Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Benetas St Laurence Court - Kangaroo Flat |
| **RACS ID:** | 3157 |
| **Name of approved provider:** | Anglican Aged Care Services Group |
| **Address details:** | 6-8 Wesley Street KANGAROO FLAT VIC 3555 |
| **Date of site audit:** | 26 November 2019 to 27 November 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 24 December 2019 | |
| **Decision made by**: | An 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:** | 20 February 2020 to 20 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 | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Not 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 | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | 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 | | Met |
| Requirement 8(3)(a) | | 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 25 February 2020 | |
| **Revised plan for continuous improvement due:** | By 06 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 Performance 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 Performance report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Benetas St Laurence Court - Kangaroo Flat (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 | 16 |
| Representatives | 3 |
| Care staff | 6 |
| Lifestyle Coordinator | 1 |
| Clinical care coordinator | 1 |
| Pet therapist | 1 |
| Physiotherapist | 1 |
| Quality and compliance manager | 1 |
| Regional business manager | 1 |
| Manager | 1 |
| Endorsed enrolled nurse / team leader | 1 |
| Hospitality staff (laundry) | 1 |
| Contract cleaner and regional managers | 3 |
| Contract chef manager and management | 2 |
| Maintenance officer | 1 |
| Buildings operations manager – north west region | 1 |

## 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:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation has met all six requirements in relation to Standard 1 Consumer dignity and choice.

Of consumers and representatives randomly interviewed for the consumer experience report, 100% said they are treated with respect always or most to the time. One hundred percent said they have a say in their daily activities and are encouraged to do as much as possible for themselves always or most of the time. Ninety-three percent of consumers identified staff explain things to them always or most to the time. The consumer who said staff explain things to them some of the time chose not to explain their perception further.

Consumers described the ways their social connections are supported both inside and outside the service. Consumers said they feel heard when they tell staff what matters to them and are encouraged to make decisions about their life, even when it involves an element of risk. Consumers described in a variety of ways how they are supported to live the lives they choose to live. Consumers said the organisation protects the privacy and confidentiality of their information and they are satisfied care and services, including personal care, are undertaken in a way that respects their privacy.

The service demonstrated consumers are treated with dignity and respect and actively promotes a culture of inclusion. Staff were observed interacting with consumers respectfully. The value of culture and diversity is promoted within the service and activities are tailored to the consumer cohort. Consumers receive clear and accurate information and options are available to inform good decision making~~.~~ Staff gave examples of how they maintain the privacy of consumers. This includes knocking on doors and waiting for an answer before entering and discussing care needs in private areas such as the nurses’ station. Electronic and filing systems support the protection of confidential information.

The service monitors and reviews its performance in relation to these requirements. Regular meetings and formal and informal feedback and complaints mechanisms are used to ensure consumers are satisfied staff treat them with respect, support them to maintain their identity and support them to live the life they choose.

#### 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:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) 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 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:

2. 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 that all five requirements in relation to Standard 2 Ongoing assessment and planning with consumers were met.

Of consumers and representatives randomly interviewed, 100% said they have choice in their daily activities most of the time or always. Consumers said they are engaged in initial and ongoing planning of their care helps and this them to get the care and services they need. The service seeks input from other professionals to ensure consumers get the right care and services to meet their needs. Consumers described their involvement in advance care planning discussions to ensure their needs and preferences are met during the final phase of life. Review of care occurs routinely and when consumers’ needs or preferences change.

Staff described how consumers and others contribute to the consumer’s care including medical practitioners, allied health professionals, family and key stakeholders. They described how they work together to deliver a tailored care and service plan. Monitoring and review is ongoing and occurs in line with consumer preferences and when care needs change. Documentation showed plans, including advance care plans, had been regularly reviewed with changes made as needed. Staff demonstrated an understanding of adverse incidents with these documented and reviewed by the service and changes made to contribute to the service’s continuous improvement processes.

The service monitors and reviews its performance in relation to these requirements. The assessment and care evaluation process is monitored to ensure care plans remain current and relevant for each consumer. The monitoring process involves mechanisms such as the review of audits, meetings and feedback.

#### 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 identifies 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) Met

The organisation demonstrates that assessment and planning:

(i) 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

(ii) 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) 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 Not 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:

2. 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 that the organisation has met six out of the seven requirements under Standard 3.

The organisation is not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team identified staff do not routinely follow the organisation’s policy and procedure for giving ‘as needed’ medication after hours when a registered nurse is not on duty at the service.

Of consumers and representatives randomly interviewed, 100% said they get the care they need most of the time or always and that they are encouraged and supported to do as much for themselves as possible. Ninety-three percent of consumers and representatives randomly sampled said they feel safe always or most of the time. Consumers and representatives gave examples of how staff provide safe and effective care and their feeling of being safe due to the presence of staff.

The Assessment Team observed staff be gentle, caring and respectful to consumers. Staff at interview were able to provide examples of how they provide best practice such as how they manage and care for consumers with responsive behaviours. This also included examples of responding to deteriorating changing needs and involving external services such as palliative care service, wound consultant and behavioural management services.

Care documentation reviewed by the Assessment Team demonstrated how the staff and organisation provide safe and effective care. However, the Assessment Team noted responsive behaviours were not always managed with non-pharmacological interventions before ‘as required’ psychotropic medication was given. In addition, documentation does not provide evidence that a registered nurse is consulted after hours, prior to the administration of an ‘as required’ medication, or that the effects of an ‘as required’ medication are always reviewed.

Management and staff are aware of consumers at risk, how to monitor and review incidents and changes to consumer care needs that require immediate review and assessment. Staff said they complete mandatory education regarding consumer care.

Staff interviews confirmed how they honour, respect and provide quality end of life care for individual consumers and supporting respective family members. Feedback processes note recent gratitude by a representative for the palliative care provided for their parent who died recently.

File review and staff interviews confirm ongoing and regular reviews are conducted. Evidence of care consultations with the consumer and/or their representative ensure appropriate ongoing personal and clinical care is safe and optimises consumers health and wellbeing.

#### 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:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Not Met

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

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

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) 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:

2. 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 that all seven of the requirements in relation to Standard 4 Services and support for daily living were met.

Of consumers and representatives randomly interviewed, 100% said they have a say in their daily activities and they are encouraged to do as much as they can for themselves most of the time or always. Ninety-three percent said they feel safe always or most of the time, with one consumer stating they only feel safe some of the time. This consumer explained someone went through their room yesterday looking for something and they understood why they did it but wished they’d communicated with them first. Ninety-three percent of consumers said they like the food always or most of the time. Where a consumer said they never liked the food, they noted they were awaiting to hear back from the chef after talking to them last week. Most consumers enjoy the social interactions and the ambiance of eating in the dining area, but said they are welcome to eat their meals in their rooms if they prefer. Consumers described in various ways how they participate in the community and are supported to do activities of interest and importance to them. Consumers are satisfied with the range of equipment available and staff responsiveness to requests.

The service demonstrated it supports consumers to maintain relationships and connections with other people inside and outside the organisation. Staff seek advice from consumers about activities of interest to them. Staff described in various ways how they assist consumers to maintain their emotional, spiritual and psychological wellbeing including arranging transport. Staff demonstrated they make timely referrals to other organisations and volunteers support the program. The availability of multi-purpose spaces enhances consumers enjoyment of a range of activities. The service’s chef provides meals of a suitable quality, variety and quantity with individual consumer preferences documented and catered for on a daily basis. The documentation of dietary information including allergies and intolerances is consistent. A range of safe, suitable, clean and well-maintained equipment is available.

The service monitors and reviews its performance in relation to these requirements. A range of consumer meetings, surveys, audits and feedback mechanisms inform the program. The chef attends food focus meetings with improvements identified and implement. Monitoring of improvements occurs with further improvements planned.

#### 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:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) 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 that 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:

2. 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 that the service has met all three requirements in relation to Standard 5 Organisation’s service environment.

Of consumers and representatives randomly sampled for the consumer experience report 93% said they feel at home most of the time or always, with a consumer saying they feel at home some of the time, despite everything the service does to make them feel welcome and comfortable. This related to their missing the space, garden and neighbours associated with their previously established home. Ninety-three percent said they feel safe always or most of the time. Management stated they continue to work with all consumers to optimise their feeling of safety in their home.

The service demonstrated an understanding and application of these requirements in various ways. The service was observed to be welcoming with individual rooms decorated with personal items. The service environment is clean, well maintained and safe including external courtyard areas with raised vegetable gardens and outdoor furnishings. There is signage and clear corridors to support consumers to move freely. Key staff and a range of contractors attend to the service’s corrective and preventative maintenance and fire and safety schedules. Cleaning systems ensure compliance with cleaning and infection control guidelines. Staff responsible for these areas confirmed their understanding of these systems.

The service monitors and reviews its performance in relation to these requirements. Regular meetings, audits, consumer surveys, feedback and complaints mechanisms are used to ensure consumers feel safe and comfortable in the service environment.

#### 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:

(i) is safe, clean, well maintained and comfortable; and

(ii) 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 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:

2. 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 that the service has met all four requirements in relation to Standard 6 Feedback and complaints.

Of consumers and representatives randomly interviewed, 93% said staff follow up when things are raised, all or most of the time. A consumer who said this never occurred said they are waiting for the chef to get back to them about a query they raised the previous week. Management said they are aware of the query and the chef intends to meet with the consumer soon. The service demonstrated consumers and representatives know how to give feedback and make complaints.

Management demonstrated how it informs, encourages and supports consumers and their representatives to provide feedback through information in admission packs, at regular meetings and information on display around the service. The wider organisation supports the service to monitor complaints with the management team collating and analysing all feedback regularly. Staff interviewed demonstrated an understanding of how to help consumers provide formal and informal feedback with management having an open door policy to foster ease of communication. Trends or new ideas help inform the continuous improvement process leading to improvements in care and services.

The service monitors and reviews its performance in relation to these requirements. Regular meetings, audits and consumer surveys are used to ensure consumers are encouraged and supported to give feedback and make complaints.

#### 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) 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:

2. 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 that the service has met all five requirements in relation to Standard 7 Human resources.

Consumers and representatives provided a range of positive comments about the quality and timeliness of care provided by staff. Of consumers and representatives randomly interviewed, 100% said staff are kind and caring and know what they are doing most of the time or always.

The service demonstrated an understanding and application of these requirements in various ways. Management have a workforce-based roster that reflects consumers’ care and service needs. The number and skill mix of staff is regularly reviewed and has recently increased and the availability of onsite registered nurses is being increased. The service’s recruitment and selection processes ensure the workforce is competent and staff have the qualifications and knowledge to effectively perform their roles. Staff complete mandatory education and accompanying competencies annually and additional training when needs are identifed. Staff interviewed confirmed attendance to a range of education. The service uses a range of processes to monitor staff performance including observation, monitoring incidents, analysis of consumer feedback and a formal annual performance appraisal.

The service monitors and reviews its performance in relation to these requirements. Regular meetings, audits and consumer surveys are used to ensure consumers receive quality care and services from knowledgeable, capable and caring staff.

#### 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.

### Standard 8: Organisational governance 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:

2. 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 that the service has met all five requirements in relation to Standard 8 Organisational governance.

The majority of consumers and representatives interviewed said management and staff encourage feedback and seek their opinion on preferred care and services. Of consumers and representatives randomly interviewed, 93% said they feel safe all of the time. Ninety-three percent of consumers said the home is well run most of the time or always. The one consumer who thought the home was never well run chose not to elaborate further. Management said they continue to work with stakeholders to ensure they feel safe and that their needs and preferences are effectively catered for.

The service demonstrated an understanding and application of these requirements in various ways. The service consult consumers and their representatives in the development, delivery and evaluation of care and some services. For example, consumers were consulted about the menu and the activity program. The organisation’s governing body has systems to promote a culture of safe, inclusive and quality care and service. The governance structure, including committee structure, and monthly reports demonstrate how information is reported to key decision makers within the organisation. This includes information and data relating to continuous improvement, financial governance, workforce governance, regulatory compliance and the management of key incidents and complaints. High-impact or high-prevalence risks, and abuse are also identified, managed and reported. The clinical governance framework includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

The organisation has regulatory compliance systems to assist with their compliance with relevant legislation, regulatory requirements, professional standards and guidelines.

#### Requirements:

##### Standard 8 Requirement 3(a) 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 that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

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

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) 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:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure