Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Arcare Templestowe |
| **RACS ID:** | 3255 |
| **Name of approved provider:** | Arcare Pty Ltd |
| **Address details:** | 75 King Street TEMPLESTOWE VIC 3106 |
| **Date of site audit:** | 26 November 2019 to 27 November 2019 |

**Summary of decision**

|  |  |  |
| --- | --- | --- |
| **Decision made on:** | 24 December 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 19 February 2020 to 19 February 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Not Met |
| Requirement 2(3)(d) | | Not Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Not Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Not Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Not Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | By 02 March 2020 | |
| **Revised plan for continuous improvement due:** | By 09 January 2020 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Arcare Templestowe (the Service) conducted from 26 November 2019 to 27 November 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 18 |
| Consumer representatives | 4 |
| Management | 7 |
| Clinical staff | 5 |
| Care staff | 4 |
| Hospitality and environmental services staff | 6 |
| Lifestyle staff | 2 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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.

#### Summary of Assessment of Standard 1:

The Assessment Team found the service has met the six requirements under Standard 1.

Of consumers and representatives randomly sampled, 100% said staff treat them with respect most of the time or always. The service monitors though feedback mechanisms, that consumers are satisfied that staff treat them with respect and support them to maintain their identity and live the life they choose.

The service demonstrated that consumers are treated with dignity and respect, and that the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully, staff greeted consumers in a friendly manner and could readily identify consumer’s individual preferences and interests. Consumers described the ways their social and personal relationships are supported both inside and outside the service. Management and staff respect and value the culture and diversity of consumers and encourage a range of activities for consumers with diverse backgrounds and preferences and in delivery of care that is tailored to the person. Cultural resource information and various interpreting tools are available, and consumers and staff would be benefit if they utilised.

Staff could provide meaningful examples of how they help consumers make choices, including where consumers change their mind more frequently. Consumers described how the meaning of independence is different to all of them and expressed satisfaction in maintaining their expectation of independence.

Consumers report that the service protects their privacy and confidentiality of their information, and that they are satisfied that care and services, including personal care, are undertaken in a way that respects their privacy. Management and staff were able to demonstrate practices as to privacy, dignity and confidentiality and staff referred to recent education attended.

#### Requirements:

##### **Standard 1 Requirement 3(a) Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found the service has met the three of the five requirements under Standard 2.

Of consumers and representatives randomly interviewed, 69% said they have a say in their daily activities most of the time or always, while 31% replied some of the time or never. The latter was in regard to inconsistencies in care provided mostly by casual and agency not fully aware of consumer’s needs and consumer language barriers.

Not all consumer’s and representatives are partners in their consumer’s care as to initial and ongoing assessment and planning that supports consumers to get the care and services they need. A proportion are not being consulted nor have they an awareness of consumer’s care plan. A very low proportion of consumer’s or representatives have requested to see their care plan and there has been delays in receiving this or not provided at all. Other consumers and representatives expressed satisfaction with care consultation and had been offered to see consumer’s care plan.

Nursing staff are inconsistent in offering consumer’s and/or their representative if they want to see the care plan. Nursing staff are amending care plans for consumer and representative presentation and staff are saying this information is not always restored back to the care plan to guide staff.

Staff described how care and services are regularly reviewed and/or when there is a change to a consumer’s health or wellbeing. Each of the consumers care plans reviewed by the Assessment Team showed initial and ongoing assessments occur, and plans are developed and reviewed. However, there is inconsistency in the evidence of partnership with the consumer and/or their representative in the planning, development and ongoing evaluation of their needs.

Staff described how consumers and others who contribute to the consumer’s care (including medical practitioners, allied health professionals, carers and family) work together to ensure assessment and planning has a focus on optimising health and wellbeing in accordance with the consumer’s needs, goals and preferences. The Assessment Team were satisfied that advance care planning and end of life planning (as identified) forms part of the care planning.

Regular staff could describe how consumers and others who contribute to the consumer’s care (including medical practitioners, allied health professionals, carers and family) work together to ensure assessment and planning has a focus on optimising health and wellbeing in accordance with the consumer’s needs, goals and preferences.

Staff have understanding of the reporting of consumer incidents and who they escalate this information to and report on the electronic system. The service and corporate management have oversight on incidents and response accordingly.

#### Requirements:

##### **Standard 2 Requirement 3(a) Met**

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(c) Not Met**

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.

##### **Standard 2 Requirement 3(d) Not Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(e) Met**

The organisation demonstrates that 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: Personal care and clinical care Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found the service has met the seven requirements under Standard 3.

Of consumers and representatives randomly sampled, 93% agreed that they get the care they need always or most of the time. A very small proportion of consumers as to various clinical care queries and responses. A very high proportion of consumers overall are receiving personal and clinical care that is right for them.

Care plans reviewed demonstrate information is collected when consumer’s move into the service and an interim care plan developed. Assessments and risk tools are used to develop consumer’s care plans and include needs, goals and strategies. Care plans include pain management, wound, diabetes and other specialised clinical management strategies and regular review. Care plans are generally customer focused as to individualised care needs and strategies.

The organisation has overarching policies and procedural statements to guide practice. Staff are updated through various discussion as to consumer’s clinical care changes.

Most staff described consumers individual clinical and care needs and how they support them do as much as possible for themselves; could identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice. Staff generally recognise and respond to change or deterioration in consumers health and wellbeing and demonstrate a good working understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

Management and staff could describe how best practice informs clinical care, how information is shared within the organisation and with others outside the organisation.

#### Requirements:

##### **Standard 3 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(b) Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Met**

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.

##### **Standard 3 Requirement 3(d) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(f) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Met**

The organisation demonstrates 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: Services and supports for daily living Met

#### 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found the service has met the seven requirements under Standard 4.

Of consumers and representatives randomly sampled, 88% said they that they are encouraged to do as much as possible for themselves most of the time or always, while a lower portion of consumers and representatives referred to independence as consumer’s mobility and either which did not apply to them or had restricted how independent they could be. Consumers reported overall services and supports for daily living are safe and effective and meals provided are varied and of suitable quality and quantity.

Consumers, representatives and staff provided various examples about how the service promotes emotional, spiritual and psychological wellbeing and what this means for them: I am independent as I can still able to go out to eat at restaurants and buy some of the food I like and keep it in a fridge in my room: or to shower myself independently by sitting in a chair, I just get them to dry my feet; to be able to eat by myself with the assistance of eating aids that staff arranged.

Staff described how they consult consumers care-plans as to consumer past like, current lifestyle preferences and their emotional, spiritual and psychological well-being. Staff said how they support consumers, provide them with an activity calendar, are aware of who to provide one-to-one engagement and other shared activities for consumers who prefer to stay in their room.

Staff described how they provide consumer’s emotional and spiritual support and discuss this nursing staff if they are concerns as to the consumers psychological well-being.

The service has access to external psychological services and various religious community volunteers visit consumer’s as to their faith.

The service demonstrated that is makes timely referrals to other organisations and provides safe, suitable and well-maintained equipment and that staff are appropriately trained to use equipment. This was also observed by the Assessment Team.

#### Requirements:

Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(b) Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(d) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### 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.

#### Summary of Assessment of Standard 5:

The Assessment Team found the service has met the three requirements under Standard 5.

Of consumers and representatives randomly sampled 63% said they feel at home here most of the time or always while 37% responded some of the time and did not reply. The lower proportion of consumers referred to preferring to be at home and/or with their families.

Consumers described in various ways how they feel comfortable at the service saying that I have my own room for privacy and space and enjoy the various communal, café and outdoor living area at the service. Consumers have decorated their individual rooms as to personal items, photographs and memorabilia.

The design of the service is modern contemporary and designed to allow natural light to come into all areas making the area bright and airy. Wide walkways enable consumers to have easy access between communities, lounge, dining, multi-purpose and quiet living areas. All community areas and suites present as a plush with matching fittings and upholstered furniture complimenting the overall decor of the service.

Consumers move around freely inside and out as to the even flooring. The Assessment Team observed them meeting their friends, chatting and laughing, having a hot drink at the café, or snoozing in the library.

Service and maintenance staff confirmed processes of maintaining a clean environment responding to maintenance requests.

#### Requirements:

Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### **Standard 5 Requirement 3(b) Met**

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Not Met

#### 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found the service met three of four requirements in relation to Standard 6.

Of consumers and representatives randomly sampled, 73% said that staff follow up when they raise things with them most of the time or always. Consumers and representatives reported overall, they are generally supported and encouraged to give feedback and make complaints. However, half of consumers and representatives are not satisfied feedback is acknowledged, with communication during complaint handling process and follow up.

Stakeholders are encouraged to attend meetings such as consumer and representatives and/or the food focus meeting groups. A secure lodgement box and feedback forms are accessible in all communities. The service has other methods for raising and resolving complaints through the elder rights advocacy information and in raising their complaints with the Aged Care Complaints Commission. This information is available in multiple languages, however, are reflective of the language’s consumer spoke in the home.

Staff described how they would support consumers to provide feedback and or make a complaint and do not always follow up with the consumer they have received a response. Management said all complaints are logged onto the complaints register. Although consumers and representatives said they discussed their complaint with management on several occasions, most of the complaints are not logged on the register. A trend emerged as to no acknowledgement of complaints raised, complaints were not logged and those that were closed off with few having follow-up as to satisfaction of actions taken.

The service’s organisation has developed a framework for open disclosure for when things go wrong and elements include an apology or expression of regret an opportunity for the consumer and/or representative to express their experience, a factual explanation of what happened, and steps being taken to manage and/or prevent reoccurrence.

The service however does not always demonstrate how it uses feedback and complaints to improve the quality and care of services.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Not Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found the service has met the five requirements under Standard 7.

The service demonstrated they ensure the numbers and mix of the staff is planned, generally managed and reviewed to enable safe and quality care and services. A high proportion of consumers and representatives randomly sampled expressed satisfaction with the care and services provided by staff; all staff are kind and caring; and 87% of staff know what they are doing most of the time or always.

A much lower proportion of consumer and representatives randomly and purposely interviewed referred to casual and agency staff as not being aware of consumer care needs and there is not the consistent ‘dedicated staff’ as the service informed them.

Management demonstrated the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers. Newly recruited casuals and agency staff are inconsistent in the delivery of care and services. The service demonstrated they have been actively recruiting permanent and casual staff, had increased staffing hours and had extra shifts roles on the roster in the interim. Their focus is on ‘dedicated staff’ for consumers.

The service demonstrated they monitor staff qualifications and ensure through staff selection and education and training processes that the workforce is competent, and they have the knowledge and skills to effectively perform their roles.

Management regularly monitor call bell response times and where response times are not as to the organisation expectation this is followed up. Reminders to staff as to responding to call bells is raised at staff meetings, staff handover and other communication avenues as observed.

A daily managers operational meeting occurs in the morning with key supervisors and discuss consumers condition or changes recently or anything that may need to be considered and review staff allocation and may increase staffing as to consumer needs.

Staff said they can do their jobs in the shift and that management are responsive when they raise their concerns or discuss consumers care priority.

#### Requirements:

##### **Standard 7 Requirement 3(a) Met**

The organisation demonstrates that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Met**

The organisation demonstrates that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### **Standard 7 Requirement 3(d) Met**

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### **Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Not Met

#### 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.

#### Summary of Assessment of Standard 8:

The Assessment Team found the service has met the four of five requirements under Standard 8.

Of consumers and representatives randomly sampled, 80% said the home is well run most of the time or always and described in various ways the service is organised. However, the organisation is ineffective in supporting consumers to be engaged in the evaluation of care and services they require.

A proportion of consumers and representatives interviewed described in various ways that the service is inconsistent in making them aware of their care plan, supporting them to participate and engage in the development, delivery and evaluation of their care and services. When consumers and representatives requested to view their care plan, a very low proportion said staff are untimely in providing their care plan.

A higher proportion of consumers and representatives interviewed referred to their dissatisfaction as to complaints not being acknowledged, and management and supervisory staff follow-up and evaluation of those complaints. A significant proportion said they have complained to management about the inconsistency in care provided by staff, mostly casual and agency staff, despite being told consumers would have ‘dedicated staff’.

The service did not adequately demonstrate they effectively use strategies such as self-assessment tools, audits, observations, feedback and meetings to monitor the effectiveness of the service’s systems. Opportunities for improvement were ineffectively identified as to consumers partnership in care and service delivery, complaint management and the impact of casual and agency staff as to their unfamiliarity of consumers and workloads.

The service promotes a culture of safe inclusive and quality care and services. The service has group of Italian and Greek consumers and other nationalities however interpreting services or means of interpreting are not always available as to consumer expectations.

The governing body meets regularly, sets expectations for the service and regularly reviews risks from the organisational and consumer perspective. Organisational wide governance systems support information management, the workforce, compliance with regulation and clinical care.

The service has a continuous improvement program which drives the quality system and involves all stakeholders.

The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they were applied in practice.

#### Requirements:

##### **Standard 8 Requirement 3(a) Not Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### **Standard 8 Requirement 3(c) Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(d) Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Met**

The organisation demonstrates that 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.