Carinya Residential Care Centre

Performance Report

39 Fisher Street   
MYRTLE BANK SA 5064  
Phone number: 08 8130 6444

**Commission ID:** 6762

**Provider name:** Allity Pty Ltd

**Site Audit date:** 4 February 2020 to 6 February 2020

# 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.
* the provider’s response to the Site audit report received 21 February 2020.

# 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

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

The Assessment Team found consumers and representatives interviewed said they 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 treated with respect.
* they spoke with a fondness of staff when describing their interactions.
* they provided detailed examples of how staff knew what their care and personal needs were and how this was important to respecting them as a person.
* they were encouraged to do things for themselves to maintain their independence.
* they provided examples of how the service understands their needs and preferences and where staff can locate this information.
* staff respect their personal privacy and provided examples of how staff respect their personal space and are mindful of their dignity when assisting with daily living tasks.

The Assessment Team found the policy and framework documents, including the Strategy and Leadership strategic plan, Culture and Diversity Safety Policy and the Employee Handbook state how consumers will be treated by the service and what they can do to make consumers feel valued and included. The organisation has a Consumer Choice and Dignity policy in place to guide staff on how the organisation will support consumers to exercise choice and decision making regardingtheir care and services. The policy then references relevant assessment and care planning procedures to direct staff on how to provide the support day to day.

The Assessment Team reviewed care planning documentation for five consumers and identified care planning and assessment information to reflect in detail the consumers’ backgrounds, things of interests to the consumers, spiritual and cultural preferences and important days of significance.

Staff interviewed by the Assessment team described how they communicate information to consumers which includes written information, information written in languages other than English, verbal communications through staff, face to face or resident meetings and through representatives. Staff could provide examples of how they support consumers to take risks to live their best life.

The Assessment Team observed all staff of the service to be interacting with consumers in kind, caring and respectful ways. Several observations were made of staff effectively comforting consumers with impaired cognition when they were distressed. Throughout the site audit staff were observed to be delivering care in a manner that preserved consumers’ privacy.

The approved provider submitted a response to indicate that since the site performance audit the service has implemented a privacy box to be located in every nurses’ station. The service issued a memorandum to all staff to be aware of the service’s privacy and dignity policy and procedure and to ensure every consumer’s dignity, choice and privacy. Random spot checks will be conducted to ensure curtains are utilised and drawn prior to deliver personal care.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure the service has a culture of inclusion and respect for consumers whereby consumers are respected and enabled to exercise choice and independence.

## 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

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

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

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

* they are involved in care planning.
* they provided examples of their involvement in care planning and how this occurs regularly.
* they are informed about the outcomes of assessment and planning and have access to their care and services plan if they wish.

The Assessment Team found the organisation has assessment and planning policy and procedure to guide staff on the process of assessment and planning in consultation with the consumer and their representatives and others who are involved in the care of the consumer.

Staff described individualised consumer’s personal and clinical care delivery including their needs, goals and preferences, which aligned with consumer feedback and documentation viewed by the Assessment Team.

Care plan reviews viewed by the Assessment team are completed six-monthly or as required by qualified staff. Care planning documentations viewed showed each consumer’s goals, needs and preferences are documented including advanced care planning if the consumer wishes, and that care plans are updated regularly or as circumstances change.

The staff interviewed by the Assessment Team described care plan review schedule that reminds them when care plans are to be reviewed and provided examples of changes to sampled consumers, such as post a review by a dietitian the consumer’s care plan was updated to reflect the changes made by the dietitian.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning has a focus on optimising health and well-being in accordance with the 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 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

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

The Assessment Team found consumers and representatives interviewed stated they receive personal care and clinical care is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* they get the care they need.
* they have access to a doctor or health professionals when they need it.

The Assessment Team found the organisation has a clinical governance framework, including comprehensive policies and procedures to guide staff to recognise and respond to deterioration or changes in a consumer’s condition. The organisation has implemented policies and procedures about best practice care delivery.

Care and clinical staff interviewed by the Assessment Team described falls and behaviours as the high impact and high prevelance risks for consumers at the service. The staff described strategies in place to minimise falls for these consumers such as regular monitoring, assisting with personal hygiene, ensuring consumers have mobility aids, protective falls prevention clothing and sensor alerts. Staff described strategies in place to ensure consumers and their safety while providing care for consumers who may have challenging behaviours. They described individualised strategies as identified in the consumers’ care plans.

Clinical staff demonstrated an understanding of how they minimise the need for. or use of, antibiotics and ensure they are used appropriately. They provided examples, such as encouraging fluid intake and monitoring symptoms of urinary tract infection. Clinical staff described how they minimise infection related to risks at the service. They provided examples such as hand hygiene, protective personal equipment and infection control management.

The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure the delivery of safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

### 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

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

The Assessment Team found consumers and representatives interviewed said they get the services and supports for daily living 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 and representatives during interviews with the Assessment Team:

* they are supported by the service to do the things they like to do.
* they are supported to keep in touch with people who are important to them.
* their family and friends are welcomed at the service and are provided appropriate privacy.
* they like the food and get enough to eat and drink and can always ask for more.

The Assessment team found the lifestyle framework includes eight elements of holistic wellness implemented in the weekly activity calendar including elements such as social, physical, emotional, cognitive, independence, sensory, spiritual and cultural to meet the needs of consumers with varying levels of functional ability. Consumers who want to do things that are not on the schedule are supported to do so.

Staff described what was important to them and what they liked to do which aligned with consumer feedback and care planning documents viewed by the Assessment Team. Care planning documents reflected the involvement of others in the provision of lifestyle supports such as external writing authors and palliative care services for emotional and spiritual support. Care plans contained emotional, spiritual and psychological well-being identifying the consumers’ goals, needs and preferences.

Staff interviewed by Assessment Team described how they know when a consumer is feeling low and what they do, for example a change in mood, withdrawal or behaviour, the staff would talk to the consumer, provide reassurance, encourage them to attend activities and social gatherings or offer to contact their family.

The Assessment Team viewed consumers’ dietary details within the hospitality information which aligned with care plans and handover information which alerts staff to any changes in a consumer’s condition, needs or preferences.

The approved provider response provided further information to the Assessment Team’s report, the process for a new consumer admitted to the service has an initial care plan and diet preference form completed by a Registered nurse within 24 hours of admission. This captures the likes, dislikes, allergies, portion size and modified diet if required. The completed information is provided to the kitchen. The service has a seasonal menu with a four-week menu rotation to ensure variety. Consumers can select alternative meals and all menus are audited by the Dietitian.

The Assessment Team observed the kitchen to be clean and tidy with staff adhering to general food safety and work health and safety protocols. Meals observed appeared to be of quality and sufficient amount.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure the service provides safe and effective services and support for daily living to optimise the consumer’s impendence, 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 COMPLIANT Organisation’s services 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 consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they felt safe, that the environment is safe, clean and well maintained and that the environment was pleasant and provided a nice place to live.
* that visitors feel welcomed, with communal and private areas for family and visitors to enjoy time with the consumer.
* the furnishings, fittings and equipment are suitable and that they feel safe when staff are using equipment with them.

The maintenance officer said that maintenance is managed at the service through requests in the maintenance book where staff, consumers and families can lodge maintenance concerns. The maintenance staff check maintenance requests daily and respond as appropriate. The maintenance staff said requests are quickly actioned and those that need to be escalated and require a quote sometimes take time.

Staff described to the Assessment Team how they identify safety issues. They provided information on isolating the hazard, reporting to their management, filling out an incident form and lodging a maintenance request.

Staff interviewed by the Assessment team said the equipment provided by the service for moving and handling consumers is kept in working order and is safe. They provided examples of cleaning shower chairs with antimicrobial wipes between each use and individualised consumer’s slings being washed weekly.

The Assessment Team observed the environment to be welcoming, with various shared and private spaces where consumers were free to interact. Consumers, visitors and families were observed sitting outside in various garden and communal areas. There are navigational aids and wide corridors encourage consumers’ mobility.

The Assessment Team observed the environment to be safe, clean and well-maintained. The service environment provided room for consumers to manoeuvre, lounge and dining rooms were well maintained, clean and fitted with chairs with arms that aided consumers’ independent transfers. Consumers with limited mobility were supported to move freely around the service using mobility aids.

The Assessment Team found the organisation has monitoring processes in relation to Standard 5 to ensure the service provides a safe and comfortable service environment that promotes the consumer’s 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 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

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

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

* they could approach the staff and management to provide feedback if they were unhappy.
* could describe various processes in which they could provide feedback.
* they had made complaints to staff and management and were satisfied with the action taken and resolution.

The Assessment Team found the organisation has a feedback and complaints handling policy and procedure to guide staff on the handling of complaints and relevant expectations for consumers throughout the complaints handling process detailing the open disclosure process.

The Assessment Team’s review of the service’s feedback register found complaints to be actioned within the organisation’s complaints handling guidelines.Management and staff could describe how they assist consumers to provide feedback and how feedback is actioned.

The Assessment Team reviewed Resident Meeting Minutes and found that consumers are encouraged to provide feedback through the meeting or other avenues to improve services.

The Assessment Team observed information to be on display throughout the service to encourage feedback to be made. Information was available in multiple languages. Feedback stations were observed to be located throughout the facility and accessible.

Staff and management could describe to the Assessment Team advocacy services available for consumers and said the information was located in the consumer welcome packs and on display in the home.

The Assessment Team reviewed the particular complaint made by the consumer subject to rough handling and identified the service complied with mandatory reporting requirements, undertook staff performance management processes and provided additional manual handling training to the staff member. Additionally, open disclosure processes were observed to have occurred.

The Assessment Team found the service has a continuous improvement register whereby complaints and feedback were identified to be pursued by the service as opportunities for improvement.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvement for individual consumers and the whole 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 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

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

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

* staff are kind and caring.
* staff support them with their care and treat them well and they take time to speak with them.
* felt there were adequate numbers of staff to meet the needs and preferences of consumers.
* that staff are competent in their roles to provide care and services.
* they think staff have the required training to perform their roles.

The Assessment Team were advised when calculating the numbers of staff required to deliver care factors such as complexity of consumer needs, numbers of consumers in the home, mobility of consumers and feedback from consumers and staff are used to formulate appropriate staffing numbers. Management advised they receive a report from the head office, which provides clinical indicators and this also informs management of staffing requirements.

Care and nursing staff interviewed by the Assessment Team confirmed that they have enough time to deliver care to consumers in the home. Staff interviewed described the qualifications they attained relevant to their roles and ongoing professional development required. Staff confirmed there are ongoing training requirements regarding key training competencies including manual handling, hand hygiene, fire and safety, elder abuse and infection control.

The management advised the Assessment Team the service has multiple monitoring and assessment processes in place to determine if employees are effective in their roles including consumer feedback, staff feedback, performance appraisal processes, structured staff observations, clinical reporting and internal audit functions.

The approved provider response provided further information to the Assessment Team’s report such as call bell data is analysed and trended on a monthly basis and is considered in order to review the roster. The service reviews staffing as part of the organisation’s strategic reviews which factors in the number of consumers and their acuity levels.

The Assessment Team found the organisation has monitoring processes in relation to Standard 7 to ensure the service has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services. Clinical indicators reviewed by the Assessment Team noted a decline in clinical incidents in the 3-month period from October to December 2019 and incidents were not attributable to a lack of staffing.

## 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

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

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

* that the service is well run and expressed confidence in management’s ability to run the service.
* provided varied examples of how they are involved in the development, design and delivery of care. Examples included feedback avenues for consumers, consultation undertaken in care planning and direct management engagement with consumers.
* felt that they directed their own care and affairs.

The Assessment Team found the organisation has a governance framework to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, and feedback and complaints.

The clinical governance framework now provides for roving clinical governance officers who move from site to site and spend time reviewing clinical care of consumers. Any clinical issues are addressed with staff and then findings are reported to NSW clinical governance team to understand clinical performance and opportunities for improvement in clinical guidance processes.

Management advised the Assessment Team non-executive directors of the board are visiting the service to understand directly at the board level how the service is operating at the ground level. The board has also commenced having board meetings on rotation at different aged care services across the various jurisdictions in which they operate.

Management provided a specific example of continuous improvement where the audit monitoring system was reviewed recently for effectiveness. The review of the audit monitoring system identified that staff were not understanding certain questions or parameters of the audit templates and consequently audit results were not as reliable as anticipated. This triggered a full review of the audit system which remains ongoing. Improvements implemented to date include altered instructional guidance to staff to minimise misreporting on audits.

Staff interviewed by the Assessment Team were able to describe what the process of open disclosure was and how they practise this in their work. Clinical staff could describe restraint minimisation policies and how they use this to actively minimise use of restraint within the home and inform risks relating to use of restraint.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensure the governing body is accountable for the delivery of safe and quality care and services. The organisation has recently implemented a new project which is a clinical risk management system that looks at the high risk individuals with a direct line of sight from site to board levels.

## 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.