Aegis Lakeside

Performance Report

33 Stanton Road
REDCLIFFE WA 6104
Phone number: 08 9479 7179

**Commission ID:** 7252

**Provider name:** Lakeside Hostel Pty Ltd

**Site Audit date:** 25 February 2020 to 27 February 2020

**Date of Performance Report:** 31 March 2020

# 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 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; 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.

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

The Assessment Team found consumers and representatives interviewed said 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. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Staff treat consumers with dignity and respect, provide assistance to consumers in line with their needs and preferences, and respond to their request for assistance in a timely manner.
* The service supports them to exercise choice and independence.
* They have choice on meals, what they do each day and who can provide personal care to them.
* Friends and family are welcome in the service.
* They are supported to exercise choice and independence and take risks to enable them to live the best life they can.
* They feel heard when they tell staff what matters to them and that they can make decisions about their life, even when it involves an element of risk.

The Assessment Team found the organisation’s strategic documents promote consumer independence and support consumers to take risk. The organisation’s diversity and inclusion policy and related procedure address what it means to treat consumers with respect and dignity.

The Assessment Team reviewed care planning documentation of five consumers that indicates family conferences are conducted during the initial phase of admission where individual preferences are discussed. The Assessment Team noted this information is reflected in the care plan.

Staff interviews with the Assessment Team were consistent with describing consumer experiences and care planning documents about choice and maintaining relationships. Staff were able to discuss individual consumer’s likes and dislikes and what the service has done to ensure the service provided meets the consumer’s expectations.

Staff interviewed by the Assessment Team were able to provide examples of how risk is discussed with consumers and how consumers are supported to take risks. For example, staff were aware of consumers who chose not to have their food texture modified as per the assessed needs and a consumer who wishes to continue to smoke.

The Assessment Team observed staff interacting with consumers respectfully throughout the day. Staff were noted to be encouraging consumers to participate in activities or engaging consumers in everyday tasks such as assisting with morning and afternoon teas and appropriately seeking their permission before attending to tasks such as providing personal assistance.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure the service has a culture of inclusion and respect for consumers whereby consumers are respected and enabled to exercise choice and independence.

**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:**

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:**

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

The Assessment Team found consumers and representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* They were informed of outcomes of assessment and planning, and representatives are invited to meet with the registered nurse and other members of the multidisciplinary team as appropriate following the development of the consumer’s care plan.
* They are able to discuss consumers’ care at any time.

The Assessment Team found the service has processes in place to ensure there is comprehensive assessment and planning for consumers. The service involves the consumer and as appropriate the representative, in the assessing and planning of the care and services to be provided to the consumer. Staff are encouraged to involve consumers in making decisions about care and services aiming to improve the consumers’ health and well-being. The assessment and care planning process include information gathered from a variety of sources including external services, the multidisciplinary team and other parties that may have been involved in caring for the consumer. Assessments include goals and preferred services of the consumer, and planning is based on an ongoing partnership and review of services.

The Assessment Team found the consumers are supported to undertake advanced care planning. The organisation refers consumers to additional services to be involved in the care of the consumer. Outcomes of assessments are effectively communicated to staff for guidance of services and consumers can access the care plan.

The Assessment Team sampled five consumers’ files. Care plans and assessments sampled showed care is provided for each consumer that is individualised, safe and effective. Care plans are developed from information that is gathered on admission from a range of sources including discharge summaries, aged care assessments and information from the consumer and nominated representatives. Care plans are updated when there is a decline in health, incidents have occurred, discharge from hospital, changes in preferences or by the annual review.

Care staff reported to the Assessment Team they are aware of consumers’ needs and the care plan details how care will be provided. This includes, for example, how many care staff are required for mobility and transfers, level of support required for personal care, falls alert, health conditions impacting the consumer and nutritional/food/fluid information.

Staff interviewed by the Assessment Team confirmed assessment and planning is completed on admission and there is an interim care plan to refer to while other comprehensive assessments are completed to inform the consumer’s care plan. Staff provided examples where they are asked to record information to inform assessment, for example, recording behaviours of concern, actions and evaluation.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning have a focus on optimising health and well-being in accordance with the consumers’ needs, goals and preferences.

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

The Assessment Team found consumers and representatives interviewed stated they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* They were satisfied with the personal and clinical care provided to consumers.
* The service discussed their care needs and provided them with the care they required.
* They are provided timely personal and clinical care that is safe and provided in the manner they have requested.
* They have access to appropriate clinical and other specialists to manage their complex health needs including when there has been an incident affecting them.

The Assessment Team found all high impact and high prevalence clinical and personal risks for consumers are recorded in care planning, assessments and progress notes for consumers. Each incident that occurs is recorded and a root cause analysis undertaken to ensure what occurred is understood and what action followed and any strategies and interventions that can be implemented to avoid a recurrence.

The organisation trends, analyses and responds to high impact or high prevalence risks by reporting each incident and completing a root cause analysis. Clinical indicator data is discussed at the multidisciplinary team meetings. Family conferences occur to discuss high impact and high prevalence risks with consumer/representatives, as relevant. Trends identified are referred to the organisation’s monthly clinical management team meetings to assist with the identification of improvement opportunities.

The Assessment Team sampled six consumers’ files and noted care plans are updated when changes in clinical and/or personal care needs occur, including hospital admission and discharge.

Staff interviewed by the Assessment Team were able to describe what clinical and personal care they provide to the consumers. Staff said they were supported by the clinical team and have access to a registered nurse if there are any concerns about consumer care. Staff described how they would report and complete documentation for any incidents involving consumer personal or clinical care.

The Assessment Team review of documentation showed the service has a specific antimicrobial stewardship policy and infection control policy and procedures that guide staff practice and assist in the minimisation of antibiotic usage. Registered staff interviewed described how they oversee staff to ensure hand hygiene is monitored and maintained by all staff across the service and discuss the importance with consumers and relatives during resident relative meetings. Registered staff reported the service minimises infection through maintaining thorough hand hygiene, monitoring staff to ensure correct personal protective equipment is worn as appropriate and providing staff with ongoing education. Staff stated training regarding infection prevention and control is conducted at induction and as part of annual mandatory training. Additional toolbox training is conducted when the need is identified. The service has an influenza vaccination program.

The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure the delivery of safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

**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 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:**

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**

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

The Assessment Team found all consumers and representatives interviewed said they get the services and support for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* The consumers are supported by the service to do the things they like to do, citing they enjoy the ranges of activities and bus outings.
* They are supported to keep in touch with people who are important to them, citing they still attend their churches, go to coffee with friends and enjoy the visits with family and friends.
* They like the food most of the time, citing they are supported to provide feedback to improve the meals.

The Assessment Team found the service could demonstrate how information regarding consumers’ condition, needs and preferences is communicated in a timely and appropriate way. Staff could give meaningful examples of how information about consumers is collected and shared, and demonstrated their knowledge of consumers’ individual needs and preferences in relation to activities, pastimes and independence.

The Assessment Team found the service was able to demonstrate consumers and staff are supported by equipment which is safe, suitable, clean and well maintained by staff at the service and external contractors. Food services are monitored and meet legislative requirements. Consumer input into the menu is sought through various established mechanisms.

Staff interviewed by the Assessment Team reported when consumers come, they complete a life story and ‘about me’ document, which assists them to get to know the consumers.

Documentation reviewed by the Assessment Team showed care plans include what is important to them, goals they wish to achieve or maintain and their life history to assist staff in understanding their life stories. All consumers sampled had individualised goals and preferences, including their likes and dislikes.

We observed consumers engaging in meaningful activities.

Care planning documents viewed by the Assessment Team reflect dietary needs or preferences, and these align with what consumers told us about their dietary needs and preferences. Staff could explain specific dietary needs or preferences, including those consumers who received textured modified diets.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure the service provides safe and effective services and support for daily living to optimise the consumer’s impendence, health, well-being and quality of life.

**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 services 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* They feel safe and comfortable living at the home.
* They feel at home, stating their visitors feel welcome when they visit and reported they enjoy being able to walk around the lake with staff.
* The service is clean and well maintained and staff keep their rooms immaculate, including cleaning them daily and even dusting their wardrobes.

The Assessment Team observed the service environment is clean, well maintained and comfortable. Consumers can move freely and have access to outside areas. Furniture, fittings and equipment are safe, clean, well maintained and fit for consumer use.

The Assessment Team interviewed the maintenance staff who reported they follow a routine and preventative maintenance schedule and they check the maintenance books regular throughout the day for maintenance requests. The staff reported they are able to complete most requests daily and any external contractors required are booked immediately through the head office electronic system.

Equipment was observed to be clean and well maintained, for example mobility equipment. A review of cleaning and maintenance schedules confirmed cleaning was consistently completed in accordance with the schedule, including communal areas, fittings and equipment.

The Assessment Team found the organisation has monitoring processes in relation to Standard 5 to ensure the service provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

**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**

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

The Assessment Team found consumers and representatives interviewed said they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* They knew how to provide feedback and make complaints, and they felt safe and comfortable in doing so.
* They felt comfortable talking to staff and felt that staff were advocates for them.
* There are a number of complaint mechanisms available to them, including focus groups, meetings, and formal and informal feedback processes.
* Feedback is responded to in a timely manner and the issues are resolved promptly and to their satisfaction.

The Assessment Team found the service has a customer feedback and complaints management policy and procedure, and open disclosure policy. Complaints are captured in the electronic care planning system to maintain an electronic record of feedback received and actions taken in response. The data is analysed to identify any themes and these are discussed with relevant staff and teams. Any trends are fed into the continuous improvement system and outcomes are used to improve the quality of care across the service.

Staff interviewed by the Assessment Team stated they support and encourage consumers to raise any issues with them and encourage family members to speak with the registered nurse or the facility manager if there are any issues to raise. Staff were aware of what an open disclosure policy is and how it is relevant to complaints. Staff said they would apologise if anything went wrong and be honest with the consumer. The staff will keep the consumer informed of any progress with addressing any concerns.

The Assessment Team observed various posters and brochures on display and available in the foyer of the service. Advocacy services information is on display in the service and included in the consumer handbook.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service 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 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed said they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* Staff are very kind and caring, they reported they must have special training and are very good to us.
* Staff know what they are doing and rarely have agency staff or new staff.
* They think there is adequate staff, reporting staff provide their care and services in a timely manner.

The Assessment Team found the service demonstrated processes ensure the workforce is planned to ensure sufficient numbers, and skill mix of staff is appropriate for the delivery of safe, respectful and quality care and services.

Management informed the Assessment Team that all staff attend corporate training and annual mandatory training. In addition, an annual training schedule and toolboxes ensure staff received current education to meet their roles. Management said staff are notified about performance reviews and these are monitored through a spreadsheet indicating when they are due. Consumers can provide feedback via the feedback form, in person if they wish or at the resident meetings. The organisation has processes for identifying staff training needs and feeding these into the training schedule.

Staff interviewed by the Assessment Team reported they receive regular training and have online access to the training modules available to them. Staff said training competencies are completed as per job role and they have lots of opportunity for training.

The Assessment Team observed the staff interacting with consumers, they were kind and caring.

The Assessment Team found the organisation has monitoring processes in relation to Standard 7 to ensure the service has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

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

The Assessment Team found all consumers and representatives interviewed said the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* Positive comments in relation to partnering in improving the delivery of care and services.
* Expressed satisfaction with the care and services being provided to them.
* The service is well run.
* They are involved in the development, delivery and evaluation of care and services.

The Assessment Team found the organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, and feedback and complaints.A strategic plan and goals for the future of their aged care service is in place and this involves consultation in meetings and surveys conducted with consumers, service managers, staff and the leadership team. The organisation supports PRIDE, including vision, mission and values are readily available and displayed throughout the service and in information packs for consumers and staff.

The Assessment Team found the leadership team meets regularly to monitor and review all care and business matters. A centralised management reporting system is in place to facilitate the exchange of information between leadership team, service management and staff. Reporting includes key performance indicators.

The Assessment Team found the organisation also has a clinical governance and lifestyle team to oversee clinical governance. The team meets regularly and reviews the clinical care reporting process, risk management, the auditing systems and regulatory compliance. They provide support to the leadership team to fulfil its governance.

Staff interviewed by the Assessment Team advised they had received elder abuse training at orientation and as a component of annual mandatory training sessions. They could describe the policies and procedures regarding mandatory reporting and their responsibilities if they identified a suspicion of abuse or neglect of a consumer. Staff also reported the policy relating to antimicrobial stewardship and had received training and implemented the monitoring and recording of antibiotic usage using the register. Staff have received training on the open disclosure policy.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensure the governing body is accountable for the delivery of safe and quality care and services.

**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.

**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.