Dr Mary Surveyor Centre

Performance Report

18 Hocking Road   
KINGSLEY WA 6026  
Phone number: 08 9309 7000

**Commission ID:** 7330

**Provider name:** Meath Care (Inc)

**Site Audit date:** 19 October 2021 to 21 October 2021

**Date of Performance Report:** 10 December 2021

# Performance report prepared by

Michelle Glenn, 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** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the 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 consumers, representatives staff and management
* an email received 16 November 2021 indicating the provider would not be submitting a response to the Site Audit report.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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

The Assessment Team found overall, sampled consumers 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. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* staff respect consumers’ culture, diversity and personal privacy;
* consumers are treated very well and have no complaints about the care they receive;
* consumers are encouraged to do things for themselves and staff know what is important to them;

Social profiles are created from personal information collected from consumers on entry and assist in ensuring each consumer’s cultural needs are considered in provision of care and services. Staff sampled were familiar with how to access information relating to consumers’ specific interests, likes and dislikes. Staff stated the information guides them in their approach with consumers and assists them to understand the consumer as a person and appropriately engage with them.

Documentation sampled demonstrated information provided to consumers is current, accurate and timely. Information is made available to consumers through newsletters, meeting forums, handbooks and noticeboards. Staff sampled described ways they communicate with and provide information to consumers, including those who do not speak English. Staff were observed to deliver care in a way which promoted and respected consumers’ privacy and personal information is kept confidential.

Consumers and representatives were satisfied with the support and encouragement provided to consumers to make decisions relating to their daily living needs. Staff described how they assist consumers to make decisions and provided examples of how they assist consumers to exercise choice, including when there is an element of risk involved.

Consumers provided positive feedback in relation to the support they receive from staff to live the best life they can. Where consumers wish to undertake an activity, which involves an element of risk, discussions relating to risks are undertaken with the consumer and/or representative to ensure risks are understood and Dignity of risk forms are completed. Care plans sampled included details of conversations undertaken, associated risks and management strategies.

Based on the evidence documented above, I find Meath Care (Inc), in relation to Dr Mary Surveyor Centre, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

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

* are informed of the outcome of assessment and planning processes and are invited to meet with clinical staff, and other members of the multidisciplinary team as appropriate, following development of the care plan to ensure consumers’ needs and preferences have been captured;
* are provided an opportunity to share consumers’ goals and preferences and this information is included in the care plan; and
* can discuss consumers’ specific care needs and preferences with staff at any time and changes to the care plan reflect this.

A range of assessments are completed on entry and on an ongoing basis, including when a change in consumers’ health and well-being is identified. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop detailed care plans which incorporate each consumer’s specific goals and preferences. Additionally, a range of validated risk assessment tools are utilised, including for falls, depression and pain. Individualised management strategies are developed to minimise impact of risks and are included in care plans. Staff described individual routine needs and preferences for consumers sampled and stated they confirm consumers’ preferences each day.

Consumer files demonstrated consumers’ needs, goals and preferences are identified through assessment and planning processes. This included advance care planning and end of life planning. Two representatives stated they were provided an opportunity to discuss and complete advance health care directives for consumers on entry. Clinical staff stated an end of life pathway is developed when a consumer is identified as end of life which provides guidance to staff relating to care and services, in line with consumers’ and/or representatives’ preferences.

Care files demonstrated staff work with the consumer and/or representative and seek input from the multidisciplinary team to ensure care and service provision is in line with the consumer’s needs and preferences. Outcomes of assessment and care planning are communicated to consumers and documented in care plans which are available to consumers and guide staff in the provision of care and services. Care plans are updated in response to a decline in a consumer’s health, following discharge from hospital, in response to incidents and on an annual basis.

Based on the evidence documented above, I find Meath Care (Inc), in relation to Dr Mary Surveyor Centre, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

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

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

* consumers are provided timely personal and clinical care that is safe and provided in the manner they have requested;
* consumers expressed satisfaction with the way staff manage their pain, diabetes, and mobility needs;
* consumers have access to appropriate clinical and other specialists to manage their complex health need; and
* representatives expressed satisfaction with management of clinical incidents and the way staff keep them informed of adverse events consumers are involved in or impacted by.

Staff described how they are supported to deliver personal and clinical care that is best practice and meets the needs of each consumer. The organisation has information relating to best practice care delivery which is updated regularly and accessible to staff. Care files demonstrated regular assessment and planning of each consumer’s clinical and personal care needs. Progress notes outlined daily changes in consumers’ health and appropriate follow up actions and care plans were noted to be updated following incidents or changes to consumers’ health. Care files demonstrated appropriate management of restrictive practices, skin integrity and pain.

High-impact or high-prevalence risks associated with the care of consumers are identified through assessment processes, and individualised management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate management of high impact or high prevalence risks, including pressure injuries, falls and behaviour. Clinical and care staff were knowledgeable about high impact or high prevalence risks for consumers sampled and described strategies to minimise impact of those risks.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Consumers are provided an opportunity to complete advance health care directives on entry and this is further discussed on an annual or as required basis. Palliative care plans are developed as required and are reviewed regularly in consultation with the consumer and/or representative. The palliative care plan includes care needs and preferences relating to management of pain, anxiety, skin care and nutritional needs.

Where changes to consumers’ health are identified, additional charting, assessments and monitoring processes are implemented and referrals to Medical officers and/or allied health specialists initiated. Care staff stated they report changes to consumers’ health and well-being to senior clinical staff. Care files demonstrated changes in consumers’ condition are reported and acted upon.

The service has an effective infection control system in place to prevent and control infection. Consumers sampled stated they have received COVID-19 and influenza vaccinations, staff are very good at washing their hands and cleaners thoroughly clean their rooms. To support the antimicrobial stewardship program, an infection control register is maintained and documentation sampled demonstrated staff regularly consult with Medical officers relating to antibiotic use.

Based on the evidence documented above, I find Meath Care (Inc), in relation to Dr Mary Surveyor Centre, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and 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

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

The Assessment Team found overall, consumers sampled 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. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* consumers receive safe and effective services in line with their needs to promote their health and quality of life;
* consumers are provided with supports and services to promote their emotional and psychological well-being;
* consumers are supported in their daily living activities to maintain relationships with people who are important to them and do things of interest;
* described how consumers’ needs and preferences are communicated between organisations or within the service; and
* provided generally positive feedback regarding the quality and quantity of food, with some commenting there is room for improvement.

Social profiles are completed on entry and assist to identify each consumer’s preferred lifestyle choices and preferences. Individualised care plans are developed from information gathered and are available to assist staff to deliver care and services to consumers which optimise their health, well-being and quality of life. For sampled consumers, staff described how they support consumers to maintain their independence and quality of life. Where consumers choose not to partake in activities provided, staff seek other avenues to support them.

The lifestyle program provides a broad range of activities for consumers to partake. Consumers provide feedback relating to their enjoyment of activities and changes to the program are made in response. Consumers overall well-being is assessed on entry and is reviewed annually and as required. The Social profile identifies any preferences to assist staff in providing the right support for each consumer. Pastoral services are available weekly and any other support services, such as psychological, are initiated through referral processes where required. Consumers and representatives felt consumers are provided with supports and services which promote their emotional and psychological well-being.

Care plan documentation included information relating to how consumers are supported to participate in the community, maintain friendships and identified people who are important to them and maintain friendships. Additionally, consumer files demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared. Staff described how they are kept informed of consumers’ condition, needs and preferences ensuring appropriate care and services are provided.

The service has processes to identify each consumer’s nutrition and hydration needs and preferences and communicate these to staff, including catering staff. Staff were familiar with sampled consumers’ specific dietary needs and preferences, adaptive cutlery requirements and details of textured modified diets. A seasonal, four week rotating menu is in place and includes a range of meal options for consumers to choose.

The Assessment Team observed equipment provided to consumers to be clean and suitable for use. Maintenance processes, including involvement of contracted services, are in place to ensure equipment is safe and maintained. A roster for cleaning of equipment is also in place.

Based on the evidence documented above, I find Meath Care (Inc), in relation to Dr Mary Surveyor Centre, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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

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

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

* confirmed their rooms feel homely with their personal effects and visitors are always greeted by staff making them feel welcomed;
* are happy with the cleanliness of the service environment and their rooms;
* confirmed they are able to move freely around the service environment; and
* provided examples of how the equipment is maintained and how quickly the service attends to items requiring rectification.

The Assessment Team observed the service environment to be welcoming, support independence, provides a sense of belonging and encourages consumers to interact socially in common areas. Additionally, the environment was noted to be safe, clean, well maintained and comfortable. Consumers are encouraged to furnish their rooms with personal belongings to make them feel safe and comfortable. Consumers are able to move freely both indoors and outdoors.

There are preventative and reactive maintenance processes in place which includes use of contracted services to maintain and inspect aspects of the service environment and equipment. Staff described how maintenance tasks are reported, actioned and resolved and processes they follow where safety hazards are identified. Cleaning processes are in place and are guided by cleaning schedules.

Based on the evidence documented above, I find Meath Care (Inc), in relation to Dr Mary Surveyor Centre, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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

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

* are aware of the various ways to make a complaint or provide feedback, staff are responsive and helpful and will apologise where appropriate;
* are aware of how to access advocacy services; and
* staff are open and transparent in their approach, communication is timely, and issues are resolved collaboratively.

Consumers and representatives are provided with information in relation to independent feedback and complaints services on entry. Information in relation to feedback mechanisms, including external avenues and advocacy was also noted to be displayed throughout the service. Consumers are encouraged and supported to provide feedback through a range of avenues, including meeting forums, surveys and directly to management and staff. Staff described how they support consumers to raise concerns, and how they report and escalate concerns to ensure they are addressed.

Policy and procedure documents are available to guide management and staff in complaint handling and open disclosure processes. Management and staff described open disclosure principles and provided examples of how it had been implemented. A complaints register is maintained and documentation demonstrated appropriate actions had been initiated in response to complaints. Complaints data is reviewed and monitored to identify trends. Consumers and representatives stated their feedback is acknowledged and used to improve the quality of care and services and management described a number of improvements initiated in response to feedback provided by consumers and representatives.

Based on the evidence documented above, I find Meath Care (Inc), in relation to Dr Mary Surveyor Centre, to be Compliant with all Requirements in Standard 6 Feedback and complaints

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

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

* staff are kind, caring and respectful and staff respect consumers’ identify, culture and diversity;
* staff are competent in providing the clinical and personal care consumers need; and
* staff genuinely care about consumers and they are treated kindly and with respect in all aspects of their clinical and care services.

The service has systems and processes for planning and managing the workforce to ensure delivery of quality care and services. The workforce is continually reviewed and adjustments to staffing initiated in response to feedback, clinical indicator analysis, consumer assessment and acuity and individual consumer’s preferences. There are processes to manage planned and unplanned leave. Staff stated they have sufficient time to complete their tasks and confirmed they can meet clinical and personal needs of consumers.

The Assessment Team observed staff interacting with consumers in a respectful and caring way. Monitoring processes ensure staff undertake their duties in a respectful manner.

A recruitment and induction framework is in place and includes induction checklists and processes, probationary reviews, appraisals and buddy shifts. Competence is tested through assessment, observation and feedback gathered through audits and surveys. A training schedule is in place and includes mandatory training components and staff are supported to identify additional training needs. There are processes to monitor completion of training requirements.

A staff performance appraisal and development process is in place, including probationary and annual reviews. Observation, feedback and incidents are used to further monitor staff competence. There are processes to manage under performance; management provided an example of where performance management processes are being undertaken in response to feedback.

Based on the evidence documented above, I find Meath Care (Inc), in relation to Dr Mary Surveyor Centre, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team found overall, consumers sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers are supported to engage in the development, delivery and evaluation of services through a number of avenues, including meeting forums, surveys, audits and feedback mechanisms.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation’s governing body comprises of a Board which is supported by three sub-committees, ensuring the Board is aware of undertakings within the service and is accountable for delivery of care and services. The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported on, including to the Board.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents. An incident management system is in place to record incidents which are monitored and managed by service management. Additionally, a Serious Incident Response Scheme register is maintained where incidents that meet the priority 1 threshold are recorded and dealt with in line with legislative requirements.

The organisation has an effective clinical governance framework, supported by policy and procedure documents to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff sampled stated they had been educated about the policies relating to these aspects and described how they implement these within the scope of their roles. Clinical indicators, use of restraint, mandatory reporting and complaints are monitored, including by the Clinical governance subcommittee which meets quarterly to review and benchmark data to inform best practice.

Based on the evidence documented above, I find Meath Care (Inc), in relation to Dr Mary Surveyor Centre, to be Compliant with all Requirements in Standard 8 Organisational governance.

## 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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.