Estia Health Melton South

Performance Report

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**Commission ID:** 3598

**Provider name:** Estia Investments Pty Ltd

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

**Date of Performance Report:** 6 July 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 29 June 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall 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.

Consumers and representatives said they are treated with dignity and respect and feel that staff value their identity and know them as individuals. They feel their ability to exercise choice, independence and take risks is supported and relationships of choice are maintained.

Consumers and representatives said that staff respect their culture and diversity and the care and services they receive take this into account. Staff demonstrated familiarity with consumers’ cultural needs and preferences and described ways that care is tailored to meet the consumers’ needs.

Staff were observed interacting respectfully with consumers in a variety of settings and were able to describe individual consumer cultures, needs and preferences as well as describing ways that care is tailored to meet the consumer’s needs.

Staff described how consumers are encouraged and supported to make informed decisions about their care and possible risks, to maintain their independence and preferred relationships.

Consumers and representatives are satisfied that they receive current, accurate and timely information and that privacy and personal information is protected.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 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 and representatives - reviewing consumers’ care planning documents in detail, asking consumers and representatives 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.

Sampled consumers and representatives said they were consulted oat the time the consumer entered the service and consultation is generally ongoing. Care planning documents provide evidence of a comprehensive suite of assessments and care planning information within the consumer files. Care files include medical and psychosocial considerations, the consumers’ goals, needs and preferences, identified risks and individualised interventions.

The Assessment Team found the development of some interim care plans did not occur within the first 24 hours, and at times, clinical planning was inconsistently documented.

In response to the Assessment Team report the approved provider submitted further evidence demonstrating that the interim care plan is only one source of information collected to determine the needs, goals and preferences, risks to a consumer’s health and requirements for effective delivery of care and services. The profile of the consumer is determined drawing on a range of sources and also recorded in documentation such as handover notes. Pre-entry engagement with the consumer and their representative and ongoing communication within the service and with the consumer and their representative was also demonstrated by the approved provider.

Consumers and representatives interviewed confirmed that they are generally informed about the outcomes of assessments and planning, and most are aware they can access the consumer’s care plan if they wish. The development of the full care plan is based on each consumer’s needs, goals and preferences. Additionally, each consumers’ choices about those they wish to be involved in their care are respected.

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-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

* most consumers received safe and effective care tailored to their needs and preferences. While the Assessment Team identified some inconsistent documentation of clinical assessments and/or clinical charting the approved provider’s response to the Assessment Team report acknowledged the inconsistency. The approved provider is addressing the deficit with staff and has set-up a system to monitor completion of documentation.
* generally effective management of high impact or high prevalence risks and identifying consumers at risk and developing strategies to mitigate the risk
* overall timely referrals to allied health professionals occur and adequate communication with consumers and their representatives about the care needs of consumers.
* strengthened infection control practices to reduce the risk of transmission of infections and increased infection prevention and control education for staff. Policies and procedure guide required infection prevention, outbreak management and antimicrobial stewardship practices.

While the service demonstrated a capacity to recognise and respond to the deterioration of most consumers’ health in a timely manner, such as responding to consumers with significant weight loss, the Assessment Team identified an ongoing lack of oversight and action by staff regarding one consumer’s deteriorating wound. The oversight was linked to a lack of management of a pressure injury.

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

The Assessment Team found:

While the service demonstrated a capacity to recognise and respond to the deterioration of most consumers’ health in a timely manner, such as responding to consumers with significant weight loss, there was ongoing lack of action and lack of oversight by staff regarding one consumer’s deteriorating wound. Analysis of the deteriorating pressure injury highlighted deficiencies in how the service manages pressure injuries.

On 22 March 2021 the initial assessment of the consumer, documented the appearance of a ‘skin tear 2a’. However, the photographic evidence shows a pressure injury, rather than a skin tear. Wound charting was commenced. The consumer identified has complex care needs and their diagnoses can result in an individual being less able to effectively fight an infection.

On 1 April 2021 pain charting was commenced for four days. There is one notation about the consumer complaining about pain during the four days and asking for medication and no further indication in the pain chart about whether medication was administered or the effectiveness of any pain relief. No further pain charting occurred despite five reports of pain noted to 20 May 2021.

The wound chart evidences several occasions when the consumer was in pain as the dressing for the pressure injury was changed and the wound deteriorated. The consumer confirmed this. While the consumer can be offered PRN analgesic when needed, they could not recall being offered analgesic prior to having dressing changes.

On 30 April 2021 the wound chart entry shows nursing staff, for the first time, identifying the wound to be deteriorating and not healing well. Since 30 April 2021, wound charting and progress notes show deficiencies in the management of the consumer’s deteriorating pressure injury. For example, the wound chart shows multiple instances where dressings were not available or applied and 12 days elapsed between identifying the need for a general practitioner review of the wound and a nurse attempting to schedule the review.

Documentation was inconsistent in relation to offering pre-dressing pain relief but on 13 May there is a note that as needed analgesia had ‘proved effective’, and at times, the consumer has refused analgesia.

The consumer’s representative said they had been advised by night staff that the wound was not improving because the required dressing materials are not always available.

Management said there are always enough dressings available and that staff should be notifying the care director if a particular type of dressing is unavailable. Management was unsure why a general practitioner or wound specialist appointment was not scheduled when the consumer’s wound began to deteriorate and acknowledged timely referrals should be made. Management also identified that the consumer sometimes refused care such as repositioning.

While the service does have processes to identify and monitor the deterioration of consumers’ health, in practice, it was not clear that these processes were sufficient for consumers with complex health needs.

The response from the approved provider includes acknowledgement of deficits identified in the Assessment Team report and improvements undertaken since the site audit. This includes:

An acknowledgement that on 22 March 2021 a pressure injury consumer with complex care needs was incorrectly identified as a wound.

An acknowledgement that the consumer’s wound deterioration was not recognised until 30 April and was not escalated or referred to a general practitioner or wound specialist in a timely manner and the wound continued to deteriorate.

An account about the management of the consumer’s wound that differs to that of the Assessment Team. Specifically, the approved provider’s account includes information that the wound was stable from 22 March 2021 to 29 April 2021 and that if specific dressings were not applied other appropriate substitute dressings were applied and not documented.

The approved provider considers that this deficit in managing deterioration and wound management is an isolated occurrence and not a systemic issue. Evidence was submitted to demonstrate that the consumer’s previous wounds have been appropriately managed and, when necessary, escalated for further assessment.

Further evidence was supplied about other consumers’ deterioration or change in health being identified, escalated and referred to health practitioners in a timely way including for wound management.

Information about the identified consumer being monitored and information about their risks to health including vulnerability to infection being assessed, monitored and reviewed appropriately by health professionals and mitigation strategies implemented for identified risks such as pressure injuries.

Information indicating the consumer is not entirely compliant with these strategies despite being informed as to the associated risks.

Further information was also supplied documenting the adequacy of pain monitoring and management currently in place for the consumer and an acknowledgement inconsistent wound documentation was identified by the Assessment Team.

In making my decision I have considered the Assessment Team report and the response from the approved provider. While I acknowledge the approved provider’s view that this is not a systemic issue at the service I consider the service did not demonstrate effective management of a consumer’s deteriorating pressure injury. Referral to a wound specialist was substantially delayed and required wound dressings were unavailable or not applied. Wound charting was found to be inconsistent and wound deterioration was not effectively monitored. Inconsistent pain charting impaired the practical management the consumer’s pain.

In making my decision I have also taken in to account the risk to the consumer as they have complex care needs and are vulnerable to infection. While the approved provider has acknowledged the deficits in care for the identified consumer it will take time for to embed the improvements in practice and monitor and determine the effectiveness of the outcomes. For the reasons outlined, I find this requirement is not met.

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall sampled consumers considered 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. For example:

Overall consumers and representatives said they felt supported to be independent and engage in activities of their preference. They said staff are kind if they feel low.

Consumers and representatives are satisfied that their needs and preferences are communicated effectively to the staff delivering care.

Most consumers and representatives are satisfied with the quality, quantity and variety of food provided.

Lifestyle staff described a focus on person centred recreation where individual preferences are incorporated into the activities schedule to support quality of life. Preferences are reviewed every three months, with informal feedback encouraged at any time.

Staff are confident they have access to information they need to provide safe and effective care to consumers and that changes are effectively communicated.

Staff are aware of needs and preferences of individual consumers and can describe how they ensure consumers receive the correct foods according to individual dietary requirements.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

All sampled consumers said they feel welcome at the service. Consumers said they feel safe and comfortable in the service environment, and that the environment is kept clean and well maintained. The Assessment Team observed the environment to be clean, free from clutter, and well maintained to enable ease of movement for consumers indoors and outdoors.

Maintenance and cleaning staff described conducting preventative maintenance and cleaning in accordance with the documented schedules. Clinical staff advised that maintenance and cleaning requests are actioned quickly, and that the service is kept clean and tidy, with all equipment kept in good working order.

Management described how recent renovations to the memory support unit and wider service environment are conducive to enhancing the tailored support of consumers who need it most.

Documentation showed evidence of maintenance and cleaning staff performing regular cleaning as well as actioning urgent requests that have an immediate impact on consumer’s comfort.

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

## Assessment of Standard 5 Requirements*.*

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall sampled consumers consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers interviewed about this standard feel capable of providing feedback and making complaints, and they feel safe in doing so. They described staff as approachable and gave examples of staff resolving their concerns.

While not all consumers are aware of advocacy or language services, they feel capable of raising more complex concerns with the assistance of family or friends. Most staff know about how advocacy and language services can assist consumers to raise complaints, and staff readily apply open disclosure principles when responding to complaints. Management provided examples of referring a consumer to an advocacy service when concerns were raised about possible financial abuse.

Documentation reviewed by the Assessment Team showed consumers are made aware of advocacy services and the complaints process during resident committee meetings. Overall, the organisation demonstrated a concerted approach to seeking, receiving, and acting upon consumer feedback to foster continuous improvement.

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 sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers and representatives expressed satisfaction with staffing. They said consumers do not feel rushed or compromised in care that is provided and staff are kind, caring and gentle.

Consumers and representatives expressed satisfaction that the staff are competent, have the required knowledge to perform effectively in their roles. Staff in a variety of roles across the service described how they have completed training in relation the Serious incident Response Scheme (SIRS) requirements.

Management and staff said unplanned leave is generally managed by replacing staff and staff rarely work short. Effective monitoring of staff qualifications and competency occurs, and ongoing training is supported and encouraged.

Staff interactions were observed to be kind, caring and respectful throughout the visit for example staff were observed knocking on doors, being responsive to consumer needs and taking time to listen to consumers. Staff appeared cheerful and engaged when interacting with consumers.

The service demonstrated a system for staff appraisal and performance management processes. Care and clinical staff described how they undergo a performance appraisal every year where they discuss their performance and set goals for the year ahead.

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.

Overall consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers said they are kept informed about changes and that they have various mechanisms for contributing to improvements.

The service demonstrated how the governance systems that are in place achieve positive outcomes for consumers. The Board monitors and reviews routine reporting and analysis of data related to the consumer experience. Staff know where to find relevant policies and procedures and they can articulate changes to their work since the implementation of the SIRS.

Management explained its governance practices and risk management framework using relevant examples. Management described how risks are identified, tracked, trended, and used to improve the quality of care and services. Through its policies, procedures and communication with the Board, the service demonstrated how its governance framework enables person-centred care and consumer-driven improvements.

The service demonstrated the existence of the organisation’s clinical governance framework which includes polices relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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.

* Ensure that assessment, monitoring and review of consumers correctly identifies clinical issues and any deterioration or change in a consumer’s health is recognised, managed and responded to in a timely way.