform their designated roles.

The approved provider demonstrated the workforce is recruited, trained and equipped and supported to deliver the outcomes of these standards. Staff have awareness of Serious Incident Response Scheme and Restrictive Practice changes and have been educated on the identification, escalation and completion of incident reporting in the relevant area of the electronic care system.

A process for monitoring appraisals are conducted according to the organisation’s policies. Staff said they are notified when their performance appraisal is required, and they complete a self-assessment prior to discussion with senior staff.

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 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The approved provider demonstrated it engages consumers in the development, delivery and evaluation of care and services and consumers are supported in that engagement.

Consumers and representatives provide input into any area of care and services, including meals, activities, service environment and staffing and they do so via residents and relatives meetings, in writing via feedback forms, surveys, email, resident and relative meetings, care panning meetings and verbally.

Consumers and their representatives are involved in the development of consumers’ care plans and can direct how their care should be delivered.

The organisation has systems in place to promote a culture of safe, inclusive and quality care and services including monitoring and oversight mechanisms, such as clinical and operational audits, regular reporting to organisation governance teams, mandatory ongoing training, multiple avenues of feedback and analysis, and analysis of clinical indicators and incidents.

The approved provider was able to demonstrate an effective clinical governance framework which includes a range of policies and procedures to guide clinical care, including in relation to antimicrobial stewardship and open disclosure and monitoring and review processes.

The approved provider demonstrated they have effective organisation wide governance systems and effective risk management systems and practices.

The approved provider has policies, procedures and processes which aim to guide staff in understanding restrictive practice, including the requirements to obtain informed consent, document reasons for the restraint, the restraint type and review timeframes, and the requirement and responsibilities for ongoing monitoring of the need for the restraint, and consideration of alternatives. The service and organisation have oversight of this area through reporting and clinical and quality meetings.

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

### 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

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