Bolton Clarke Fairways

Performance Report

59 Hanbury Street
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**Commission ID:** 5354

**Provider name:** RSL Care RDNS Limited

**Site Audit date:** 4 May 2021 to 7 May 2021

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

# 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 Commission’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 confirmed they were treated with respect by staff and management. They said they were encouraged to do things for themselves and make choices, staff knew them as individuals and were aware of what was most important to them. Consumers confirmed they were provided with information to support them in their decisions about their care and services and were updated on any changes during meetings, care plan reviews, phone calls and electronic mail correspondence. Consumers and representatives confirmed their personal privacy was respected and they were able to maintain relationships of their choice.

Care planning documentation reflected information regarding what was important to each consumer and included information about their backgrounds. Care information included details regarding consumers’ choices, emotional and spiritual needs. Care planning documentation confirmed consumers were supported to take risks to live the best life they can.

Staff had a shared understanding of consumers personal journey’s and the organisation’s expectations in relation to staff treating consumers with respect. Staff were aware of consumer’s cultural needs and preferences and management advised the service could access interpreter services when required. Management advised consumers were supported to make informed decisions about their care and services and who they wished to be involved in decisions regarding their care. Staff were aware of assessment processes for those consumers who were supported to take risks including, but not limited to, meals, smoking and specialised equipment. Staff confirmed consumers were asked about their meal and activity preferences on an ongoing basis.

Ongoing training in relation to respect, dignity and supporting consumers’ identity, culture and diversity was provided for staff. The service had a diversity framework, information sharing processes, dignity of risk and privacy policy and staff could access cultural resources. Consumer satisfaction was monitored through consumer satisfaction surveys and the service’s feedback processes. Information packs and a consumer handbook were provided to consumers on entry to the service.

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 confirmed they were involved in care planning processes on entry to the service and on an ongoing basis. Representatives said staff were aware of their care needs including their end of life preferences.

Consumers confirmed people of importance to them were involved in discussions about their care including family members, representatives and nominated health professionals. Representatives said they were informed of changes in consumer’s care needs including incidents of falls and skin tears.

Care documentation included assessments completed by Registered nurses that included information regarding consumers’ needs, goals and preferences. Care planning documentation included risks to consumer’s health and well-being including, but not limited to, skin integrity, falls and diabetic management. Care planning information detailed consumer’s individual needs, goals and preferences including advance care planning and end of life wishes when they had been discussed.

Progress notes evidenced referrals to, and consultation with Medical officers and allied health professionals. Staff could access care plan information in consumer’s rooms which were reviewed regularly and when changes or incidents occurred.

Registered nurses had a shared understanding of the service’s assessment processes and confirmed the outcomes of assessments were documented in care plan information. Management said information regarding consumer’s end of life wishes was obtained on entry to the service and during care plan review processes. They said they communicated regularly with consumers and those involved in their care regarding their changing and ongoing care needs. Staff confirmed consumers and representatives were involved in assessment and review processes

The service had a suite of evidence-based assessment tools for staff to use. Policies and processes were available for staff to access regarding palliative care, advance care planning and incident management.

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 advised that consumers received the care they needed and had access to a Medical officer and other health professionals when required. Representatives confirmed consumers palliative care needs were managed well and visitors could visit the service at any time. Consumers and representatives expressed confidence in the service’s ability to identify and address changes in consumer’s clinical conditions including changes to their skin integrity. They said consumers had access to a Medical officer and confirmed referrals were actioned when required. Consumers confirmed they received information from the service in relation to the minimisation of infection related risks, particularly in relation to the COVID-19 pandemic.

Clinical records for consumers were individualised and evidenced care that was safe, effective and tailored to their specific needs. Where restrictive practices were required, care information evidenced that the appropriate assessment, monitoring, management, consultation, authorisations and reviews had occurred.

Care information reflected the service’s consideration of risks associated with the care of consumers including, but not limited to, skin integrity and falls. Palliative care plans were in place for those consumers requiring end of life care to ensure their comfort needs were met. Care information reflected the identification of, and response to changes in consumer’s clinical conditions. Clinical records reflected referrals and input from Medical officers, a range of allied health and other medical professionals including, but not limited to, wound specialists, speech therapists, the dietician and occupational therapist. Information regarding consumer’s conditions, needs and preferences were recorded in care plans and progress notes and communicated through handover, care alerts on the service’s electronic care management system, verbal discussions and electronic consultation records forwarded to the service from the Medical officer.

Care staff had a shared understanding of escalation processes and confirmed registered staff were always readily available and responsive to consumer’s care needs. Staff were aware of the individual risks associated with the care of each consumer, including falls and pressure injuries. Strategies employed to effectively manage these risks included pressure relieving equipment, low beds, sensor mats and sensor beams which were observed in use during the site audit. Registered staff had a shared understanding of the service’s clinical deterioration processes. Management said the service had access to the Geriatric Emergency Department Intervention team at the local hospital when required. Registered staff confirmed an external wound specialist was overseeing the management of some wounds at the service. Staff had a shared understanding of practices to prevent and manage infection related risks.

The service had policies and procedures for key areas of care, including restraint, skin integrity and pain management in line with best practice which was readily accessible by staff. The organisation’s Specialist Clinical Nurse Advisor and clinical knowledge centre staff were available to provide staff with additional clinical support and wound management guidance. In addition to the service’s mandatory training requirements, staff had received additional training regarding palliative care.

Clinical incident data including falls, medications, pressure injuries, infections and weight loss was collated and analysed each month. Organisational guidelines, including flowcharts were available to provide staff with guidance in relation to recognising and responding to clinical deterioration. The service’s appointed Infection Prevention and Control Lead was responsible for the undertaking of audits, monitoring of personal protective equipment stock and line listings if an outbreak occurred, the completion of associated documentation and collaborating with the organisation’s infection control manager.

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 support 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 confirmed the service’s lifestyle program supported their lifestyle needs and staff assisted them to be as independent and as safe as possible in activities of daily living. Consumers and representatives confirmed staff were always supportive when consumers were observed to be feeling low. Consumers said they were supported to do things of interest to them within and outside the service. They said staff supported their relationships and when required, they were assisted to visit those people who were important to them who resided in other areas of the service. Consumers said they were provided with information about their care and services, including a monthly activity calendar. Most consumers expressed satisfaction with meals which were varied, and of suitable quality and size. Consumers confirmed equipment at the service was clean and well maintained and that they felt safe.

Care planning documentation included information about the services and supports required to support consumers to do the things they wanted to do. Care information confirmed staff supported the emotional, spiritual and psychological well-being of consumers. Care documentation included information regarding people of importance to consumers and things they enjoyed doing within and outside the service. Care information reflected the involvement of others in the provision of lifestyle supports including representatives and external support services. Care planning documentation included information regarding consumers dietary requirements, preferences and allergies.

Staff supported consumer’s emotional well-being through one on one discussions, pastoral support, visiting therapy dogs and other community animals, open door policies, counselling services and through the establishment of a rapport with individual consumers. Changes in consumers’ needs and preferences were communicated through staff handovers and through alerts on the service’s electronic clinical care system. Activity staff engaged with representatives, volunteers, entertainers and community groups to develop activities for the activity program at the service. The service’s food service team leader received feedback regarding the meals through the service’s feedback processes including complaints, observations, discussions and food focus groups. Catering staff had a shared understanding of consumer’s dietary needs and preferences.

Activity calendars were developed from assessment information and feedback from consumers. Consumers who preferred not to participate in activities were supported to participate in individual activities that were meaningful to them. An onsite chapel was available for consumers to attend when they chose to. A variety of dining and seating areas were available throughout the service for consumers and representatives to access. Equipment provided by the service was clean, safe and well maintained by staff and monitored by the service’s maintenance team.

Consumer’s satisfaction with services and supports for daily living were monitored through the service’s feedback processes and participation and engagement.

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 that the service was a comfortable place to reside. Consumers felt safe at the service and were satisfied with its cleanliness. Consumers said they felt safe when staff were using equipment to support their activities of daily living.

Consumers and visitors were made to feel welcome at the service. Consumers rooms were personalised and decorated to reflect their individuality. The memory support unit was designed to support people living with a cognitive impairment and included two accessible outdoor areas.

Staff had a shared understanding of the areas of the service individual consumers enjoyed accessing. Staff were aware of the service’s maintenance reporting process and confirmed these were attended to promptly by the service’s maintenance team. Staff confirmed they had enough equipment to support consumer’s care needs.

The maintenance team leader attended consumer meetings and seeks feedback to identify any concerns raised with consumer’s rooms or the service’s living environment. Cleaning staff were guided by cleaning schedules and said they had enough time to complete their allocated duties. The service had implemented a new integrated management system which included preventative and reactive maintenance schedules and associated expenses. The service’s call bell system was monitored each month to ensure consumer’s requests for assistance were answered in a timely manner.

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

Most consumers and representatives said they felt supported by the service to provide feedback regarding their care and were encouraged to make complaints if they were not satisfied with the care and services provided. Most consumers were aware of the service’s feedback and advocacy processes and felt comfortable raising concerns with staff. They said they were satisfied with the service’s responsiveness to concerns raised.

Staff supported consumers to raise concerns, complete feedback documentation and discuss their concerns with management when requested. Staff had a shared understanding of the service’s complaints management processes including open disclosure. Management confirmed complaints data was monitored and feedback was also sought from consumers during case conferences and care assessments.

Hardcopy feedback forms and lodgement boxes were available throughout the service and all feedback received was recorded in the service’s incident management system. Brochures and posters were visible in several areas of the service and provided consumers with information regarding advocacy and language services. Complaints recorded in the service’s incident management system were actioned and evaluated appropriately. Feedback and complaints information was discussed at consumer meetings. The outcomes of complaints, audits and feedback from consumers contributed to the service’s plan for continuous improvement.

The service had complaints policies and procedures to guide staff in the management of the service’s feedback processes. Information regarding the service’s complaints processes and advocacy and language services were included in the resident’s handbook. Staff had received open disclosure training and could access guidance material to ensure open disclosure processes were practiced effectively.

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 and representatives confirmed there were sufficient staff to meet their care needs and that their requests for assistance were responded to in a timely manner. Consumers and representatives said staff’s interactions were kind and caring and staff were respectful of their diversity, culture and identity. They said staff had the knowledge and qualifications to provide care and services that met their needs. Consumers and representatives felt confident that staff knew what they were doing and provided them with safe and quality care and services.

Staff said they had enough time to complete their allocated duties. Management advised workforce planning occurred in response to the number of consumers residing at the service, their specific needs and preferences, observations, feedback and to minimise any identified risks. The service was undertaking recruitment processes for an Activities officer in the memory support unit during the site audit however, for the interim, consumers residing in the memory support unit were supported by staff to attend activities in other areas of the service.

Staff confirmed they were required to complete mandatory education however, they were also provided additional internal and external training opportunities. Staff confirmed they had participated in performance appraisal processes. Staff advised the service had probationary and ongoing performance monitoring processes in place.

The service had recently recruited six registered nurses and has initiated a nurse preceptor role which commenced in May 2021 providing new nursing staff with additional support. The preceptor nurse is responsible for the coordination of buddy shifts, the delivery of education and the assessment of competencies for new and existing staff. Orientation and induction programs were completed by all new staff and probationary and ongoing performance management processes were in place. A Registered nurse was on duty 24 hours per day seven days a week.

Call bell response times were audited each month to ensure consumer’s requests for assistance were responded to in a timely manner. Consumer satisfaction with staffing levels were evident in recent survey data which included positive results regarding the care provided and the availability of staff. The service had human resource policies including, but not limited to, the recruitment and selection of staff and staff performance review processes.

The service had monitoring processes in place to ensure all staff had current certifications and qualifications relevant to their roles. Position descriptions were available for staff and included information regarding the core competencies required for their positions. Staff competencies were managed at a corporate level and recent examples of additional training provided for staff included the Serious Incident Response Scheme and Silver Rainbow training conducted by the Lesbian Gay Bisexual Trans/Transgender Intersex Queer Health Alliance. Incidents and consumer feedback mechanisms contributed to the service’s performance management processes.

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

Management confirmed consumer engagement was achieved through a variety of ways including, but not limited to, consumer meetings, surveys, newsletters, care and service plan reviews and feedback and complaints processes. Consumers and representatives stated they were confident with how the service supported and engaged with them in the development, delivery and evaluation of care and services.

The organisation’s governing body has implemented processes to ensure they promote a culture of inclusivity, quality and safe care and services and were accountable for their delivery. All members of the Board had completed training regarding the Aged Care Quality Standards and the Serious Incident Response Scheme. Staff had access to incident and hazard reporting systems. The organisation had established monitoring processes to ensure care and services delivered, were in line with the Aged Care Quality Standards. These processes included a monthly aged care clinical governance safety and wellbeing report, regular audits, clinical indicators and feedback processes.

Organisational governance systems included a clinical governance client safety and wellbeing framework. The framework provided a clinical governance reporting structure to ensure consumer clinical outcomes were reported and reviewed at the highest level of governance.

The Board had access to relevant information about the performance of the service which was communicated through the Risk and Audit committee and the Chief Executive Officer. Regulatory changes, clinical alerts and information from relevant aged care bodies were tracked by the organisation and disseminated to the service as they became available and discussed at weekly clinical governance meetings. Staff and management could access information they needed about the organisation’s systems, processes and practices and the care and service requirements of each consumer.

The service’s plan for continuous improvement included improvement activities in aspects of each Aged Care Quality Standard which were planned, actioned and evaluated.

Management confirmed they had capacity to expand funds to meet the needs of consumers. The organisation had policies and procedures and human resource processes to ensure the workforce is managed in accordance with regulatory requirements.

The organisation had policies and procedures covering compulsory reporting and consistent with current regulatory requirements. The service maintained a compulsory reporting register which provided detailed information of reportable incidents including those that met the Serious Incident Response Scheme criteria. Staff confirmed they had received mandatory reporting, elder abuse and Serious Incident Response Scheme training and were aware of compulsory reporting requirements. The organisation had implemented a risk minimisation policy.

The service had a documented risk-management framework which described the management of high impact or high prevalence risks associated with the care of consumers, the identification and response to the abuse and neglect of consumers and supporting consumers to live the best life they can. Management advised the organisation had implemented a combined post falls management flowchart and observation chart in the service’s electronic care system to ensure the assessment, monitoring, review and communication processes are completed when a consumer experiences a fall. In response to an increase in falls in March 2021, the service had rostered an additional Registered nurse to oversee care delivery.

The organisation’s governance systems ensured feedback and complaints information was reviewed at the service level, regional level and Board level.

The service had a clinical governance framework that referenced antimicrobial stewardship, restraint minimisation and open disclosure. Antimicrobial stewardship was discussed at the service’s clinical governance and quality meetings.

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.*

### 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.