Bupa Modbury

Performance Report

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**Commission ID:** 6934

**Provider name:** Bupa Aged Care Australia Pty Ltd

**Site Audit date:** 18 August 2020 to 19 August 2020

**Date of Performance Report:** 19 October 2020

# Publication of report

This Performance Report **may 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 consumers, representatives, staff and others.
* the provider’s response to the Site Audit report received 14 September 2020.

# STANDARD 1 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

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

The Assessment Team found most consumers and representatives interviewed confirmed consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are encouraged to do things for themselves and staff know what is important to them.
* their personal privacy is respected. Staff are polite and friendly and knock prior to entering consumers’ personal spaces.
* consumers from various cultural background confirmed staff understood their special needs, provided support to include them in interactions with others from the same cultural background and they are included in appropriate activities.
* they are assisted to live their best lives and are able to decide what care and services they receive.
* receive up to date information through handbooks, newsletters, meeting forums and noticeboards.

The service has initial and ongoing assessment and planning processes to identify each consumer’s interests, beliefs, cultural and spiritual needs. Information gathered is used to develop individualised care plans which assists staff to deliver care and services in line with consumers’ needs and preferences. There are processes to regularly review care plans in consultation with consumers and/or representatives. Staff provided examples of how they ensure consumers are respected and how they are informed of consumers’ culture and diversity needs and preferences.

The service ensures care and services are culturally safe through regular review of consumers’ care in consultation with consumers and/or representatives. These reviews ensure consumers’ cultural preferences are clearly understood and documented in individualised care plans. Staff interviewed described how they support consumers to ensure the care they provide is culturally safe and how this is captured, including gender specific requirements to assist with activities of daily living.

Care staff described how they support consumers to make their own decisions in relation to care and services. Additionally, staff described how they promote consumers’ independence on a daily basis. Consumers and representatives confirmed they can communicate consumers’ wishes and feel staff respect their decisions.

Consumers confirmed they are assisted to live their best life and are supported to take risks. Risk assessments and progress notes viewed by the Assessment Team outlined strategies to support consumer risks to ensure they are able to undertake these activities safely.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure a culture of inclusion and respect for consumers; supports for consumers to exercise choice and independence and consumers’ privacy is respected.

## 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

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

The Assessment Team found that overall consumers confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers during interviews with the Assessment Team:

* staff speak to them in relation to assessments and assessing care and clinical needs.
* they are aware of the assessment process and development of the care plan and are involved in care plan review processes. All stated they have access to care plans if required.
* end of life goals and wishes were addressed when a consumer first entered the service.

Initial and ongoing assessments assist the service to identify each consumer’s care needs and preferences. Care plans are developed and those viewed by the Assessment Team were current and reflective of consumers’ assessed needs. All care plans are completed using the first person approach. All consumer files viewed included a completed palliative care plan and care plan review checklist demonstrating the palliative care form is regularly reviewed.

On entry, staff said they assess consumers’ needs, goals and preferences and complete a Consent to obtain and release information form, ensuring additional information can be requested from the consumers’ Medical officer and/or specialists to assist with the accuracy of care plan information and care strategies.

Consumers and representatives confirmed they were involved in the initial assessment and care planning process, are contacted when reassessments occur, and care plans are reviewed and where changes to care needs occur in response to decline in consumers’ health. Care plans are available to consumers and representatives as required.

Care staff interviewed confirmed they are informed of any changes to consumer care and service needs through handover processes. Clinical staff confirmed end of life care is discussed when a consumer first enters the service and when their health declines; this is addressed through reassessment processes. Palliative care plans are developed following entry and are reviewed on a three monthly basis in consultation with the consumer and/or representative.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning is conducted in partnership with consumers and has a focus on optimising health and well-being in accordance with consumers’ needs, goals and preferences.

## 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 COMPLIANTPersonal 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

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

The Assessment Team found that overall consumers sampled considered that they get personal care and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* staff provide safe and effective care and they receive the care they require.
* are able to see the Medical officer when they need, and they have access to Physiotherapists and other allied health specialists as required.
* two representatives stated their family member’s health and quality of life has improved since they entered the service.
* in relation to the passing of a parent, one representative said staff attended to the consumer’s needs and they felt they were comfortable when passing.

Staff have access to a range of mechanisms to ensure care and services provided to consumers is best-practice. A range of validated risk assessments are used by the service with information gathered used to develop strategies and care plans. Management confirmed the service’s approach is consistent with current best practice and in line with each individual consumer’s needs.

Policies and procedures in relation to identifying and managing consumer risks are available to guide staff practice. Areas of high impact or high prevalence risks are identified, and appropriate individualised strategies implemented. Staff could explain how they identify risks and described strategies to minimise risks they implement for individual consumers. Areas of risk viewed by the Assessment Team in consumer files included skin, behaviours, wound management, weight loss and falls management.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Staff described processes implemented when a consumer is at end of life, including documentation completed. An end of life pathway is completed for all consumers and a Comfort pathway considers consumers’ pain, breathing and agitation levels and ensures routine comfort measures are implemented on a regular basis.

Documentation viewed demonstrated where consumers were noted to have deteriorated or changes to their mental health or cognitive or physical function were identified, actions were initiated in a timely manner and referrals to Medical officers or allied health specialists were undertaken. Additionally, reassessments occur, and care plans are updated to reflect the consumer’s current care needs.

The service demonstrated appropriate infection control measures have been implemented throughout the COVID-19 restrictions. Staff were observed to be using correct personal protective equipment and regularly washing their hands. Representatives stated they have been supplied with influenza vaccinations and have temperatures checked and wear face masks when visiting their family members.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 3 to ensure delivery of safe and effective personal and clinical care, in accordance with consumers’ needs, goals and preferences to optimise health and well-being. Additionally, clinical trending is completed on a monthly basis; this includes clinical incident, infection rates and use of antibiotics.

### 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 COMPLIANTServices 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

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

The Assessment Team found overall consumers considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* staff know what is important to them and they are supported to do the things they like. If these activities are not offered as part of the main activity program, one on one support or small group activities are provided. Examples described include, painting facilities and a quiet area to pray.
* supported to keep in touch with people who are important, and visitors are welcomed.
* like most of the food, it is tasty and varied, and they can choose meals at time of service and have input into the menu.
* provided examples of how they maintain contact with their community by going out shopping, walking with family and attending the church of their choice.
* have all the equipment required to assist them in their care and everyday life.

Assessment processes, including a Map of life and spiritual and cultural assessments assist to identify each consumer’s goals, needs and preferences and these were noted to be reflected in care plans viewed. For sampled consumers, staff described what was important to consumers, how they support consumers to remain independent ensuring their safety and how they support consumers’ emotional well-being.

The lifestyle program includes a range of activities, and care plans included information relating to how consumers are supported to participate in the community and maintain friendships.

A sample of consumer files viewed by the Assessment Team demonstrated information about consumers’ conditions, needs and preferences is clearly documented and communicated within the service and with others where responsibility is shared. Staff described how information is shared, including through handover processes, and demonstrated an understanding of their privacy obligations.

The service has processes to ensure each consumer’s nutrition and hydration is monitored and reviewed to ensure good health is maintained and risks of malnutrition and dehydration are reduced. The service offers a varied menu of suitable quality and quantity. The menu is regularly reviewed by a Dietitian and there are a range of alternative meal options available. Consumers said they like the food provided and can provide feedback in relation to meals directly to staff and at resident meeting forums.

Quarterly personalised audits are conducted and monitor consumers’ emotional well-being, privacy and dignity, choice and decision making. Management provided evidence of actions taken in response to audit outcomes, including implementation of a consumer handbook, ‘A place to call home’.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 4 to ensure safe and effective services and supports for daily living are provided that optimise consumers’ independence, health, well-being and quality of life.

## 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 COMPLIANTOrganisation’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

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

The Assessment Team found overall consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* they feel at home living at the service and feel it is their home as they can personalise their living space and the environment feels homely.
* it is nice to live in as the environment is clean, welcoming and staff are friendly.
* confirmed furniture, fittings and equipment are safe, clean, well maintained and suitable for them.

The Assessment Team observed the environment and equipment, including soft furnishings, such as chairs and lounges, and floor coverings to be clean and well maintained. The environment was noted to be easy to navigate and consumer bedrooms were personalised. Additionally, consumers are able to move freely both indoors and outdoors.

Staff described how they identify and report maintenance tasks, incidents and hazards. There are preventative and reactive maintenance processes, and staff confirmed maintenance issues are investigated, actioned and resolved. Cleaning processes are in place and records demonstrated staff are aware of their responsibilities in relation to cleaning tasks. Contracted services are utilised to maintain and inspect equipment, such as lifters, lifting slings and weigh chairs. The Physiotherapist confirmed assessments are completed to identify required equipment, including shower chairs and wheelchairs.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 5 to ensure a safe and comfortable service environment is provided that promotes consumers’ independence, function and enjoyment.

## 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 COMPLIANTFeedback 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

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

The Assessment Team found that overall consumers and representatives consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers during interviews with the Assessment Team:

* feel comfortable and can provide feedback directly to staff or through other forums, such as feedback forms, monthly consumer meetings and surveys.
* feedback is actioned and used to improve the quality of care and services. Examples discussed included, meal services, smoking times and lost clothing.

Consumers are provided with information in relation to internal and external complaint avenues, language services and advocacy services on entry. Information in relation to complaints processes and advocacy was also noted in newsletters, Resident agreements and displayed on noticeboards.

The service has policies and procedures to support staff to identify and action feedback and in relation to their roles and responsibilities around open disclosure. Management described how consumer complaints are addressed, including using an open disclosure approach.

Management described how complaints are reviewed and used to improve the quality of care and services. Whilst no specific trends have been identified, two complaints related to food. Management described how these complaints have been followed through, including consultation with the consumers and discussion with the Chef. The Chef attends monthly consumer meetings where concerns are recorded and actioned.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure input and feedback from consumers, carers, the workforce and others is sought by the service and used to inform continuous improvements for individual consumers and the organisation.

## 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 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

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

The Assessment Team found that consumers considered get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers during interviews with the Assessment Team:

* staff are kind, caring and supportive. Comments included “staff are always there to listen” and “staff know I prefer to have a female worker to attend to my care”.
* staff are adequately trained and there are sufficient numbers of staff to provide care and services.
* staff respond when they press the call bell and one consumer said there are enough staff in the mornings to help with showering.
* staff know what they are doing and how to deliver care and services in line with their preferences.

There are processes to ensure the workforce is planned and the number and mix of staff deployed enables delivery of quality care and services. Staffing is based on a number of factors, including consumer acuity. There are processes to manage planned and unplanned leave.

Staff were observed interacting with consumers in a kind, caring and respectful manner. Staff discussed what they would do if they observed a member of staff being disrespectful or unkind to consumers, including reporting the behaviour to management. The organisation’s mission and values statement details practices and principles for staff to abide by, such as being caring.

Staff are recruited based on having the appropriate qualifications and/or experience for the role. Induction processes include job specific competencies and buddy shifts. An annual training needs analysis is completed to inform further training requirements in addition to staff and consumer feedback which is used to develop an annual training calendar. Training records viewed included core and non-core training skills which were competency based and required to be completed annually. Additionally, records demonstrated all staff have completed required training.

A staff performance appraisal and development process is in place, including probationary and annual reviews. Management described how staff performance is monitored through consumer feedback, surveys and feedback mechanisms. The formal performance review process includes observation of staff practice and feedback from other staff, consumers and representatives.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 7 to ensure the workforce is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## 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 COMPLIANTOrganisational 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

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

The Assessment Team found that overall consumers considered that the organisation is well run, and they can partner in improving the delivery of care and services. The following examples were provided by consumers during interviews with the Assessment Team:

* staffing is sufficient, they enjoy the meals and staff know what they are doing.
* described being involved in the development, delivery and evaluation of care and services through monthly focus group meetings, consumer meetings, surveys and care plan review processes.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported at various service and organisational meeting forums and to the Board.

There are processes to ensure consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Resident meeting minutes viewed by the Assessment Team demonstrated consumer engagement in relation to purchase of fittings, staffing, proposed activities, meals and allied health visits.

Management described how the organisation’s purpose, values and mission statements encompass principles of accountability, openness and caring ensuring the governing body promotes safe, inclusive and quality care and services.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and described how they implement these within the scope of their roles.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 8 to ensure the organisation’s governing body is accountable for the delivery of safe and quality care and services.

## 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.