Ashman Grove Aged Care Hostel

Performance Report

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**Commission ID:** 6132

**Provider name:** Rosha Pty Ltd

**Site Audit date:** 12 October 2021 to 14 October 2021

**Date of Performance Report:** 2 December 2021

# Performance report prepared by

Marek Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

The 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
* The provider did not submit a response to the Site Audit report.

# 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 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:

* staff are courteous and kind and treat them respectful;
* are supported to exercise choice, independence and are able to take risks; and
* personal privacy is respected and their personal information is kept confidential.

Consumer files sampled showed assessments and care plans documented an understanding of consumers’ needs and expectations with respect to their identify, diversity and culture. Staff described how they treat consumers with dignity and respect.

Staff could describe how consumers’ culture influenced how they deliver care and services day-to-day. Care planning documents sampled show specific cultural needs which outline what it means to provide care in a culturally safe way. Staff have received training in cultural safety.

Sampled consumers confirmed they are supported to exercise choice and independence. The service has procedures in place to ensure consumers are supported to exercise choice and independence regarding the care and services they receive. Staff could describe how each consumer is supported to make informed choices about their care and services.

Care planning documents reflect each consumer’s preferences for care and service delivery, including their preferences for taking risk. Consumers sampled stated that the service supports them to take risks to enable them to live their best lives. The service has procedures in place to support consumers to take risks and guide staff practice.

Consumers are provided information, which is accurate, current and timely and communicated clearly and enables them to exercise choice. A range of documentation sampled, including care plans, lifestyle programs and the menu demonstrated consumers are supported effectively to exercise choice. The Assessment Team observed a range of noticeboards and brochures on display and available to consumers.

Observations made by the Assessment Team confirmed staff ensure consumers’ privacy is respected. This included observations, such as staff knocking on doors prior to entering, securing sensitive information and respecting the preferences of individual consumers to ensure consumer privacy is maintained.

Based on the evidence documented above, I find Rosha Pty Ltd, in relation to Ashman Grove Aged Care Hostel, to be Compliant with all requirements in Standard 1 Consumer dignity and choice.

## 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 most consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and during interviews with the Assessment Team:

* the service has discussed their care plan with them and they are informed of changes;
* they have a say in daily activities and the way they want their care and services provided and have regular discussions with staff in relation to their needs, goals and preferences;
* are consulted in relation to assessments, reviews and changes to their care and service needs following Medical Officer and Allied health visits; and
* are notified following an incident, medical review or change of care.

A range of clinical and lifestyle assessments are completed on entry and on an ongoing basis, including when a change in consumers’ health and well-being is identified. The service has an electronic documentation system to support assessment and care planning. Care plans sampled showed the assessment process considered risk to the consumer and informed the delivery of care and services. Management described how assessments are commenced on entry and completed in conjunction with the consumer and representative. The care planning schedule confirmed all care plans have been reviewed in line with service’s policy.

Care planning documents for consumers sampled identify current needs goals and preference, including advance care planning. Staff interviewed described personal and clinical care needs and preferences for individual consumers which were reflected in relevant assessment documentation. Documentation viewed provided guidance to staff in relation to end-of-life care of the consumer to address areas of care, such as pain management, pressure area care and hygiene needs.

Consumers sampled confirmed outcomes of assessment and planning are effectively communicated and documented in a care and service plan. Care and service plans are available in both electronic and hard copy format. Care and services are regularly reviewed based on a set schedule and when changes occur impacting on the needs, goals, and preferences of the consumer. Progress notes viewed confirm consumers and representatives are involved in assessment and planning of care and services on entry and on an ongoing basis.

The service has a range of monitoring processes which includes scheduled care and service plan reviews in addition to reviews completed following incidents or changes in care and service needs.

Based on the evidence documented above, I find Rosha Pty Ltd, in relation to Ashman Grove Aged Care Hostel, to be Compliant with all requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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, consumers sampled considered that they receive personal care and clinical care that is safe and right for them. Consumers stated they get the care they need and are satisfied with the personal and clinical care provided. The following examples were provided by consumers during interviews with the Assessment Team:

* care provided was safe and right for them;
* the service had taken appropriate and prompt action to deterioration in their health;
* felt their needs, goals and preferences were known by staff;
* staff would identify changes to consumers’ health and well-being and will refer them to the Medical Officer and Allied Health Professionals when necessary; and
* Consumers and representatives confirmed they observe staff attending to infection control practices at regular intervals.

Assessment processes support staff in delivering personal and clinical care that is best practice, tailored to consumers’ needs and optimises their health and well-being. Care files viewed included a range of validated risk assessments which had been completed on entry and on an ongoing basis to identify each consumer’s personal and/or clinical care needs. Staff interviewed were aware of best practice resources and policies and procedures relevant to their roles. Consumers nearing end of life or who are at risk of deteriorating have their care and service needs met in accordance with the assessed needs, goals and preferences.

High-impact or high-prevalence risks associated with the care of consumers are identified through assessment processes, and individualised management strategies are developed and documented. Consumer files sampled showed areas of risk had been used to inform service delivery and were reflected in care. Care and clinical staff could describe strategies utilised to manage high impact or high prevalence risk in relation to falls prevention, weight management, challenging behaviours, pain management, pressure injury prevention, wound management, prevention of infection and minimising restrictive practice.

The service has processes to ensure relevant information about the consumer’s condition needs and preferences is documented. This includes handover documentation and care plans. Relevant information is communicated to others where responsibility is shared and used to inform referral processes. Sampled files viewed showed staff refer consumers, where required, to a range of health professionals to inform care planning and delivery.

Infection control practices within the service ensure infection related risks are minimised. Clinical staff could define what antimicrobial stewardship means by which they actively promote appropriate antibiotic prescribing, including the completion of a culture study that is reviewed by the Medical Officer prior to the prescription of oral antibiotics.

Monitoring processes include monthly incident analysis reports, audits and scheduled care plan reviews. These processes support staff delivering personal and clinical care.

Based on the evidence documented above, I find Rosha Pty Ltd, in relation to Ashman Grove Aged Care Hostel, to be Compliant with all requirements in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

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

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

The Assessment Team found consumers sampled considered 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:

* staff support them to do things which are socially, spiritually and emotionally important to them;
* they maintain social connections outside the service by attending local church services, being taken to the local shops and attending community groups outside the service;
* they are able to provide input into activities and meals though surveys, feedback forms, one-on-one discussions with staff and at consumer meetings and forums;
* are satisfied with the meals provided and have alternative options available; and
* personnel equipment is regularly maintained and cleaned in line with cleaning tasks and infection control procedures

Initial and ongoing assessment processes identify each consumer’s needs and preferences in relation to services and supports for daily living and are used to inform the care and service plan. Assessment documentation sampled included information on lifestyle preferences, life history and cultural and spiritual needs.

The service maintains a diverse lifestyle activity calendar with activities suitable for consumers with a range of service and support needs. Consumers reported they enjoyed the variety and quality of activities the service has on offer which considers and incorporates their hobbies and interests. Care plan documents viewed provided information on individual consumer’s life history, including family structure and religious/spiritual needs, and outlined strategies for staff to manage emotional behaviours, such as by reminiscing about past experiences and staying connected with families and friends.

Consumers are supported to have social and personal relationships both within and outside of the service. Care planning documents sampled demonstrated information about consumer needs and condition communicated within the organisation, and with others where responsibility for care is shared. Staff interviewed said they are kept updated with the current needs and preferences of individual consumers through the electronic documentation system and through handover processes.

The service has established networks with external organisations and individuals and refers consumers where appropriate. This includes groups, such as churches and spiritual leaders, taxi, volunteers and libraries and multicultural visitation services.

Meals are cooked fresh daily at the service, food options are changed regularly in line with consumers’ requests via satisfaction surveys, feedback forms and when the season changes, for example, winter and summer options. Documentation viewed confirmed consumers’ dietary needs and preferences, including allergies, likes and dislikes, is obtained on entry and communicated within the service.

Equipment provided to consumers is comfortable, clean, and well maintained. Staff interviewed confirmed they have access to equipment to meet the needs of consumers.

Based on the evidence documented above, I find Rosha Pty Ltd, in relation to Ashman Grove Aged Care Hostel, to be Compliant with all requirements in Standard 4 Services and support for daily living.

## 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 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:

* they all felt safe at the service, were able to personalise their rooms and had access to outside areas through doors located throughout the service and could contribute to the maintenance of the garden area;
* the service is clean and reasonably well maintained, this included equipment used in their rooms; and
* the service is easy to access and navigate as there is good signage. They are made to feel welcome.

The Assessment Team observed the environment to be welcoming with sufficient space for consumers to sit or conduct activities in various communal spaces. Rooms were observed to be personalised with some having their own access to outside spaces and small gardening areas. A new secure outside area has been developed leading from the main activity area.

The environment is well maintained, comfortable, clean and free of malodours. Both indoor and outdoor areas were freely accessible to consumers, most of which had doors leading to the outside courtyards, consumers were seen enjoying use of these facilities. The service has a maintenance management system which was based on a set schedule. All care and clinical staff could describe the process for reporting maintenance issues and hazards. The service has a range of audits, feedback processes and other monitoring processes to ensure the environment is safe, clean and comfortable.

Based on the evidence documented above, I find Rosha Pty Ltd, in relation to Ashman Grove Aged Care Hostel, to be Compliant with all requirements in Standard 5 Organisation’s service environment.

## 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, sampled consumers consider that 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:

* feel comfortable to discuss any issues directly with staff and management and said the service supports then to provide feedback;
* they receive information regarding advocacy services in a handbook and information pack;
* concerns following feedback are actioned and staff had apologised.

Consumers, their families, friends and carers are supported to provide feedback and make complaints. This includes feedback forms located throughout the service, regular surveys, monthly consumer meetings and through a range of focus groups.

Consumers are provided information on advocacy and language services when they first enter the service and through information on noticeboards and in the consumer handbook. Documentation sampled showed consumers engage advocacy services in the management of their complaint. Staff sampled are aware of advocacy and language services available to consumers and described how they would support consumers to access this service.

Appropriate action is taken in response to complaints and staff interviewed are aware of open disclosure practices. Feedback records and other documentation sampled showed consumers have their feedback actioned and the service undertakes open disclosure. Feedback and complaints are reviewed and used to improve the quality of care and services. Feedback and open disclosure policies and procedures guide staff practice.

A feedback register is maintained, and feedback received is collated and used to identify opportunities for improvement. Management provided examples of continuous improvement activities as a result of consumer feedback, such as improvement initiatives in relation to meal services.

Based on the evidence documented above, I find Rosha Pty Ltd, in relation to Ashman Grove Aged Care Hostel, to be Compliant with all requirements in Standard 6 Feedback and complaints.

## 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 consumers considered that 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 during interviews with the Assessment Team:

* felt there were enough trained and skilled staff to meet their needs and staff are responsive to call bells;
* provided examples in relation to staff being respectful and kind, such as staff knocking on the door, listening to them, treat me with respect and talk to me kindly; and
* staff appear to be appropriately trained and were confident in staff and their skills.

Workforce planning supports the delivery and management of safe and quality care and services. Consumer acuity and preferences, in addition to staff experience and expertise, informs staff allocation throughout the service to ensure there are sufficient staff to deliver safe and quality care and services. Documentation confirmed the service ensures relevant allocated shifts are filled. Processes ensure there are sufficient staff in the event of unplanned staff leave.

Staff interactions with consumers were observed by the Assessment Team to be kind, respectful and caring. The Staff handbook included information about respectfulness and cultural diversity. Management was able to describe how they lead a culture of respect for diversity.

The service demonstrated it recruits and retains a competent workforce with appropriate qualifications and knowledge and supports staff with resources to undertake their role. Care and nursing staff interviewed confirmed they had received training in a range of topics and regularly undergo competency assessments. Documentation confirmed staff were allocated training based on their roles and management monitored staff completion rates for mandatory training.

Annual performance appraisals are undertaken by all staff and are used to identify opportunities for training and further development. In addition, the service monitors staff performance through a review of, incident data, consumer feedback, staff feedback and review of clinical data. The organisation has a staff performance framework in place.

Based on the evidence documented above, I find Rosha Pty Ltd, in relation to Ashman Grove Aged Care Hostel, to be Compliant with all requirements in Standard 7 Human resources.

## 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 that overall, consumers and representatives sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by consumers during interviews with the Assessment Team:

* consumers are involved in the evaluation of service delivery through monthly meeting forums, various surveys and questionnaires;
* a sensory room was developed following feedback from representatives and consumers; and
* felt there were enough trained and skilled staff to meet their needs.

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement through focus groups, consumer meetings, a range of surveys and internal feedback mechanisms.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Board’s direction and leadership is communicated through a range of publications, including the annual report, flyers on noticeboards and various information handbooks.

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. Policies and procedures are reviewed on a set schedule at relevant meetings to ensure policies and procedures are up-to-date and reflective of best practice. Policies were reviewed and updated to align with the Aged Care Quality Standards. A structured continuous improvement framework is in place and provides a system to assist the service to actively pursue continuous improvement initiatives. Corporate systems ensure the identification and implementation of changes to legislation impacting the service.

The organisation has effective risk management systems and practices. The Clinical Governance Committee oversees high-impact, high-prevalence risks relating to the care of consumers. Training on abuse and neglect is provided annually to support staff in identifying incidents of abuse and neglect. Consumers are supported to live the best life they can through a range of risk assessment processes. The organisation has an incident management system to record incidents and identify opportunities for improvement.

The organisation demonstrated a clinical governance framework which included a range of policies and procedures to support staff practice in antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and described how they apply them in their roles.

Based on the evidence documented above, I find Rosha Pty Ltd, in relation to Ashman Grove Aged Care Hostel to be Compliant with all requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

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