Casson House

Performance Report

2-10 Woodville Street
NORTH PERTH WA 6006
Phone number: 08 9328 8422

**Commission ID:** 7069

**Provider name:** Casson Homes Incorporated

**Site Audit date:** 20 September 2021 to 22 September 2021

**Date of Performance Report:** 28 October 2021

# Performance report prepared by

Elise Woodley, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others
* the provider’s response to the Site Audit report received 19 October 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 Assessment 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 confirmed they are treated with dignity and respect by staff throughout all aspects of care and service delivery. Consumers advised they are supported to take risks to do the things they like to do and live their best life. They stated staff explain risks and provide ways in which they can safely undertake activities to prevent harm to themselves or others.

Consumers advised, and observations by the Assessment Team, demonstrated staff respect consumer’s privacy when delivering personal care and any treatment, and their personal information is kept confidential.

Staff interviewed described ways they support consumers to exercise choice and independence over their care and services. Care planning documentation reviewed by the Assessment Team reflected consumer’s choice and preferences.

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.*

The service was found Non-compliant with this requirement following an Assessment Contact in February 2021. At this Assessment Contact, the Assessment Team found the service did not support one consumer to take risks associated with meal and diet choices.

During the Site Audit, the service demonstrated they have implemented improvements to address the non-compliance. This includes ensuring all consumers who choose to take risks to continue doing things they enjoy are consulted and supported in their choices, and appropriate strategies implemented to support consumer’s choice to take risks. The Assessment Team found that staff were able to describe ways in which they support consumers to do what they want to do in a safe manner. Documentation reviewed indicated when consumers wish to take risks these are discussed and supported.

The service demonstrated each consumer is supported to take risks to enable them to live their best life.

I find this requirement is Compliant.

### 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

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 interviewed by the Assessment Team confirmed that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed confirmed they are informed of the outcome of the assessment and planning process. Consumers and representatives are invited to meet with clinical staff, and other members of the multidisciplinary team as appropriate, following the development of the consumer’s support plan to ensure the consumer’s needs and preferences have been captured. Consumers are provided an opportunity to share their goals and preferences and this information is included in the support plan. They can discuss their specific care needs or preferences with staff at any time and changes to the care plan reflect this.

The service demonstrated processes in place to ensure there is comprehensive assessment and planning for consumer care. The service involves the consumer, and as appropriate the representative, in the assessing and planning of the care and services to be provided to the consumer. Staff are encouraged to involve consumers in making decisions about care and services aiming to improve the consumer’s health and well-being. Risks to the consumer’s safety and well-being are documented and shared as appropriate with all staff through handover.

The service was able to demonstrate that care and services are reviewed regularly for effectiveness, including when circumstances change, or incidents occur that impact on the needs, goals and preferences of the consumer. Policies and procedures to guide the review and evaluation of care and services when a change in the consumer’s condition occurs are available to all staff. Care staff review and evaluate strategies implemented as a result of a comprehensive assessment or when the consumer’s circumstances change.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 NON-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

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 Assessment Team also examined relevant documents.

All consumers interviewed by the Assessment Team said staff provide assistance with their personal and clinical care that is in line with their needs and preferences. Consumers interviewed said they get the care they need and provided examples of where it is tailored to their needs and optimises their well-being.

Documentation reviewed by the Assessment Team, and interviews conducted, confirmed consumers generally receive safe and effective personal and clinical care. The organisation has policies and procedures that support the workforce to deliver care that meets the consumer’s needs, goals and preferences.

Progress notes capture daily changes in consumer health and appropriate follow up is completed by the clinical team. The service demonstrated information about a consumer’s condition, needs and preferences is documented and communicated within the service and with others where care responsibilities are shared. The service demonstrated they work with consumers to identify individuals, organisations or other providers that can deliver care, services and supports to better meet consumer choices such as allied health, hearing, dental or specialised therapy services.

The organisation continues to review its precautions to prevent and control infection at the service considering the current COVID-19 pandemic. This includes visiting restrictions, infection prevention and control activities, and the management of consumer illness.

However, the Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to the management of risks associated with the administration of as required (PRN) medication.

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.*

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found the service was unable to demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to the administration of PRN medication. While the service has processes to guide the management of associated risks, these have not been effectively implemented for all consumers, or staff are not consistently following these processes. Care documents reviewed by the Assessment Team demonstrated clear instructions for the administration of PRN medication are not recorded for all consumers and the service did not demonstrate an effective process to ensure consumers are cognitively competent to request PRN antipsychotic medication. The Assessment Team found that staff were not consistently documenting information regarding the administration or effectiveness of PRN medication. For one consumer, the Assessment Team found that the mental health team have not been contacted regarding the use of PRN antipsychotic medication, despite this being identified as an intervention in the consumer’s care plan.

The approved provider’s response included continuous improvement actions implemented since the Site Audit to ensure the effective management of PRN medication administration and associated risks. This includes a review of the service’s policies, procedures and medication competencies, staff training, review of consumer care plans, and medication management audits undertaken to monitor staff practices and seek consumer feedback.

At the time of the Site Audit, the service did not demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer. The service did not demonstrate the risks associated with PRN medication administration, including antipsychotic medications, have been effectively managed in line with the service’s policies and procedures.

I find this requirement is Non-compliant.

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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 Assessment 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 said they are supported to do things of interest to them, and they are encouraged to maintain relationships with others at the service and in the community. Consumers interviewed confirmed they are satisfied with meals and other food provided at the service.

The Assessment Team found the service has processes in place to identify and document consumer needs, goals and preferences for services and supports for daily living. Processes are in place for those consumers who choose not to participate in the service’s activities to continue to be engaged through completing individual interests.

The service demonstrated there are services and supports to promote each consumer’s emotional, spiritual and psychological well-being. Staff demonstrated understanding of consumer’s preferences to practice their religion and when to provide support or refer to others when consumers may be experiencing low mood. Consumers have access to religious services and other supports to maintain their spiritual and psychological well-being.

Staff are provided information on changes to preferences and needs through daily updates. Timely referrals are made to other providers in the community when required, to support each consumer’s physical and social needs.

The menu reviewed by the Assessment Team was varied and there is evidence that feedback is obtained from consumers which influences menu options. Consumers have access to snacks and drinks outside of meal service. The service has a food safety plan in place which is monitored through internal and external audits.

Consumers have access to a wide range of activity resources and consumers are supported with equipment to maintain or increase their mobility and well-being.

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 Assessment Team also examined relevant documents.

All consumers interviewed by the Assessment Team considered they are satisfied with their living environment at the service and feel safe and comfortable in the service environment. Consumers said they are able to have personal items in their room which are important to them. Consumers confirmed they can move around freely indoors and outdoors.

The service demonstrated the environment is welcoming, easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers have access to a variety of indoor and outdoor areas to meet or have privacy. Consumers were observed by the Assessment Team throughout the Site Audit to freely mobilise around and out of the service. Staff were observed to welcome visitors and support navigation of the service.

The Assessment Team observed while the building is old, the service environment was clean, safe and maintained. The organisation’s Board are reviewing the service environment and there are ongoing discussions on how the service can continue to be fit for purpose into the future to ensure higher care needs can be provided in terms of ease of access and safety.

The service demonstrated maintenance processes in place to ensure consumer safety and the service environment and equipment are maintained and fit for purpose. There are monitoring processes in place to ensure maintenance issues are addressed through incident and maintenance reporting, environmental systems, other audits, consumer feedback, and satisfaction surveys.

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 Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers and representatives interviewed by the Assessment Team said they felt supported and were encouraged to provide feedback about the care and services provided to them including when they wished to make a complaint. They stated staff support them to provide feedback including completing forms on their behalf and advising senior staff of any complaints they had. Consumers provided feedback to the Assessment Team indicating staff always action their complaints and say sorry when they have made an error, or a consumer is not happy with services provided.

Management advised they acknowledge all feedback including complaints and work with consumers to resolve the issues to their satisfaction. They advised feedback is provided to consumers and their families regarding the outcome of the complaint and feedback is discussed at resident meetings if relevant and appropriate.

The service has an open disclosure policy. Staff interviewed were able to describe open disclosure and how they use it in response to complaints. Staff advised open disclosure was the topic of a recent toolbox education session.

The service has policies and procedures that guide staff on supporting consumers to provide feedback, and access services such as advocacy or interpreter services if they are required.

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 that they get quality care and services when they need them and from people who are knowledgeable and capable. Consumers said there were enough staff to support their care and service needs, and staff are kind, caring and respectful when providing care and when engaging with them.

The Assessment Team observed staff interactions throughout the Site Audit to be kind, respectful and caring. Staff were observed to be patient and took time to explain what was happening when delivering care.

The service demonstrated the workforce is planned and there is a sufficient number and mix of staff to provide the delivery and management of safe and quality care and services. Registered staff provide clinical care and support on morning shifts over seven days. There is a process of on call at other times and access to clinical staff assistance from another of the organisation’s aged care services.

Shift vacancies are filled through staff nomination of extra hours and use of agency staff. Review of rosters showed care shift vacancies have been filled. There is a current enrolled nurse shift which has not been filled due to the service being unable to get agency cover or recruit to the position.

The service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Job descriptions and duty task lists are available to staff and guide them to understand expectations of their role. Where identified, the service provides staff with further education and practical support to remain competent in their role.

The service demonstrated the workforce is recruited, trained and equipped and supported to deliver the outcomes of the Quality Standards. Staff complete mandatory training and corporate induction which includes expectations of care under the Quality Standards. Training is monitored, and where indicated by audits, incidents and/or feedback, is provided through a range of online and face to face components. Staff have awareness of the Serious Incident Response Scheme (SIRS) and have been educated on SIRS and completion of incident reporting.

The service demonstrated there is regular assessment, monitoring and review of performance of the workforce. Staff confirmed there are opportunities to discuss their role and complete further training if required. There are processes to ensure performance processes are initiated following concerns raised and where incidents have occurred.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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).

Consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. One consumer confirmed they are a consumer representative voice and attend the regular quality and governance meetings to provide consumer insight. Consumers said management are approachable and they are able to discuss any concerns with them.

The service demonstrated their governing body promotes a culture of safe, inclusive and quality care and services and is accountable for its delivery. A Board of directors receives information through the organisational leadership team. The Board has completed education on their responsibilities and accountabilities in meeting the Quality Standards.

The service demonstrated there are effective governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The service has regular financial reporting and is involved in identifying and planning where spending is required to continue to meet consumer’s assessed need.

The service demonstrated there are effective risk management systems and practices in place to manage consumers who may have high impact or high prevalence risks that affect their daily lives. There are processes in place for identifying and responding to abuse and neglect of consumers. The service has an incident management system that provides comprehensive incident information and escalation to relevant decision makers within the organisation. There are processes and guidance for staff to support consumers to live the best life they can.

The service demonstrated there is a clinical governance framework to support the delivery of care and services for consumers. Monitoring occurs to ensure consumer care is provided meeting the organisational policies through collection and analysis of clinical data and incidents. There are processes to provide all staff with updates on clinical incidents, feedback and improvements resulting.

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 3(3)(b)

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed.
* The service consistently follows their policies and procedures to manage the risks associated with PRN medication administration.
* The service has an effective process to ensure consumers are cognitively competent to request PRN antipsychotic medication.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.