Blue Care Bli Bli Aged Care Facility

Performance Report

20 Lefoes Road
BLI BLI QLD 4560
Phone number: 07 5458 2000

**Commission ID:** 5178

**Provider name:** The Uniting Church in Australia Property Trust (Q.)

**Site Audit date:** 30 November 2021 to 3 December 2021

**Date of Performance Report:** 29 December 2021

# Performance report prepared by

Gai-Maree Cain, 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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’s response to the Site Audit report received 21 December 2021
* other information and intelligence held by the Commission regarding the service

# STANDARD 1 NON-COMPLIANTConsumer 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

Overall, consumers and representatives expressed satisfaction with the care and services consumers received, and considered consumers are supported to maintain their identity, make informed choices about their care and services, and live the life they choose. Consumers and representatives considered information they received is accurate, current, timely and easy to understand.

Consumers and representatives described various ways staff respects the consumers personal privacy, including staff knocking on consumer’s doors and announcing themselves before entering the consumers’ room.

Consumers and representatives said consumers are supported to take risks and engage in activities of choice, providing examples such as leaving the service independently. The service had processes to support consumer consumers choices, including those were risk to identified; for example, a dignity of risk is discussed with consumers and representatives as part of the entry to the service assessment process.

Staff know consumers as individuals and deliver cares and services in a culturally safe manner; for example, staff described how individual consumer’s culture and background influenced the delivery of their care and services.

The service provided information to support consumers in making informed decisions, such as menu selections and choices regarding activities of interest and day to day preferences. Staff described various ways in which they provided information to consumers, including consumers with cognitive impairment. For example, staff take the time to explain the options available through use of communication cards or discuss options with the consumer’s representative.

Care planning documentation provides guidance to staff in relation to consumers individual preferences and things of importance to the consumer. The service utilises a dignity of risk forms as part of discussions with consumers and representatives in relation to consumers choice to take risks and review of consumers’ care documentation identified the completion of dignity of risk forms for individual consumers.

The organisation has documented policies and procedures to guide staff practice including in relation to consumer choice and decision making and cultural inclusion.

However, the service was not able to adequately demonstrate that consumers are treated with respect and dignity, and consumers are dissatisfied with staff delays in responding to their request for assistance.

The Quality Standard is assessed as Non-compliant as one of the six specific requirements have been assessed as Non-compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

Not all consumers are not treated with respect and dignity. The Site Audit report provided examples from four consumers and/or representatives which evidenced consumers are not always treated respectfully, including during assistance with meals, interactions with staff and in the provision of continence cares.

While staff spoke about consumers in a way that indicated respect, staff advised there were regularly not even staff rostered on staff which resulted in delays to the care and service delivery for consumers.

The Site Audit report provided information which evidenced delays in staff responding to consumers requests for assistance, for example on one occasion a consumer’s call bell was not responded to by staff for over 35 minutes.

The Approved Provider in its written response dated 21 December 2021, provided evidence of actions taken and planned to address the deficiencies identified in the Site Audit report. The Approved Provider’s written response stated the service had identified a potential area for improvement in monitoring consumers satisfaction and include a plan for continuous improvement for the service with actions including:

* Implementing a monthly ‘Voice of the Consumer’ survey.
* Daily walkarounds by Management to monitor staff practices and ensure consumer dignity is respected.
* Staff communications, including a memo and consumer respect and dignity is now agenda at the staff meetings.
* Establishing a dedicated staffing roster to cohort staff and improve relationship building and ownership of roles specific areas of the service.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report and the Approved Providers written response. While I acknowledge the actions taken by the Approved Provider, at the time of the Site Audit, consumers were not treated with dignity and respect. Improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-Compliant.

### 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 felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives confirmed they were involved in initial assessments upon entry to the service and the ongoing planning of consumers’ care including discussions in relation to the consumers end of life planning. Consumers care and service was inclusive of other organisations and individuals of the consumers choosing. Consumers and representatives were informed about the outcomes of assessment and planning and could have access to the consumer’s care and services plan should they wish.

Assessment and care planning documentation identified that information related to consumers individual risk/s; and reviews were completed when circumstances changed or when incidents occurred that impacted on the needs, goals and preferences of the consumer. Assessment and care planning documentation reflected individual consumer’s current needs, goals and preferences, including advance care planning if the consumer wishes.

Staff demonstrated an understanding of the service’s assessment and care planning processes, and staff had access to the organisation’s policies, procedures and guidelines to guide the assessment and care planning process. Consumers mobility care plans are displayed in individual consumer’s room for staff to reference.

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 considered that consumers received personal care and clinical care which met their needs and preferences, is safe and right for them. Consumers and representatives said consumers are supported by the service in their clinical care needs, such as management of diabetes and pain management. Overall consumers and representatives considered the needs and preferences of consumers are effectively communicated between staff, and that timely referrals are made to other health professionals as required.

Staff described the high impact and high prevalence risks for consumers at the service, and how these are monitored and managed for individual consumers. Within the service’s memory support unit, the service had introduced an ‘engagement shift’ as an avenue to provide additional support to consumer through meaningful activities with the aim to reduce consumers behaviours of concern and risk for falling. Staff demonstrated an understanding of their roles and responsibilities in recognising and addressing the needs of consumers nearing the end of their life.

Staff described the ways they recognised and responded to a deterioration or change in the consumer’s condition and health status; including referring the consumer to the Medical Officer and/or transferring the consumer to hospital if appropriate. Staff said receive information on consumers’ changed health care needs via handover at each shift. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

Care planning documentation reflected the identification of and response to, consumer deterioration or changes; and input from Medical Officers and other health professionals was sought and their recommendations were incorporated into care plans.

Staff have access to evidence-based policies, procedures and guidelines to support the delivery of personal and clinical care; and the service’s plan for continuous improvement include actions to demonstrate the service’s improvement to the delivery of consumers personal and clinical care.

The service has implemented policies and procedures to guide staff related to infection control prevention and management and for the management of a COVID-19 outbreak. Staff confirmed they have received training in infection minimisation strategies including infection control and COVID-19. Practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak, including the identification of an Infection Prevention and Control lead.

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 considered they received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they want to do. Consumers and representatives interviewed confirmed consumers were supported to do the things they like to do to optimise their independence, health, wellbeing and quality of life. The service supported consumers to undertake lifestyle activities of interest to them, facilitate activities within the service and supported to maintain personal and social connections.

Consumers and representatives described ways that staff at the service provide emotional, psychological and spiritual support to consumers. For example, one named consumer explained ways the service supports them to access visits from the chaplain each week. Overall, consumers and representatives expressed satisfaction regarding the meals offered at the service, they advised that the quality and quantity of meals cater for individual consumers needs and preferences. Consumers and representatives advised they can make suggestions for food choices and changes with staff; by discussing directly with staff or by making suggestions at the consumer meetings.

Consumers’ condition, needs and preferences was communicated within the organisation and where care was shared. Consumers were referred to appropriate individuals, organisations or providers to meet their changing services or support needs. Equipment to support consumer lifestyle was observed to be safe, suitable, clean and well-maintained.

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 felt they belonged in the service and felt safe and comfortable in the service environment. Consumers and representatives expressed satisfaction with the service environment and advised the service is safe, clean, comfortable, well maintained and suitable for consumers.

Staff described how the service environment supports consumers independence, function and enjoyment such as in the service’s secure living environment which had access to outdoor gardens and seating areas for consumers. Staff described the maintenance and cleaning schedules undertaken at the service and review of documentation reflected regular and appropriate cleaning and maintenance of the service environment.

The service environment was observed to be welcoming, including a reception area with signage to direct consumers and visitors to various areas of the service. Consumers were observed to move freely around communal areas of the service; and consumer rooms were personalised and decorated to reflect their individuality.

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 confirmed that they were aware of avenues available for providing feedback and raising complaints, including through advocacy services. They advised they felt comfortable providing feedback and those that had made a complaint expressed satisfaction that their feedback was acknowledged, and changes implemented by the service.

Management described the different ways consumers are encouraged and supported to provide feedback or make a complaint, and how consumers are involved in the implementation and evaluation process once an improvement is made. Staff demonstrated an understanding of the services complaint’s management processes, including awareness of interpreter and advocacy services for consumers if required.

The service had a ‘Feedback Management Policy and User Guide’ and an ‘Open Disclosure Policy’ which guided staff in documenting, investigating, resolving and evaluating feedback and complaints made by consumers and/or representatives and applying an open disclosure process where appropriate.

Review of the services plan for continuous improvement identifies improvement actions taken by the service following consumer and representative complaints and feedback.

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 NON-COMPLIANTHuman 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

Overall consumers consider they received quality care and services when they need them from people who were knowledgeable, capable and caring. Consumers confirmed staff were kind, caring and respectful of their identity, culture and diversity.

Interactions between management, staff, and consumers and representatives were observed to demonstrate a kind, caring and respectful approach.

Management described how the workforce are recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. For example, the services training program includes mandatory training for all staff, and specific training for staff related to their role at the service. Staff expressed satisfaction with the service’s training program.

Management described how they determine whether staff are competent and capable in their role, which included orientation on commencement of employment, mandatory training programs and performance reviews. Staff confirmed they had completed mandatory training and competency assessments, including manual handling, infection control and COVID-19 training. Systems were in place to identify training needs, provide education to staff and monitor staff performance. For example, training records demonstrated staff had completed mandatory and other non-mandatory training modules; and professional registrations and national criminal history checks are all current.

However, consumers and representatives considered the service is not adequately staffed and raised concerns regarding responsiveness to consumers requests for assistance, as a result consumer not consistently receive timely or effective care and services. Staff said the service is often short staffed, and they feel rushed when delivering consumers care and services.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

The service is not able to demonstrate that the workforce is planned, and adequate in number, to enable the delivery and management of safe and quality care.

Consumers and representatives said there are insufficient staff to enable the delivery of safe and effective care and service. Consumers said staff were unable to attend to their requests for assistance in a timely manner and this had a negative impact on consumer’s personal and clinical care needs being met. For example, consumers said there had been occasions when staff have been unable to respond to request for assistance resulting in consumers experiencing delays in toileting and personal cares. Two named consumers advised that staff have requested them to supervise other consumers and alert staff if the consumer was a risk for falling.

Registered and care staff said the service is understaffed and they feel rushed to complete their work. Staff reported this staff shortages have resulted in staff undertaking two-assist tasks as lone workers as there was no staff available to assist. Nursing students on placement advised they had been asked to undertake duties beyond their current scope of practice due to staff shortages, including provision of care to consumers without supervision by other staff members.

The Site Audit report provided information in relation to three named consumers which evidence insufficient staffing had resulted in delays to the provision of care and service including on one occasion when an emergency call bell was activated and the response time by staff was 11 minutes.

Review of information provided by the service at the time of the Site Audit identified, for the month of November 2021 the service roster identified only 5 days were morning and afternoon shifts featured the float shift; for the remainder of the month the shifts were either unfiled or used to cover other areas of the service. Call bell audits for November 2021 identified 33 calls greater than ten minutes in duration.

Management advised the service had experienced a loss of approximately 10% of the workforce due to staff not wishing to have a COVID-19 vaccination. As a result, the service utilises agency staff, however management advised there is not consistently agency staff available. At the time of the Site Audit, Management advised the service did not plan to introduce any new consumers to the service until there were sufficient staffing levels in place.

In their response the Approved Provider acknowledged some of the findings presented in the Site Audit report, including attracting suitably skilled staff. The Approved Provider in their response included a plan for continuous improvement and identified the service had immediately implemented actions to address the deficiencies identified at the time of the Site Audit including: including comprehensive review of rosters, and assigning staff to units of the service with the aim to build positive working relationships and develop understanding and knowledge of individual consumers. However, the Approved Providers written response refuted that any student nurse is left unsupervised by any staff, and the service had verified this through review of closed circuit television. I am unable to come to a view in relation to this point as not further evidence was provided as part of the Approved Providers response. However, I am satisfied that the service has taken action as evidence by actions within the plan for continuous improvement including discussions with the student facilitators and clear instructions to support students to raise concerns.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report and the Approved Providers written response. While I acknowledge the immediate and planned actions taken by the Approved Provider, at the time of the Site Audit the service was unable to demonstrate it had a planned workforce to ensure consumers received safe quality care. Therefore, it is my decision this requirement is Non-Compliant.

### 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 and representatives considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives confirmed they were involved in the development and evaluation of services. Consumers and representatives confirmed they had opportunities to provide feedback and be involved in the development of care and services through consumer and representative meetings, surveys and feedback forms.

Management provided examples of recent projects which engaged consumers and representatives including redesign of a number of garden areas throughout the service.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. For example, the organisation had an established ‘Strategic Plan’ and ‘Quality Framework’, which outlined the governing body’s commitment to providing quality services to all consumers. The organisation has implemented systems to monitor the performance of the service and to ensure the governing body is accountable for the delivery of safe, inclusive and quality care and services.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious incident response scheme. Policies and procedures were available to all staff and guidelines and resources were available to support effective risk management systems and practices.

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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 1(3)(a) – Ensure each consumer is treated with dignity and respect, with their identity, culture and diversity value.
* Requirement 7(3)(a) – Ensure the service’s 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.