Aegis Stirling

Performance Report

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**Commission ID:** 7277

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

**Site Audit date:** 10 November 2020 to 12 November 2020

**Date of Performance Report:** 15 March 2021

# Publication of report

This Performance Report **may 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 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 and representatives.

# 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 overall, sampled consumers interviewed considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and, live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers confirmed they are treated with respect as a consumer in the service and stated they feel accepted and valued.
* Cultural preferences for meals are provided.
* Consumers confirmed they are supported to exercise choice, independence and to maintain relationships of choice. Examples were provided including, continuing to maintain their relationship with their partner, pursuing lifestyle habits and interests and, maintaining links with their culture.
* Consumers confirmed they are kept informed of what is happening and are consulted about their care and services.
* Consumers said their privacy is respected by staff.

The service demonstrated there are ongoing assessment and planning processes to identify individual consumer preferences, beliefs, cultural and spiritual needs. Information gathered informs an individualised care plan that directs staff to deliver care and services in line with the consumer’s identified needs and preferences. Staff demonstrated examples of how they provide care and services which are culturally safe and tailored to consumer preference including maintaining and respecting choice in personal relationships, meeting cultural food preferences, bi-lingual staff to support consumers and where consumers are supported to take risk.

The organisation’s policies and procedures address what it means to provide care in a culturally safe way and there is consultation with consumers and their representatives about what this means to the consumer. Staff provided examples of gender specific assistance for personal care, respecting couples’ decisions who live at the service and working with culturally specific organisations to provide advocacy for the consumer.

Staff complete training and education to understand consumer choice and dignity, cultural safety, dignity of risk and the importance of privacy. The service works with consumers who are identified as wanting to maintain their lifestyle while being assessed as at risk. The service consults with the consumer and/or their representatives to discuss the choice, agree on the risk, look at how the risk can be mitigated and complete documentation which records the outcome including where there has been agreement where the consumer wishes to continue with their choice. This was exampled through strategies to support a consumer to continue to smoke, a consumer going out into the community using a motorised chair and consumers who self-medicate.

The service has introduced a Residential liaison officer role whose responsibilities include supporting consumers to exercise choice and independence through conversation and socialisation in a non-clinical manner which supports consumer choice.

The Assessment Team observed staff are respectful of consumers’ privacy ensuring preferences are followed including where consumers are socialising with their partner, family or others visiting.

The service provides consumers with information in various formats including in other languages, meeting minutes and programs displayed on noticeboards and consideration given to consumers who have vision and hearing impairments.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure a culture of inclusion and respect for consumers; supports for consumers to exercise choice and independence and consumers’ privacy is respected.

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

The Assessment Team found that overall consumers considered they feel like they are partners in their ongoing care and services. The Assessment Team were provided with the following examples during consumer interviews:

* Consumers and their representatives confirmed they are consulted to provide extensive information to inform assessment and planning of their care and services.
* Consumers and representatives are invited to attend care meetings to speak with relevant clinical and allied health staff to discuss changes required or suggested for care and services.
* Consumers and representatives confirmed they are informed of the outcomes of assessment and planning of care and services and feel they are provided with enough information to understand the changes.
* Representatives said they are informed when there is concern with their consumer’s health and changes are required to be made to how care will be provided.

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. Clinical and allied health staff complete assessments using recognised assessment tools. Assessment and planning are also informed from referral to external medical and other specialists. The service’s electronic care planning system includes validated processes for identifying clinical deterioration including processes for palliative care, skin integrity and a ‘stop and watch’ process.

Consumer care files sampled confirmed information from assessment, consumer consultation and from referral to others is used to develop an individualised care plan. Review of consumer care files confirmed consumers are supported to undertake advance care planning.

Staff confirmed they have access to consumer information through regular multidisciplinary meetings, handover, consumer care plans and electronic care documentation. Staff while they have access to a care plan, said they consult consumers daily about their preferences for care.

The service conducts regular multidisciplinary meetings where clinical care, incidents and identification of change and/or deterioration are discussed, actions agreed and follow up of previous consumer interventions discussed.

The Assessment Team found the service has monitoring processes in relation to this Standard to ensure initial and ongoing assessment and planning are conducted in partnership with consumers and has a focus on optimising health and well-being in accordance with consumers’ needs, goals and preferences. Regular audits are completed to monitor the effectiveness of clinical care and processes. Identified gaps or issues are provided to the service for improvement. An example was provided where following clinical audit recommendations were made to improve links with a palliative care link team which have been established.

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

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

* Consumers and representatives said they were satisfied with the care they are provided.
* Consumers said they felt listened to when they are consulted about their health.
* Consumers and representatives said they were provided ongoing information which is also shared with others as agreed.
* Consumers confirmed they have access to their medical officer and other health professionals as required.
* Representatives confirmed staff contact them when there are health concerns, observed deterioration in their consumer and other incidents including falls, infections and challenging behaviour incidents.
* For those receiving palliative care consumers and representatives said they were satisfied with the care provided.
* Consumers said they have observed staff following hand hygiene and wearing personal protective equipment if needed.

Staff have access to a range of policies and processes relating to best practice care delivery. Validated assessment tools are used with other assessment information to develop strategies for care plans. Changes in consumer health is identified and the service has developed electronic processes to record, monitor and escalate the change to the medical officer or other internal or external health professional.

Staff described how the care plan is looked upon as a living document and review of care is ongoing and new strategies informed in the care plan. Staff gave examples of how care and services are tailored to meet consumer preferences and optimise their well-being. Examples included where staff have identified preferred routines for consumers, wound care is monitored weekly, and pain and behaviour management interventions are monitored monthly. Falls prevention strategies have been implemented for all consumers and strategies tailored to their assessed need.

Consumer care files sampled showed complex care is managed and high impact, high risk is identified, assessed, discussed with the consumer or representative and strategies monitored. Regular multidisciplinary meetings provide opportunity for consumer concerns, incidents and outcomes to have input from clinical and allied health staff. The service is working proactively to manage consumer pain and reduce the use of psychotropic mediation.

The service supports consumers nearing end of life through a multidisciplinary team, the consumers’ medical officer and where identified support from external palliative care link teams. Staff use a validated tool to identify consumers who are deteriorating and discuss palliative pathways with the consumer and/or the representative.

The service has protocols in place to support clinical staff in identifying deterioration of consumers. Care files sampled showed where there has been reported deterioration of a consumer it is acted on and where required referred and communicated to others.

The service has access to an infection control consultant to support and monitor the antimicrobial stewardship. A register is used to record all infections and subsequent pathology and antibiotics prescribed which is monitored. Where indicated training and education is provided to staff to maintain hydration and support consumer personal hygiene.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 3 to ensure delivery of safe and effective personal and clinical care, in accordance with consumers’ 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 overall consumers considered that they get the services and supports 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 during interviews with the Assessment Team:

* Consumers confirmed staff gather information and provide activities in line with their preferences.
* Consumers and representatives said the services and supports the consumers receive promote their spiritual, emotional and psychological well-being.
* Consumers provided positive feedback about the meals at service.
* Consumers confirmed they are encouraged and supported to maintain their beliefs and cultural and religious events are acknowledged and celebrated.

Lifestyle information is gathered as part of ongoing assessment and review by the occupational therapist and lifestyle team. Information gathered is used to develop a lifestyle care plan which is used to inform the service’s activity program. Staff demonstrated they knew consumers’ preferences in activities, emotional supports, what events are important to the consumer and what helps them maintain or optimise their independence.

The lifestyle program is evaluated by the occupational therapist including the effectiveness of group and individual interventions. Feedback is used to develop programs and make ongoing changes. The lifestyle program is provided over seven days.

Care files sampled reflected what is important to the consumer, how care and service will be delivered and what safety or risk considerations were required to maintain the consumer’s independence and enjoyment.

Consumers and their representatives confirmed they are encouraged to remain connected to their community. Examples included regular church services, community visitors and consumers who regularly go into the community to socialise with others.

The service provides meals that are cooked onsite and the chef seeks feedback at meal service from consumers. Cultural preferences are supported and provided as part of ongoing meal choices. A residential liaison officer supports consumers with menu choices and ensures individual preferences are communicated.

A food safety program is in place and the Assessment Team observed hygiene practices in line with the program.

Where provided the service has processes to ensure consumer equipment is safe, clean and maintained.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 4 to ensure safe and effective services and supports for daily living are provided that optimise consumers’ independence, 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 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

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

* Consumers said they feel safe and comfortable at the service.
* Consumers and representatives confirmed staff are welcoming and friendly.
* Consumers and representatives said they are satisfied with the cleanliness at the service and the environment is well maintained.

The Assessment Team observed the service environment to be clean and well maintained. Refurbishment of one area was in progress and new furniture is in place for the area. The service has indoor and outdoor areas for consumers to use which are furnished appropriately and accessible. The service is in the process of introducing dementia design principles to the secure area to provide easier access, activity walkways with stations along the corridor to encourage stopping and use of activity boards. A sensory garden is under construction.

Shared areas were observed to be used for individual and group activities.

The service has maintenance and cleaning schedules which staff follow, and regular audits are conducted to evaluate the effectiveness of these schedules. Extra cleaning of high touch areas is in place as part of COVID-19 pandemic planning. Maintenance books are available for staff to record maintenance issues. Review of maintenance logs and schedules showed maintenance is prioritised and attended to.

There are schedules for maintenance to ensure furniture, fittings and equipment is clean and well maintained. Staff confirmed they are provided training in the use of equipment.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 5 to ensure a safe and comfortable service environment is provided that promotes consumers’ 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 that overall consumers and representatives consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers and representatives confirmed they felt comfortable to make complaints at the service.
* Consumers said if they did not want to complain they will ask their representative or others to support them to do so. This included where English is not the consumer’s first language.

Consumers are provided information in relation to internal and external complaints avenues, language and advocacy services on admission to the service and through meeting minutes, brochures and in the Resident agreement.

Staff demonstrated how they support the consumer to resolve the issue raised and if unable to will escalate the matter to the registered nurse on shift. Staff confirmed all complaints are to be reported to management.

The service has policy and process for how to manage complaints including what consumers, representatives and staff can expect when they provide feedback or raise a complaint. Review of the complaints register showed complaints are acknowledged, investigated and actioned with information provided back to the complainant and satisfaction sought. The service has an open disclosure policy and process and, staff demonstrated what this means.

Where identified feedback and complaints feed into the service’s continuous improvement plan. Consumer satisfaction is monitored through meetings, surveys and feedback systems.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure input and feedback from consumers, carers, the workforce and others is sought by the service and used to inform continuous improvements for individual consumers and the 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 that overall, sampled consumers considered 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 consumers and representatives during interviews with the Assessment Team:

* Consumers and representatives said staff know what they are doing and have the appropriate skills to provide their care and services.
* Consumers and representatives confirmed staff are kind, caring and willing to assist.
* Consumers and representatives said there are enough staff to meet the needs of consumers.

There are processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Staffing shortfalls are filled by the organisation’s casual or permanent staff. The service management adjusts rosters and allocations to meet consumer needs. This was exampled by feedback provided at the site audit where management agreed to review the staff mix in one of the areas of the service. Feedback to the Assessment Team from consumers and representatives indicated the workload in the area was high and staff could take longer to attend to consumer requests for assistance.

The Assessment Team observed staff interactions to be kind, caring and respectful. Consumers who do not speak English as their first language are supported at the service by staff who speak other languages.

The service has recruitment processes to ensure the workforce have the skills and knowledge to effectively perform their role. Staff are supported to maintain their professional registrations. Staff are supported to develop their skills through induction programs, onsite training and an annual mandatory training program. Training records confirmed staff complete a range of online and face to face training. Opportunities for other training is identified through feedback, performance issues and survey outcomes. The service has organisational support including clinical consultants who provide support to the clinical manager and registered nurses.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 7 to ensure the workforce 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 overall sampled consumers considered that the service is well run and, they can partner in improving the delivery of care and services. Management described, and documentation viewed by the Assessment Team demonstrated how consumers have input about their experience and the quality of care and services through care plan review processes, meeting forums and feedback mechanisms, including surveys. For example, management described how the service engages consumers to support staff who are completing training for the service’s ‘Excellence in Dining’ program. The consumers provide feedback and suggestions and are invited to attend staff meetings to discuss their observations.

The service has governance wide structures in place supported by their organisation. The organisational leadership team is responsible for ensuring systems are in place to support, evaluate and report on safety and quality of care and services that comply with all statutory requirements. The leadership team collects and monitors key management information and reviews submissions for improvements. An internal organisational process is conducted by the service. Key information is collected, analysed, revised and updated monthly and discussed at relevant meetings at all levels of the service and organisation. The data is used to identify trends and opportunities for improvement. All reports and action plans are provided by management for action.

The organisation demonstrated effective risk management systems and practices in relation to high impact, high prevalence risks for consumers, identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can. Staff demonstrated their understanding of risk and how it is applied to their roles and responsibilities.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and provided examples of their relevance to their work, for example, how they apply best practice to reduce the use of antibiotics and psychotropic medication administration where it is not for a diagnosed condition.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 8 to ensure the organisation’s 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.