Blue Care Flinders View Nowlanvil Aged Care Facility

Performance Report

205-215 Ripley Road
FLINDERS VIEW QLD 4305
Phone number: 07 3288 8311

**Commission ID:** 5456

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

**Site Audit date:** 8 November 2021 to 10 November 2021

**Date of Performance Report: 15 December 2021**

# Performance report prepared by

Tara Wurf, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* The Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

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

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers/representatives reported that consumers are treated with respect by staff and feel valued. Consumers said staff take the time to understand what is important to them, and they are encouraged to maintain their independence, make decisions, exercise choice and to take risks. Consumers said their personal privacy is respected and provided examples of this. Several consumers said the staff are like family to them.

Staff consistently spoke about consumers in a respectful manner. They demonstrated an understanding of consumers’ personal circumstances, needs, preferences and managed risks, and how this influenced the care they provide. They said they are guided by what the consumer says is right for them and provide care and services in a way that makes consumers feel comfortable and safe.

Staff described the ways some consumers choose to take risks, how risk is discussed with the consumer and how the consumer is supported to take risks.

Staff said they had no concerns about the way consumers are treated and that if they witnessed any disrespectful treatment, they would report it to management.

Staff demonstrated knowledge of the people important to each of the consumers and could describe how they support consumers to maintain relationships with family, partners/significant others and friends. Staff described the practical ways they respect the personal privacy of the consumers, including how personal information is managed and discussed.

Staff have been provided with education on dignity and respect, cultural sensitivity and communication.

Staff were observed interacting with consumers respectfully and kindly, and being discreet when discussing consumers’ needs with other staff. Staff were observed monitoring an individual consumer in relation to an activity in which that consumers had chosen to take risks.

Care planning documents provided information about consumers’ backgrounds, interests, religious preferences, needs and what was important to them. The service had assessed risks to consumers, and documented strategies to assist them to maintain their independence and exercise choice. Consumers’ files contained evidence of consultation with consumers and their representatives. Information is also provided to consumers via the consumer handbook on entry to the service, emails, telephone calls, notice boards, newsletters and organised meetings.

Policies and procedures relevant to this Standard that provide guidance to staff and include communication with consumers, diversity, dignity and risk, privacy and confidentiality and risk management.

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 COMPLIANTOngoing 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 their representatives expressed satisfaction with assessment and care planning and said they were involved in the process, informed about changes and aware they could access a copy of their care plan. Consumers advised their care and services were reviewed regularly and staff involved them in the review of their care.

Comprehensive assessments and care planning process are undertaken when the consumer enters the service to identify needs, goals and preferences. Assessments are completed in conjunction with the consumer and their representatives, medical officer and allied health professionals and identified risks to consumers.

Care planning documents reflected the involvement of consumers/representatives in assessment and planning, were reviewed regularly, updated when consumer’s needs change and included input from other providers of care (for example, medical officers and allied health specialists). Care planning documentation also detailed information about consumers’ advanced care planning and end of life preferences.

Registered staff demonstrated understanding of the assessment, care planning and care review processes. Senior clinical staff provide daily oversight of the assessment and care planning review process.

Staff demonstrated a sound understanding of consumers’ care needs, including their individual preferences and any risks associated with their care. Care staff said they receive information about consumers during handover, from care documentation and from other health professionals involved in the care of consumers. Staff were aware of their responsibility in relation to the incident reporting/escalation processes, and the requirement to report any change in a consumer’s condition, needs or preferences which may prompt a reassessment or care plan review.

Care documentation was observed to be readily available to staff delivering care, and allied health professionals had access to consumer’s documentation relevant to their role.

Organisational and service level policies, procedures, guidelines and tools are available to guide staff with assessment and care planning, consumer-centred care, palliative and end of life care, and evaluation and review of care.

Incidents are documented in the electronic care management system and clinical indicator data is discussed at clinical meetings and analysed to evaluate care.

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/representatives reported that they get the care they need from staff who are kind and caring. Some consumers with complex care needs gave positive feedback about the care they receive from staff, and said it makes them feel safe. Consumers reported that staff are responsive to their requests for assistance and respond promptly to changes in their condition.

Consumers said staff talk to them about their care and explain risks, and confirmed staff have discussed end of life and palliative care preferences with them. Consumers/representatives were satisfied that their needs and preferences are effectively communicated between staff, appropriate referrals occur when needed, and they have access to relevant health professionals such as allied health professionals, medical specialists and specialist services.

Staff demonstrated individual knowledge of consumers’ personal and clinical care needs and their role in the delivery of care, including for consumers with complex care needs such wounds, pain or complex behaviours. Staff said they have access to policies and procedures and care pathways, and access to specialist services when required.

Staff described monitoring process in place for consumers and to ensure care is safe and effective, and the escalation pathways to report concerns, deterioration or changes to a consumer’s condition to registered staff. Registered staff have access to medical officers and senior clinical staff and management, including after-hours.

Care planning documents were individualised and reflected the input of the consumer/representative, medical officers and other health professionals such as dieticians, speech pathologists, nurse practitioners, hospitals, physiotherapists, dementia specialists and palliative care specialists. Care information reflected the identification of and response to, deterioration or changes in a consumer’s condition. Case conferences, referrals to external health specialists and changes to the consumers’ care plans were often initiated as a result of an incident or change in condition.

Effective strategies were implemented to manage key risks related to the personal and clinical care of each consumer. Management identified the highest clinical risks for the consumer cohort were risks to skin integrity and falls. In response, the service purchased a range of equipment, provided staff training, increased the involvement of a physiotherapist and engaged external wound specialist and geriatrician. Staff described individual consumers’ risks and strategies to manage those risks.

Care planning documents detailed consumers’ advanced care planning information and end of life preferences. Nurse practitioners from the local palliative care service visit the service weekly to speak with consumers and training registered and care staff in palliative care medication management and end of life care. Registered and care staff interviewed described how they support consumers nearing end of life.

Where restrictive practices were in place, these were monitored by the service and reviewed regularly; authorisations were in place, appropriate assessments had been completed and restrictive practice care plans were completed.

The service has an electronic care management system that stores consumers’ care documentation, which is accessible to staff, medical officers and other health professionals.

The service had a documented infection control process, including an outbreak management plan and a vaccination program for staff and consumers. Staff gave examples of practices to prevent and control infections, a dedicated infection prevention control lead had been appointed. During the Site Audit, the service experienced a respiratory outbreak affecting some consumers. The service demonstrated effective infection control practices, including appropriate personal protective equipment usage, signage and liaison with the public health unit.

Consumers/representatives reported they receive information from management and staff regarding minimising infection related risks, particularly in relation to the COVID-19 pandemic and changes to visiting arrangements. Consumers and representatives expressed awareness of a rhinovirus outbreak at the service and described the increased requirement for hygiene practices and to avoid restricted areas of the service.

Policies and procedures relevant to Standard 3 guide staff and included restrictive practices, skin integrity, pain management, advanced care planning and end of life, and clinical deterioration. Care pathways, flowcharts, work instructions and a risk management framework were also in place.

The service had systems and processes to monitor care delivery through the provision of staff education and training, and by analysing and responding to clinical data. Clinical indicators were monitored, analysed and actions implemented and recorded in the service’s plan for continuous improvement.

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 felt supported to do the things they want to do and have equipment and resources available to support them to be as independent as possible and participate in activities, both internal and external to the service. Consumers confirmed staff were aware of their individual needs and were available to talk to them when they required emotional support.

Consumers said they have input into the menu and like the meals provided and receive enough to eat and drink. Consumers reported providing feedback and suggested improvements to the chef and management, and identified improved quality of meals since the new chef commenced at the service.

Hospitality staff demonstrated knowledge of individual consumer likes, needs and dietary preferences. They described feedback avenues available to consumers to improve the menu and meal service. Information on consumers’ dietary needs and preferences was easily accessible and consistent with information in care plans and with what consumers said.

Staff demonstrated a shared understanding of what was important to individual consumers including what they liked to do. Staff described how they identify, escalate and provide support to consumers when they were feeling low or experiencing an emotionally difficult event. Staff described how changes in consumers’ care and services are communicated through handover processes, meetings, electronic messages, diary notes, review of progress notes and care plans.

The service supports consumers are supported to keep in touch with people important to them through welcoming visitors to the service, supporting social leave, and through contact by telephone or facetime with family and friends.

The service has a varied activities calendar and is developed based on consumer feedback and input.

Care documentation included information about consumers’ emotional, spiritual or psychological needs, internal and external activities of interest, dietary needs and preferences and people important to the consumer. Care planning documents also reflected the involvement of others in provision of lifestyle supports, including for example from NDIS support workers.

Equipment used to provide and support lifestyle service to consumers was observed to be suitable, clean and well-maintained, and easily accessible. Staff reported equipment is maintained by the service and cleaned following use. Equipment and furniture is regularly maintained and reported maintenance issues are responded to promptly.

The Assessment Team observed staff supporting consumers who did not want to leave their rooms and observed staff assisting consumers with their meals and offering them choice.

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 reported they feel safe and a sense of belonging at the service and their visitors feel welcome. Consumers said the service environment is comfortable, clean and well maintained, they can find their way around and can move freely inside and outside. Consumers said when they reported issues to maintenance these were addressed promptly.

The service environment was observed to be welcoming, clean, well-maintained. There were multiple communal seating areas, external courtyards and maintained gardens throughout the service’s grounds. Consumers could freely access indoor and outdoor areas such as the internal courtyards, lounge areas, outside the building as well as the designated smoking area.

Furniture, fittings and equipment were observed to be safe, clean, maintained and suitable for consumer use. Mobility aids and hoists were in good condition and stored securely. Equipment in the kitchen and laundry was clean and appeared well maintained.

Staff described the features of the service environment that are designed to support people with a cognitive impairment such as wide corridors, handrails, freedom to move in and out of doors, signage on doors to identify their room and bathrooms for those who need it.

Maintenance and care staff reported mobility equipment such as hoists and wheelchairs are regularly checked and serviced to ensure they are safe and fit for use. Consumers who require a hoist transfer have slings assigned to them and if staff identify equipment is not clean or working properly, they report the issue to the maintenance staff who address the issue.

Regular preventative maintenance of the service environment is completed according to a schedule. Maintenance issues are reported and actioned promptly. Consumer maintenance requests were actioned on the same day.

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/representatives reported they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken by the service. Consumers said they were comfortable raising complaints with staff and described the various mechanisms available to them should they wish to provide feedback, make a suggestion or raise a complaint.

Those consumers who had previously raised complaints with the service said management acknowledged their concerns, took appropriate action and checked with them to ensure their concern was resolved. These consumers were satisfied with how the service managed and resolved their complaint.

Management described various ways consumers are supported and encouraged to provide feedback or make a complaint, including during care plan reviews, case conferences, consumer meetings and verbally or in writing via the service or organisation’s complaints processes. The service has an open disclosure policy and applies open disclosure when addressing complaints.

The service has written materials, posters and brochures about how to make complaints, including details for external complaints advocates and the organisation’s complaints phone line. These documents were observed to be in documentation provided to consumers upon entry to the service, in the service’s newsletters and in the foyers of the service.

The service captures and manages feedback across various internal and external mechanisms including feedback forms, phone calls, case conferences and consumer meetings. Complaints are recorded in the organisation’s incident management system.

Complaint information is collated and trended, and action is taken to improve care and services. Management described recent improvements made as a result of consumer feedback and complaints. Collated complaints information is provided to the organisation’s governing body and the Board.

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

Consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers were pleased with the delivery of care and services and satisfied with the availability of registered nurses, care staff, lifestyle staff and support staff.

Consumers considered staff are kind, caring, cheerful in their interactions and speak to them in a polite manner. They expressed confidence in the quality of care and services they were receiving, stating staff were knowledgeable and well trained.

Staff confirmed there are sufficient staff to provide care and services in accordance with consumer needs and they have sufficient time to undertake their allocated tasks. Staff were observed to be attending to their daily routines without rushing and taking time to talk to consumers and representatives.

The service has a base roster which is adjusted when the acuity or needs of the consumers change. The service utilises a mix of registered staff and personal carers to provide care. Registered nurses are allocated to work across a 24-hour period. Strategies are in place to replace staff on planned or unplanned leave. Ongoing recruitment processes are in place to fill vacancies and the service has a supplier arrangement for engagement of agency staff if required.

The organisation has documented the qualifications, skills and knowledge requirements relevant to each role. This is included in documents such as position descriptions. Management described organisational processes to determine whether staff are qualified, competent and capable in their role.

The organisation has a training program and matrix for staff to access training relevant to their role. Staff complete mandatory orientation and training modules on commencement to the service and on an annual basis. Staff said they are provided with appropriate training and are equipped and supported to carry out their role.

Staff performance is effectively monitored through performance reviews process, which are completed according to a schedule and were current.

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

Overall consumers considered that the organisation is well run. Consumers, management and staff said consumer/representative feedback and involvement in the development, delivery and evaluation of care and services is sought through several mechanisms, including meetings, feedback forms and surveys.

Management said the governing body promotes, and is accountable for, a culture of safe, inclusive and quality care. The service regularly reports to the organisation’s regional governance team and committees, including information relating to serious incident reporting scheme, complaints, audits and consumer satisfaction surveys. This committee provides advice to the Board about safety and care quality from individual services.

The organisation has effective governance systems in place that include information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

A risk management framework is in place that ensures risks are identified, actioned and reported back to organisational committees. Management and staff have received education on the organisation’s risk management policies and provided examples of their relevance to their work.

The organisation has developed and implemented a clinical governance framework that covers antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff confirmed they had received training in these areas and were able to provide examples of their relevance to their work.

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.