Casa Mia Aged Care Centre

Performance Report

28 Alma Road   
PADSTOW NSW 2211  
Phone number: 02 8707 6010

**Commission ID:** 2550

**Provider name:** Christadelphian Homes Limited

**Site Audit date:** 7 April 2021 to 9 April 2021

**Date of Performance Report:** 19 May 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** | **Non-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) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-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) | Non-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 5 May 2021.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers interviewed by the Assessment Team considered that 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. Consumers said staff know what is important to them and make them feel respected, valued and safe. Consumers said staff encourage and support them to make decisions about their care and relationships and respect their personal privacy.

Staff interviewed by the Assessment Team were able to describe how they respect and support consumer personal preferences about their care and services and lifestyle choices. Staff interviewed described how they provide information to consumers according to their communication needs and preferences. The Assessment Team observed staff practices that were respectful of consumer’s privacy.

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 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, consumers and representatives interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed said staff have explained relevant information about consumer’s care and services. They confirmed staff are prompt at updating them with changes to care needs and incidents.

The Assessment Team found that assessment and care plans of sampled consumers considered individualised risks to consumer’s health and well-being which informed the delivery of safe care and services. Assessment and planning addressed consumer’s current needs, goals and preferences. Advance care planning and end of life planning is completed for consumers who wished to have these discussions.

The service demonstrated that assessment and planning is based on ongoing partnership with the consumers and other individuals and providers that the consumers wishes to involve. Review of documents, and consumer and staff feedback, confirm that the outcomes of assessment and planning are readily available and shared with the consumer (or representatives on their behalf).

However, the Assessment Team found that care and services were not always reviewed for effectiveness or when circumstances changed. Interventions evaluated as ineffective did not prompt reassessment or a review of the consumer’s care plan. Consumers were not always reviewed when their condition changed.

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

The Assessment Team found that care and services were not always reviewed for effectiveness or when circumstances changed, or incidents impacted on the needs of consumers. The Assessment Team found that for two consumers, their care was not reviewed following a change in their condition. For one consumer who displays behaviours of verbal and physical agitation and refusal of care, a review of behaviour management strategies did not occur despite current interventions evaluated as not effective.

For the consumer who displays behaviours of verbal and physical agitation and refusal of care, the approved provider’s response demonstrates that since the site audit the consumer’s behaviour care plan has been reviewed and updated to include individualised strategies to manage the behaviours. The approved provider’s response demonstrates that generally, care and services were regularly reviewed for effectiveness for the consumer.

In their response, the approved provider also demonstrated that education has occurred with staff to ensure care and services are reviewed and updated when changes in circumstances or incidents occur.

While the service demonstrated that care and services are reviewed regularly, the service did not demonstrate that changes in consumer condition or incidents trigger a review of the effectiveness of care and services.

I find this requirement is Non-compliant.

# STANDARD 3 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall, consumers and representatives interviewed by the Assessment Team considered that the consumer receives personal care and clinical care that is safe and right for them.

Care and service records reviewed by the Assessment Team indicate appropriate and timely referral to providers of services. The Assessment Team found that care and services are adapted to meet the needs of consumers nearing the end of life and maximise their comfort. Feedback from a representative of a consumer nearing end of life confirmed that the consumer was supported and cared for according to their needs and preferences.

The service demonstrated they were able to manage deterioration of consumer health, function or condition and respond in a timely manner. The Assessment Team found that the high impact or high prevalence risks associated with the sampled consumers are managed effectively.

However, the Assessment Team found that the care provided in relation to restraint was not consistently best practice and did not optimise consumers’ health and wellbeing. Chemical restraint was not used as a last resort and ineffective behaviour management strategies did not trigger a reassessment or care plan review.

Effective communication or sharing of information had not always occurred for the consumers sampled. Information about the sampled consumers’ condition is not always documented and shared within the service, resulting in consumers not receiving the care and services they need and also an inappropriate administration of a chemical restraint.

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

The Assessment Team found that most consumers get personal and clinical care that is tailored to their needs and optimises their health and well-being. This includes in relation to pain management and skin integrity. However, the service did not demonstrate that the use of chemical restraint was consistently best practice or in line with the organisation’s policies. For one consumer who was administered as required (PRN) chemical restraint in December 2020, there was no information in care documents to identify why the restraint was administered, or that it was used as a last resort after non-pharmacological strategies were trialled.

The approved provider’s response acknowledged that for the identified consumer, chemical restraint was administered without appropriate documentation. Following the site audit, the approved provider undertook a review of PRN medication usage which demonstrated that this was an isolated incident, and no further incidents where documentation processes were not followed were identified. The approved provider identified continuous improvement actions to ensure chemical restraint is in line with best practice including staff education.

While for one consumer, documentation was not appropriate for the administration of chemical restraint, I have considered this in my assessment of Requirement 3(3)(e). More recent examples from 2021 identified in the Assessment Team’s report demonstrated best practice regarding chemical restraint. Overall, the Assessment Team found that most consumers get personal and clinical care that is tailored to their needs and optimises their health and well-being.

I find this requirement is Compliant.

### 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) Non-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.*

The Assessment Team found that information about consumer’s condition is not always documented and communicated within the organisation. For one consumer, recommendations from the dietician were not communicated to staff or implemented. The requirement to monitor a consumer due to a change in condition was not effectively communicated within the service or implemented by staff. For another consumer, no information regarding the administration of a PRN chemical restraint was documented to describe their condition and justify the appropriate administration of the restraint.

While the approved provider’s response demonstrated that following the site audit the consumer identified in the Assessment Team’s report was weighed per the dietician recommendations, it was not demonstrated this was occurring at the time of the site audit. The approved provider’s response acknowledged that chemical restraint was administered without appropriate documentation for one consumer.

The approved provider’s response identifies continuous improvement actions to improve the documentation and communication of information about the consumer’s condition. This includes improved systems to ensure recommendations from dietician are communicated, staff education, and discussions at staff meetings.

The service did not demonstrate that information about the consumer’s condition is consistently documented and communicated within the organisation.

I find this requirement is Non-compliant.

### 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall, consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers interviewed confirmed they are supported to keep in touch with people who are important to them and maintain relationships. Consumers interviewed said the meals provided at the service were of a suitable quality, variety and quantity, and the service works with consumers to meet their food and meal preferences. Consumers said the service provides emotional, spiritual and psychological support for their well-being through staff members and external service providers.

The Assessment Team found that the service demonstrated they provide spiritual and emotional care for consumers through the pastoral care team, lifestyle team and clinical and care staff. The service demonstrated that information is communicated within the organisation and external providers about the consumer’s needs and preferences regarding services and supports for daily living. The service has a network of external service providers to supplement internal services to provide appropriate and timely care and services to consumers.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall, consumers interviewed by the Assessment Team considered they feel they belong in the service and feel safe and comfortable in the service environment. Consumers said the indoor and outdoor areas, activities and personal care provided by staff members make the service a nice place to live. Consumers confirmed the service environment is clean and well maintained, and the equipment and furnishings are suitable in meeting their needs.

The Assessment Team observed the overall presentation of the service to be welcoming and promote functionality including various social and private spaces for the enjoyment of consumers and visitors. The Assessment Team also observed furniture, fittings and equipment to be clean. The Assessment Team found that the service environment demonstrates various dementia design principles.

The service demonstrated an effective preventative and reactive maintenance system to ensure the service environment, and furniture, fittings and equipment are safe and well maintained.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this standard.

Overall, consumers and representatives interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Those interviewed said they raise complaints or feedback either in writing, or in person to a staff member or management who have an open-door policy. Information on complaints mechanisms, including external mechanisms is available in eight different languages at the service.

The Assessment Team found that feedback was recorded in the complaints register including that action had been taken to resolve concerns and management had offered an apology demonstrating open disclosure. Continuous improvement actions had been undertaken to reduce the risk of issues occurring again.

The Assessment Team found there are established processes for the management of feedback and complaints. The service has systems and processes to support the review of feedback and complaints and uses this information to improve the quality of care and services provided.

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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, consumers interviewed by the Assessment Team considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers and representatives interviewed said staff know what they are doing, and they could not think of any areas staff needed more training in. The Assessment Team observed examples of staff interacting with consumers in kind, respectful ways and with familiarity.

However, consumers and representatives interviewed said more staff were needed to provide quality care and services to consumers. Consumers said that if staff were helping a consumer who required two staff members to assist, this left other consumers waiting. Call bell response data reviewed by the Assessment Team demonstrated that not all call bells are answered in a timely manner.

The Assessment Team found that the service had effective systems in place to ensure the workforce is competent, and have the required qualifications, knowledge, support and training to effectively perform their roles. The service demonstrated processes to assess, monitor and review the performance of staff. Consumers are regularly involved in feedback on staff performance and senior clinical staff monitor staff practices and ensure corrective actions are undertaken promptly and education is organised as required.

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.*

Consumers and representatives interviewed by the Assessment team said there is not sufficient staff to meet the needs and preferences of consumers. The impact most consumers spoke of was having to wait for staff to attend to them after using their call bell. The Assessment Team reviewed call bell response data which demonstrated that not all call bells were answered in a timely manner, including multiple responses of more than 15 minutes. Staff and management interviews identified that management were aware of the issue with call bell responses and were undertaking action to address this. Reviewed shift allocation documentation identified the service did not have any unfilled shifts for the period reviewed by the Assessment Team.

In their response, the approved provider demonstrated systems in place to review the allocation of staff based on the operational requirements of the service. The approved provider also identified effective systems to ensure vacant shifts are filled.

The approved provider acknowledged that there are some long delays in answering consumer call bells, however demonstrated that most call bells are answered in under 10 minutes. The approved provider has undertaken action to address these delays, prior to, and since the site audit. This includes staff communications and education, daily reviewing of call bell reports, and discussions at consumer and representative meetings.

While consumers interviewed by the Assessment Team said they sometimes have to wait for staff to attend to them after using their call bell, overall, the service demonstrated that the delivery and management of the workforce enables safe and quality care and services. No consumers or representatives interviewed identified any negative impacts to care and services as a result of insufficient staff.

I find this requirement is Complaint.

### 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, consumers interviewed by the Assessment Team considered the organisation is well run and that they can partner in improving the delivery of care and services. Consumers sampled believe they receive quality care from staff and if they raise a concern, it is followed up. One consumer said the CEO sometimes attends the resident and relative meetings and feedback is taken onboard.

Consumers interviewed were confident their involvement in the development, delivery and evaluation of care and services at the service leads to improvements. They were able to give examples of when they have provided feedback on meals and the service environment. Consumers say they are included in committees that allow them to be involved in making decisions in how the service is run.

While the Assessment Team identified gaps in care planning documentation, overall, the service demonstrated the effective implementation of organisation wide governance systems relating to information management, continuous improvement, financial governance, regulatory compliance, and feedback and complaints. The service demonstrated effective risk management systems and clinical governance framework.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

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

### Requirement 2(3)(e)

*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.*

The approved provider must demonstrate:

* Consumer care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Care and services are reviewed and updated when current interventions or strategies are evaluated as not effective.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(e)

*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.*

The approved provider must demonstrate:

* Information about the consumer’s condition is consistently documented and communicated within the organisation, and with others where responsibility for care is shared.
* Recommendations from specialists and allied health staff are documented and communicated within the service.
* The service has implemented all continuous improvement actions identified in their response.