Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Charlesbrook |
| **RACS ID:** | 3583 |
| **Name of approved provider:** | McKenzie Aged Care Group Pty Ltd |
| **Address details:**  | 1-11 Innisfallen Avenue TEMPLESTOWE VIC 3106 |
| **Date of site audit:** | 26 November 2019 to 27 November 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 24 December 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 14 March 2020 to 14 March 2023 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met |
| Requirement 1(3)(a) | Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Met |
| Requirement 1(3)(d) | Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | Met |
| Requirement 2(3)(c) | Met |
| Requirement 2(3)(d) | Met |
| Requirement 2(3)(e) | Met |
| Standard 3 Personal care and clinical care | Met |
| Requirement 3(3)(a) | Met |
| Requirement 3(3)(b) | Met |
| Requirement 3(3)(c) | Met |
| Requirement 3(3)(d) | Met |
| Requirement 3(3)(e) | Met |
| Requirement 3(3)(f) | Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Met |
| Requirement 4(3)(d) | Met |
| Requirement 4(3)(e) | Met |
| Requirement 4(3)(f) | Met |
| Requirement 4(3)(g) | Met |
| Standard 5 Organisation’s service environment | Met |
| Requirement 5(3)(a) | Met |
| Requirement 5(3)(b) | Met |
| Requirement 5(3)(c) | Met |
| Standard 6 Feedback and complaints | Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) | Met |
| Requirement 6(3)(c) | Met |
| Requirement 6(3)(d) | Met |
| Standard 7 Human resources | Met |
| Requirement 7(3)(a) | Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) | Met |
| Standard 8 Organisational governance | Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Met |
| Requirement 8(3)(d) | Met |
| Requirement 8(3)(e) | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance
Assessment Report

The Commission makes the decision taking into account this Site Audit performance report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit performance report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Charlesbrook (the Service) conducted from 26 November 2019 to 27 November 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 17 |
| Representatives | 4 |
| Administration officer | 1 |
| Care staff | 3 |
| Care staff/administration officer | 1 |
| Clinical care coordinator | 1 |
| Enrolled nurses | 2 |
| Facility manager | 1 |
| Group hospitality manager | 1 |
| Group quality and compliance manager | 1 |
| Laundry staff | 1 |
| Lifestyle coordinator | 1 |
| Maintenance officer | 1 |
| Quality and risk advisor | 1 |
| Registered nurse | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation has met all six requirements in relation to Standard 1 Consumer dignity and choice.

Consumer experience interviews showed 100% of consumers said they are treated with respect most of the time or always. Ninety four percent of consumers and representatives interviewed said they feel safe always or most of the time with one consumer saying they never feel safe expressing concern about being able to remain in the facility. One hundred percent said they have a say in their daily activities and staff explain things to them always or most of the time. Ninety four percent of consumers/representatives said they are encouraged to do as much as possible for themselves and where someone said this occurs some of the time, they said they are not able to do much. Consumers said staff know their cultural background and what is important to them. Consumers described the ways their social connections are supported and developed both inside and outside the service. Consumers said they feel heard when they tell staff what matters to them and are encouraged to make decisions about their life, even when it involves an element of risk. Consumers are satisfied care and services, including personal care, are undertaken in a way that respects their privacy.

The organisation demonstrated consumers are treated with dignity and respect and the service actively promotes a culture of inclusion. Staff were observed interacting with consumers respectfully and could readily identify or access information on consumers’ individual preferences and interests. The service promotes the value of various cultures such as Italian and Greek and diversity through staff training, in the wide range of activities it offers and in delivery of care that is tailored to the person. Staff who speak a range of languages are available to assist consumers in expressing and meeting needs and staff described how they work together with these staff to communicate more complex issues. Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers clear and accurate information and options to inform their choice. Risk assessments are completed to reflect the potential risks and supports required if needed. Staff gave examples of how they maintain the privacy of consumers. Electronic and documentation systems support the protection of confidential information.

The organisation monitors and reviews its performance in relation to these requirements. Regular consumer surveys and feedback and complaints mechanisms are used to ensure consumers are satisfied staff treat them with respect, support them to maintain their identity and live the life they choose.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. 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:

2. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that all five requirements in relation to Standard 2 Ongoing assessment and planning with consumers were met.

Of consumers and representatives randomly sampled/interviewed 100% said they have choice in their daily activities. Consumers said staff know what they like and when they like to do things and are able to change this if they wish. Consumers said their direct engagement in the initial and ongoing assessment and planning of their care helps them to get the care and services they need. A representative said they were unsure of the purpose and effectiveness of an assessment they were asked to do. Consumers reported feeling safe and confident staff listen to their goals and preferences, and the organisation seeks input from other professionals to ensure they get the right care and services. Consumers said they feel confident they can discuss all of their care needs including end of life. Most consumers asked said they have not seen their care plan. Where a consumer and representative said they had seen a care plan feedback was positive in relation to the interaction. Consumers said their care and services are regularly reviewed and when something goes wrong, or their needs or preferences change.

Staff could describe how consumers and others contribute to the consumer’s care including medical practitioners, allied health professionals, family and key stakeholders. They described how they work together to deliver a tailored care and service plan with consumers deciding on the frequency and nature of care evaluation. taff said while consultation occurs regarding the care plan a copy of the care plan is not offered to the consumer or representative. Monitoring and review occur in line with consumer preferences and as needed. Documentation reviewed showed plans including advance care plans had been regularly reviewed with changes made. Staff demonstrated an understanding of adverse incidents and how these were identified, with these documented and reviewed by the service.

The organisation generally monitors and reviews its performance in relation to these requirements. The consumers’ handbook discusses participation in care planning and there is no reference to how care plans can be accessed or how a copy would be made available. As a result of feedback management updated their process to ensure consumers and representatives are offered and have a copy of the care plan as preferred at least three-monthly. The assessment and care evaluation process is monitored.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

(i) 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

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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: Personal care and clinical care Met

#### 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:

2. 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

#### Summary of Assessment of Standard 3:

The Assessment Team found that all seven of the requirements in relation to Standard 3 Personal care and clinical care were met.

Of consumers and representatives randomly sampled/interviewed 94% said they feel safe and 94% said they get the care they need always or most of the time. Where a consumer said they never feel safe this related to concerns they may be asked to leave the service. A consumer who said they get the care they need some of the time said some of the staff look after them well. They outlined in various ways how their needs and preferences are known and met with staff responsive when they become ill or when staff assistance is required. Consumers living with high impact or high prevalence risks described strategies implemented and staff support provided. Consumers express confidence in staff awareness and following of end of life wishes. Referrals to a range of allied health professionals were described including referral to a dentist which generally occurred in a timely manner. Consumers spoke about the care provided when they are well with reviews and regular monitoring occurring.

Staff could describe how they ensure care is best practice and how they ensure that information is shared both within the organisation and with others outside the organisation. Care staff demonstrated understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could identify the highest prevalence risks for different cohorts of consumers. Management and staff described where restraint may be considered and how the least restrictive restraint would be assessed and implemented. Care and service plans reviewed indicated the delivery of safe and effective care with advance care planning evident. Documentation for consumers living with identified high risks indicate these are managed including the documentation of the risk and interventions completed.

The organisation demonstrated they have processes such as audits and external gap analysis to assess the delivery of safe and quality care. In relation to psychotropic medication usage, monitoring and review is not fully effective. The continuous improvement plan has an initiative reflective of the identified gaps, review of the effectiveness of initiatives with improvements in behaviour management noted.

#### Requirements:

##### Standard 3 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

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

##### Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found that all seven of the requirements in relation to Standard 4 Services and support for daily living were met.

One hundred percent of consumers and representatives randomly selected/ interviewed said they are encouraged to do as much as possible for themselves. Consumers and representatives said they are invited to activities and staff know what they like and may be interested in. Ninety four percent of consumers/representatives said they feel safe always and where a consumer said they never feel safe this related to their concern about possibly having to leave the service. One hundred percent said they have a say in their daily activities and staff explain things to them. Consumers said they feel able to approach staff at any time to talk to them and are able to share jokes with staff. Consumers spoke about cultural groups and having staff who speak their language to help them communicate and socialise. A consumer is supported to access their LGBTI community. All consumers said they like the food most of the time or always. Consumers said staff know their preferences, offer alternatives and are flexible in identifying options including cultural preferences. Consumers are satisfied with the range of equipment available and staff responsiveness to requests.

The organisation demonstrated it supports consumers to maintain relationships and connect with other people inside and outside the organisation. Staff seek advice from consumers about activities of interest to them and these are documented. Meetings occur to discuss interests. Staff described in various ways how they assist consumers to maintain their emotional, spiritual and psychological wellbeing including outings. Staff demonstrated referrals to other organisations or services occur and volunteers support the program. The organisation provides meals of a suitable quality, variety and quantity with consumer preferences documented. A range of safe, suitable, clean and well-maintained equipment is available.

The organisation monitors and reviews its performance in relation to these requirements. A range of consumer meetings, surveys, audits and feedback mechanisms inform the program.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

2. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found that all three of the requirements in relation to Standard 5 Organisation’s service environment were met.

Of consumers and representatives randomly sampled, 88% said they feel at home. Where consumers provided negative feedback, this related to this not being their home. Of consumers randomly sampled 94% said they feel safe. Where two consumers said they never feel safe one did not comment further and another expressed concerns in relation to not being able to remain in the service. Consumers and representatives said the home is welcoming with staff knowing them and offering hospitality. Consumers said they are able to provide feedback, maintenance is responsive, and they enjoy the gardens.

The service was observed to be welcoming. Consumers’ rooms are personalised and arranged as preferred. The layout of the service enabled consumers to move around freely, with suitable furniture, fittings and areas for use as preferred. Signage to help consumers navigate the service is clearly displayed. Consumers had ready access to tidy outdoor areas with gardens, benches and communal tables and paths that enabled free movement around the area. Rooms are clean and well maintained with a few bathrooms noted as requiring cleaning. Essential service maintenance occurs as required with emergency exit signage indicating egress paths with these generally clear. Staff use maintenance reporting processes to indicate maintenance requirements and a range of schedules are used.

The organisation generally monitors and reviews its performance in relation to these requirements. Management has commenced application of a non-slip surface to bathroom floors as a result of an incident review. Management arranged maintenance of bathrooms as a result of feedback.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found that all four of the requirements in relation to Standard 6 Feedback and complaints were met.

Of consumers and representatives randomly sampled 94% said staff follow up when they raise things most of the time or always. Where a consumer said this occurs some of the time they did not provide further information. Consumers and representatives are aware of feedback mechanisms and prefer to speak to staff and management. A representative said management changes and inconsistent responses from staff at times has reduced their confidence in providing feedback. Consumers and representatives said they are satisfied with management’s responsiveness to feedback in relation to staff and other issues.

Consumer feedback is sought through feedback forms, meetings, care reviews, surveys and verbally. Information and feedback forms are available across the service and in languages reflective of current consumers. Lodgement boxes are available. Staff described times they have addressed a concern for a consumer and outlined how they would listen and resolve complaints if they could. Management demonstrated open disclosure when discussing incidents or following up feedback. Feedback is recorded, and management receive and collate feedback forms to review trends. Feedback is discussed at meetings and improvements opportunities are identified.

The organisation monitors and reviews its performance in relation to these requirements with reporting to the board.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found that all five of the requirements in relation to Standard 7 Human resources were met.

Of consumers and representatives randomly sampled/interviewed 94% said they are encouraged to do as much as possible for themselves and where this is occurs some of the time this relates to their not being able to do much. Ninety four percent said they get the care they need and 100% said the place is well run always or most of the time. Where a consumer said they get the care they need some of the time they said some of the staff look after them well. Consumers said staff do not rush them and assist them when they need this. They consistently said staff respond promptly when they use the call bell and follow up if they ask for anything. Where a consumer commented staff are busy, feedback related to the nature of the job. A representative said staff are not always able to advise if care has been provided or meals eaten when asked. Consumers outlined in various ways staff do their best and are efficient commenting on the availability of long-term staff knowing them and being friends.

The organisation demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Staff were observed sitting and talking to consumers and assisting them with their meals or refreshments for extended periods across the service on both days. Staff were noted to readily stop and talk to consumers, with a range of staff speaking other languages. Interactions between consumers, representatives and staff were observed to be kind, caring and respectful. Roster review occurs as a result of staff feedback and changing consumer needs with changes trialled progressively to minimise disruption to consumers. The workforce is recruited to specific roles requiring qualification, credentialing or competency with orientation of new staff occurring. Staff are trained and equipped to undertake their roles and supported to deliver outcomes for consumers. Where performance does not meet organisational requirements or may place consumers at harm, competency and ongoing employment is reviewed. Performance appraisals occur and as part of probation monitoring and recruitment is ongoing.

The organisation monitors and reviews its performance in relation to these requirements. Education is monitored for completion and human resource processes support and monitor staff availability and suitability.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

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

##### Standard 7 Requirement 3(d) Met

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

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found that all five of the requirements in relation to Standard 8 Organisational governance were met.

Of consumers and representatives randomly sampled/interviewed 88% said they feel at home here always or most of the time. Where consumers expressed negative views they said this was not their home. A consumer who participated in the organisational menu review process was observed talking to the hospitality manager saying the new menu is much better. Consumers and a representative said consumers have been provided with a copy of the Charter of aged care rights. A consumer provided feedback in relation to management's support of their ability to afford entry to the service, which was their service of choice.

The organisation is implementing a revised survey to more effectively support consumer participation in the evaluation of care and services as feedback indicated there were too many surveys. The consumer handbook encourages participation and does not include ways in which consumer participation at the organisational level is available and how access to care plans is supported. There is a diversity plan with an action plan developed for the service as a result of a self-assessment process. Where incidents demonstrate potential adverse outcomes for consumers clinical data is trended and reported to the board. The organisation’s governing body requires a range of reporting to support their oversight of governance. There is an established process for communication of the new Charter of aged care rights. A range of policies and procedures are available including in relation to open disclosure. Meetings occur with various stakeholders and information is considered in relation to clinical governance, antimicrobial stewardship and the use of restraint. Incident reporting includes monitoring high impact or high prevalence risks. Mandatory reporting occurs as required and management understands requirements and obligations. The organisation ensures the recruitment of appropriate levels and skill of staff to meet service and care needs with police certification and other monitoring occurring. Management implement mandatory training as required. Oversight of the complaints management process includes trending and identification of opportunities for improvement. The organisation has a continuous improvement plan.

The organisation monitors and reviews its performance in relation to these requirements. The self-assessment document is not fully reflective of the outcomes of a self-assessment process. Key documents are updated and displayed. In relation to psychotropic medication usage, organisational monitoring and review is not fully effective. Continuous improvement initiatives are implemented and overseen including the implementation of the aged care quality standards.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

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

##### Standard 8 Requirement 3(c) Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure