Berrinba Greens Care Community

Performance Report

1-15 Greenfern Drive   
BROWNS PLAINS QLD 4118  
Phone number: 07 3809 1400

**Commission ID:** 5562

**Provider name:** DPG Services Pty Ltd

**Site Audit date:** 9 November 2021 to 11 November 2021

**Date of Performance Report:** 8 December 2021

# Performance report prepared by

Nicole Grey, 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.
* other information and intelligence held by the Commission in relation to the service.

# 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

Consumers and representatives felt staff valued their culture, values, diversity and said care and services provided were physically, socially and emotionally safe for them. They reported being supported to exercise choice, independence and maintain relationships important to them. Consumers said they were supported to take risks to maintain their independence and to live they best life they can. They confirmed they received enough information from the service which enabled them to make choices in relation to meals, activities and service updates. Consumers and representatives felt their privacy was respected and their personal information was kept confidential.

Care documentation reflected what was important to consumers and included information about their backgrounds, spiritual and cultural preferences and strategies to ensure their preferences were met and their independence was maintained. Care information reflected assessments, care plans and recorded discussions were completed and reviewed regularly for consumers who chose to take risks.

Staff had a shared understanding of consumers’ backgrounds, personal preferences and people who were important in their lives. Care staff provided examples of how the culture of consumers influenced the way they delivered care and services including, but not limited to, gender preferences for staff and name preferences. Management confirmed consumers were supported to make informed decisions regarding their care and services and who they preferred to be involved in their care decisions.

Staff provided examples of how consumers who chose to take risks in relation to their mobility and smoking were supported. Staff utilised communication boards, cue cards and electronic tablet devices with language software to communicate with consumers from Non-English speaking backgrounds.

Staff were observed interacting with consumers in a respectful manner and ensuring their privacy and confidentiality was maintained throughout the site audit.

Organisational polices were available to guide staff practice in relation to dignity and choice, cultural safety, diversity and inclusion and dignity of risk. Staff received education and training in relation to dignity and respect, choice and decision-making including risks. Menus were displayed in dining areas of the service and newsletters; activity calendars and menu planners were available in large print to support consumers to exercise choice.

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

## 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

Consumers and representatives advised they were involved in assessment and planning processes and confirmed care provided met the individual needs of consumers. They said the service sought consultation regarding their care through case conferences and care plan review processes and end of life preferences were discussed with staff. Consumers and representatives confirmed the outcomes of assessment and planning were discussed with them. They said the service communicated with them regularly in relation to their care and services.

Comprehensive assessments and care plan information identified the needs, goals and preferences of consumers including any identified risks and advance care planning if that was their preference. Care documentation reflected when others were involved the care of consumers including, but not limited to, Medical officers, after hours general practitioners, specialist practitioners and wound care and dementia specialists. Information pertaining to pain and behaviour management, skin integrity, restrictive practices, nutrition and hydration, leisure and lifestyle preferences and mobility were recorded in the care plans to guide staff practice. Care planning documentation was reviewed every four months, in response to incidents or when changes in the needs and preferences of consumers were identified.

Staff had a shared understanding in relation to how assessment, planning and handover information contributed to the delivery of safe and effective care. Management confirmed the service respected the wishes of consumers who chose not to complete end of life planning documentation. Registered staff consulted after-hours general practitioners in assessment and planning processes when falls, pressure injuries, unplanned weight loss or changes in the pain management needs of consumers were identified. Care staff could access care planning documentation on the service’s electronic care management system and were provided with written and verbal handovers each shift to ensure changes in the care needs of consumers were effectively communicated.

Organisational policies, procedures and guidelines provided staff with guidance in relation to assessment and planning, end of life planning and the service’s care plan review processes. Clinical incidents were recorded and investigated, and care plans were reviewed in response to any identified risks. Clinical incidents were monitored and analysed to identify trends including, but not limited to, weight loss/gains, restrictive practices, behaviours, skin integrity, falls and pressure injuries.

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

## 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

Consumers and representatives confirmed consumers received care which was tailored to their individual needs and they could access other health professionals when required. They said end of life care was provided in line with their preferences and their dignity and comfort was maintained. Consumers said the service responded in a timely manner when changes or deterioration in their clinical condition was identified.

Consumers and representatives expressed confidence in the service’s abilities to meet their end of life needs and said changes in the clinical conditions of consumers were responded to appropriately. They said referrals occurred in a timely manner and they expressed confidence in the service’s abilities to manage an infectious outbreak, including an outbreak of COVID-19.

Care documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of consumers. Care documentation included the key risks related to personal and clinical care for each consumer. Advance care planning documentation reflected the end of life needs, goals and preferences of consumers and reflected changes and deterioration in the capacity or condition of consumers were responded to in a timely manner. Care documentation was accessible by all those involved in the care of consumers through the service’s electronic care management system.

Staff had a shared understanding in relation to the individual clinical and personal care needs and risks for consumers and strategies used to effectively manage them. Registered staff were available 24 hours a day to support and monitor care for consumers nearing the end of their life. Management advised staff had access to Queensland Health guidance resources in relation to responding to acute deterioration in aged care and flow charts were also available to guide their practice. Staff had a shared understanding regarding the strategies employed by the service to effectively minimise infection related risks. The service’s infection prevention and control lead monitored staff’s compliance with hand hygiene and the appropriate use of personal protective equipment.

Organisational policies in relation to restrictive practices, skin integrity, falls prevention, pain management, high impact and high prevalence risks, clinical deterioration and infection control prevention and management were accessible electronically and in hard copy. Systems and processes implemented by the service to monitor the effectiveness of clinical and personal care included clinical audits, service audits, the review and analysis of clinical incident data, medication advisory groups and observation of staff practice.

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

### 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

Consumers and representatives felt the service’s lifestyle program supported the individual interests of consumers and encouraged and supported their independence. They were complimentary towards staff who took the time to listen to them and went out of their way to brighten their lives. Consumers were supported to maintain community connections and attend social engagements and appointments. They said referrals were completed in a timely manner and they were grateful for the additional support they received form staff. Consumers and representatives enjoyed meals provided by the service and were encouraged to provide feedback through food focus groups and the service’s feedback processes.

Care planning documentation captured the individual needs and interests of consumers and what was important to them. Information regarding the cultural, emotional, spiritual and social needs of consumers was recorded in care planning information. Care plan documentation highlighted consumer’s individual preferences, community connections and relationships of important to them. The service’s electronic care management system included enough information to support the effective sharing of information within the service and with others involved in the care of consumers. Care planning documentation reflected the involvement of others in the provision of lifestyle support services and the individual dietary requirements and preferences of consumers.

Lifestyle staff facilitated group and individual activities for consumers living with dementia. Strategies implemented by the service to support the emotional and psychological well-being of consumers during COVID-19 visitor restrictions included, regular phone calls, various electronic communication platforms and window visits. Staff had a shared understanding in relation to the needs and preferences of consumers including strategies used to effectively support the participation of consumers in activities. Staff were familiar with other organisations and individuals involved in the provision of lifestyle services and supports for consumers.

Meal options were selected from the service’s cafe’ menu each day and from the service’s menu which was rotated seasonally. Catering staff provided consumers with alternative meal options should consumers require another choice. Snacks including fresh fruit, yoghurt and sandwiches were available for consumers at any time from the kitchenettes in each residential area.

Equipment to support the engagement of consumers in lifestyle activities was suitable, clean and well-maintained. Staff reported any identified maintenance issues which were attended to promptly by maintenance staff.

Lifestyle activities remain as a standing agenda item at the monthly consumer meetings. The activity schedule calendar was on display throughout the service and included a variety of group and individual activity options. A suite of evidenced based assessment tools were available to identify and assess changes in the lifestyle needs and preferences of consumers. Organisational policies in relation to handover processes and referrals to external individuals and providers were available to guide staff practice.

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

## 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

Consumers said they felt at home and were able to decorate their rooms with their personal belongings including items of furniture. Consumers and representatives considered the service environment to be safe, clean and well maintained. They felt the furniture, fittings and equipment at the service was safe, clean and suitable for use.

Lifestyle staff engaged the services of external consultants to ensure the service environment was furnished and renovated according to best practice dementia design. Staff had a shared understanding in relation to the service’s maintenance processes including the identification of hazards and confirmed issues reported were attended to promptly.

Maintenance documentation evidenced maintenance issues were addressed in a timely manner and scheduled maintenance had been completed. Maintenance was a standing agenda for consumer, representative and staff meetings.

The service was observed to be safe, clean, welcoming and enabled consumers to move freely indoors with access to outdoor areas. The service supported consumers to move freely around the service using mobility aids, wheelchairs and hand rails were available in external areas of the service.

Consumer satisfaction regarding the service environment was monitored through a range of feedback processes including meetings, the service’s feedback processes, audits, safety checks and consumer experience interviews.

Shared equipment was safe, clean, well maintained and fit for purpose. A sling register was established for infection control purposes and was audited regularly by an external contractor. Staff had enough equipment to perform their roles to meet the individual needs and preferences of consumers.

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

## 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

Consumers and representatives felt supported and encouraged by the service to provide feedback regarding their care and services. They were aware of the different mechanisms available to raise concerns including, but not limited to, feedback forms, the service’s online feedback link, consumer meetings and external organisations. Consumers and representatives expressed confidence in the service’s abilities to resolve their concerns and provided examples of improvements made in response to their feedback.

Staff had a shared understanding in relation to the service’s feedback mechanisms and how to support consumers with these processes. Management advised avenues available for consumers to raise concerns included, food focus and consumer and representative meetings each month, consumer champion meetings, through the service’s website, hard copy feedback forms, telephoning the organisation and through the service’s automated screening process. Further to this, feedback is sought through survey and audits. The General manager was responsible for overseeing the closure of complaints.

While interpreter and advocacy services have not been required for consumers at the service, most staff were familiar with how these services could be accessed. Staff had a shared understanding in relation to the service’s open disclosure processes and how this related to complaints resolution.

Information regarding complaints processes and contact information for external complaints agencies was recorded in the consumer handbook, service newsletters, feedback forms and organisational policies and procedures. Brochure and poster information in relation to external complaints agencies, advocacy and language services were displayed throughout the service.

Organisational policies were available to guide staff practice in relation to feedback, complaints and open disclosure. Staff had completed education and training regarding complaints resolution and open disclosure. Compliments and complaints were recorded in the service’s complaints register which evidenced appropriate actions had been taken by the service.

Changes to the living environment were initiated by the service in response to consumer and representative feedback. Improvements planned or implemented by the service were discussed at consumer and representative focus groups and meetings and reflected in the service’s plan for continuous improvement.

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

## 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

Most consumers and representatives said there were enough staff at the service to deliver safe and quality care and services. Consumers and representatives provided positive feedback in relation to workforce interactions and agreed staff were kind and caring towards them. They said the service had qualified staff with the knowledge and skills to provide care and services to meet their needs and preferences. Consumers and representatives said staff were generally well trained and equipped to perform their roles.

Staff generally felt there were enough staff to undertake their allocated tasks and responsibilities. New roles implemented in the past 12 months have included a permanent weekend receptionist, a Care coordinator support role, a Customer support manager and additional hours have been allocated for the Clinical educator role. Staff reported undergoing annual mandatory training and having access to additional training through online modules and toolbox training sessions. New staff were required to complete the service’s orientation program and mandatory training modules following commencement in their respective roles.

The Clinical manager reviewed, analysed and investigated call bell response time data each day. Staff were provided with education and training in relation to consumer privacy, dignity and recruitment. Staff training and performance management needs were monitored through various methods including consumer and representative feedback, audit results, performance reviews, clinical indicators and changes in aged care legislation. The Clinical educator was responsible for managing the ongoing training and education calendar for staff which included regular toolbox discussions, training delivered by external specialists and access to education sessions delivered by the organisation’s national education team.

The competency of staff was monitored through consumer/representative feedback, audits, regular performance assessments, surveys and clinical care reviews. Organisational policies were available for staff in relation to learning and organisational development and performance management. Detailed position descriptions established the responsibilities, knowledge, skills and qualifications required for each role. Staff performance assessments were completed following the completion of the six-month probationary period and annually thereafter.

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

## 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

Consumers were engaged in the development, delivery and evaluation of care and services through consumer spokespersons, the ‘helping hand initiative’, monthly consumer meetings, food focus groups and consumer feedback and suggestions.

The service’s plan for continuous improvement reflected the engagement of consumer feedback contributed to service wide improvements in the care and services delivered.

The organisation’s governing body promoted a culture of safe, inclusive quality care. Information in relation to clinical and incident data, operations, finances and the evaluation of the quality management framework was discussed twice a month with the Board of the organisation. Clinical indicators, incident data and outcomes of internal and external audits were reported to the organisation’s Audit and Risk Committee and further communicated to the Board. A clinical governance committee has been established to discuss quality and safety indicators which were reported further to the Board.

The organisational governance, risk, quality, and reporting framework was supported by relevant policies and procedures.

The organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

Consumers were satisfied with the way information about care and services was managed and provided to them. Information was readily accessible within the organisation’s information management systems to support staff to undertake their roles.

The service’s plan for continuous improvement reflected planned and completed improvement actions in relation to various areas of care and service delivery. Opportunities for improvement were identified through various methods including, but not limited to, consumer and representative feedback, audit and survey results, clinical incident data and trends.

Budgetary and financial forecasting information was reviewed by the organisation’s Regional manager and the service’s General manager. The service could access additional funds to meet the needs of consumers when required.

The organisation had governance mechanisms in place to track, audit and monitor compliance with legislative and regulatory standards. Industry standards and guidelines were monitored through the organisation’s corporate quality team. Management confirmed the organisation had communicated updates and provided resources to staff regarding the introduction of the Serious Incident Response Scheme, changes to restrictive practices and the requirement for behaviour support plans via staff meetings.

Staff had completed mandatory training and had a shared understanding of their responsibilities in relation to the Serious Incident Response Scheme. Organisational policies regarding the Serious Incident Response Scheme were available to guide staff practices.

The service’s incident reporting register and associated documentation evidenced reportable incidents falling within the scope of the Serious Incident Response Scheme were reported correctly and within the required timeframes.

The organisation had effective risk management systems and practices in relation to the management of high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and the management and prevention of incidents. Staff had a shared understanding of the organisation’s risk management policies in relation to falls prevention, pain management, minimising the use of restrictive practices, skin integrity and wound management.

All incidents were recorded in the service’s electronic management system and reviewed by the organisation’s quality team and reported via the Clinical governance and Audit and Risk Committees to the Board.

The organisation had a documented clinical governance framework which included policies for antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed these policies had been discussed with them and were able to provide examples of how they were relevant to their roles.

Registered staff had a shared understanding of strategies used to effectively prevent the unnecessary use of antibiotics and the various types of restrictive practices including their legislative responsibilities.

Management advised in response to the identification of wounds reported across services, the organisation has appointed a skin and wound care champion to provide additional clinical oversight of all wounds, wound care plans, skin assessments and wound care documentation.

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

## 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.