Estia Health Mudgeeraba

Performance Report

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**Commission ID:** 5991

**Provider name:** Estia Investments Pty Ltd

**Site Audit date:** 6 July 2021 to 8 July 2021

**Date of Performance Report:** 6 August 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** | **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 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 4 August 2021
* other information and intelligence held by the Commission in relation to the service.

# 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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation (for alignment with the feedback from consumers) and tested staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Consumers and representatives confirmed their individual identities, culture and diversity and personal privacy was identified and respected, and they were supported to take risks to live their best life.

Consumers and representatives provided positive feedback and gave examples of how the service supported consumers to be independent, exercise choice and make decisions about the care and services provided. Most consumers and representatives confirmed they consistently receive information that is accurate, current, timely and/or easy to understand, some consumers advised they wished to receive more information regarding current events, for example COVID 19 visitor restrictions.

Staff demonstrated respect towards consumers and an understanding of their care and service preferences. Staff were observed to be interacting with, and providing support and services to, consumers in a respectful manner.

Care planning documentation and meeting minutes identified the service understood and supported consumer choice.

Consumers’ relationships were acknowledged and supported, and consultation occurred to ensure staff awareness of matters of importance including risks to the consumer to support the consumer to live the best life they can.

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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Consumers felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives confirmed they were involved in care planning, including when there were changes to consumers’ care needs. Outcomes of assessment and planning were communicated to consumers and their representatives, and access to care plans was available. Consumers and representatives were able to provide examples of how other providers of care were involved in meeting consumers’ healthcare needs. Staff understood consumers’ end of life wishes and a review of documentation confirmed the consumers wishes were documented.

The service had an electronic care planning system place which supported planned care and services that met each consumer’s needs, goals and preferences and informed the delivery of safe and effective care. Care planning documentation for consumers identified assessment and planning was inclusive of the consideration of risk and reflected the consumer’s current needs, goals and preferences, including advance care planning and end of life planning.

Care and services were reviewed for effectiveness, and when circumstances changed or when incidents occurred. Care and service plans for consumers demonstrated integrated and coordinated assessment and planning involving other organisations, individuals and providers of other care and services, including Medical officers, allied health professionals, and specialists in wound care, diabetes and dementia care.

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 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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care and service plans and assessments were reviewed, and staff were asked about how they ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Consumers received personal care and clinical care that was safe and right for themand in accordance to their needs and preferences. Care provided was in line with best practice guidelines and was tailored to the needs of the consumer.  Consumers and representatives confirmed consumers received the care they needed which was tailored to their individual needs, and they had access to a Medical officer or other health professionals when required.

Consumers confirmed they received care and services in line with their preferences for end of life care and were provided dignity and comfort. Consumers reported the care they received when they were unwell or experiencing a deterioration in their health was responded to in a timely manner, and their preferences were met.

The documented individual needs of consumers informed the provision of safe and effective personal and clinical care, including timely and appropriate referrals to Medical officer and Allied health professional, and the sharing and communication of information to support the consumers health and well-being. Care planning documentation reflected the identification of, and response to, changes in the consumer’s condition and/or health status, including the effective management of high impact, high prevalence risk to the consumer. Clinical records reflected referrals to a range of Allied health professionals, including physiotherapist, podiatry and dietitians.

The service had a documented infection control process, including an Outbreak management plan, education and training for staff and the recent recruitment of a dedicated Infection Prevention Control Lead at the service, who had completed the required education and training in infection control. The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as 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) 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 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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they liked to do and how these things were enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Consumers received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Most consumers felt supported by the service to do things of interest to them, which included participating in the service’s lifestyle program and other independent activities.

Consumers and representatives described the ways in which consumers were supported to maintain social and emotional connections with those who were important to them. Care planning documentation provided adequate information to support effective and safe care where responsibility for care was shared.

Most consumers provided positive feedback in relation to food and said the food was of adequate quantity, quality and variety. Consumers and staff reported that equipment used to support activities for daily living is safe, suitable, clean and well-maintained.

The service was able to demonstrate services and supports for daily living promote consumer’s emotional, spiritual and psychological well-being. Review of the monthly activities calendars and interviews with staff demonstrated there were a variety of activities offered to meet the different needs and preferences of the consumers.

Review of consumer care planning documentation demonstrated how consumer’s needs and preferences were communicated within the organisation and with other external organisations, such as timely and appropriate referrals had been made to psychology services for emotional and psychological well-being.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers felt they belonged in the service and felt safe, at home and comfortable in the service environment. Consumers liked their rooms and could easily navigate the service layout including outdoor areas. Consumers reported that the service was clean and well maintained, and equipment, furniture and fittings in the service were clean, safe, well maintained and suitable to their needs and preferences.

The service environment was observed to be welcoming and easy to navigate. The service is spread across three separate buildings, each containing residential and communal areas for consumers. Cleaning staff were observed to be attending to the service, and the service environment, furniture, fittings and equipment were generally clean, well maintained and appropriate for consumer needs.

The service had a preventative maintenance program which was managed through inhouse and outsourced providers, and maintenance log books which were used by staff to log ad hoc requests. Staff were aware of the process for recording maintenance issues and identified they would escalate to the maintenance officer directly if required. Staff reported maintenance issues were managed in a timely manner.

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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asked them about how they raised complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers were encouraged and supported to provide feedback and make complaints, and that appropriate action is taken thereafter. Consumers and representatives confirmed they felt safe and supported to make complaints and provide feedback, either anonymously through the use of feedback forms or with the support of management and staff.

Consumers and representatives were aware of the internal and external feedback and complaints mechanisms available to them, including advocacy support and language services, and said that when raising an issue, management generally acknowledged their complaint, promptly addressed the issue and resolved it to the consumers’ or representatives’ satisfaction.

Consumers and representatives felt confident the feedback they provided was considered by the service, and suggestions were implemented as far as reasonably practicable. Consumers said the most significant changes that had recently been made at the service relate to the laundry service, lifestyle activities, and commencement of a food focus group, and consumers confirmed that the changes have been positive and directly follow feedback they provided through feedback and complaints mechanisms.

Processes were in place to promote and support consumers and representatives to provide feedback and make complaints, and feedback and complaints was used to continually improve the care and services provided to consumers. Consumers and representatives were involved in the implementation and evaluation of improvement actions. Staff had a shared understanding of the principles of open disclosure, and when an open disclosure process was to be applied.

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 understood and applied 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.

Consumers received quality care and services from staff who were knowledgeable, kind, capable and caring. Consumers and representatives were confident staff were competent and adequately trained.

The organisation had documented policies and procedures relating to human resource management which outlined processes to be implemented by the service to ensure staff were equipped, trained and supported to meet the needs and preferences of consumers across all areas of service delivery. There were defined position descriptions for all positions at the service, mandatory training and core competency requirements, processes to ensure vacant shifts are filled, and processes to monitor staff performance and rectify any training or knowledge deficiencies as required.

Interactions between management, staff and consumers and representatives were observed to demonstrate a kind, caring and respectful approach.

The Assessment Team received feedback relating to insufficiency of staff resulting in delays in care delivery and consumer preferences not being adhered to. I have considered this information and note this information was in contrast to consumer and representative feedback in other Standards. It is my decision, strategies to address workforce difficulties were still in the initial stages and processes the Approved provider had in place will adequately address concerns brought forward at the Site audit.

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.*

The Assessment Team received feedback from consumers, representatives and staff regarding insufficient staffing numbers which affected consumers’ needs and preferences not able to be consistently met in a timely manner. I have considered this feedback in conjunction with consumer feedback across a number of other Standards and the Approved provider response to this Requirement and have come to a different decision to the Assessment Team.

The Approved provider in its response noted prior to the site audit a number of changes were planned in relation to the workforce, following an internal review of the workforce, including shift alignment and the recruitment of additional staff. Shift starting times are now aligned reducing the number of handovers required. The Approved provider notes with the shift alignment, shifts have been aligned to areas with the greatest need including a shift extension in one area, and the repurposing of a shift which assisted in many areas of the home to be allocated to a specific area. A further seven staff have been recruited into the service’s leave roster, reducing the need to utilise agency staff for leave management.

In relation to feedback received by the Assessment Team from consumers and representatives regarding staff insufficiency, I note that consumers provided positive feedback in relation to care and service provision in Standard 3 Personal care and clinical care and Standard 4 Service and supports for daily living. In response to feedback received from consumers and representatives regarding insufficient staffing, the Approved provider in its written response included actions taken to address these concerns with named consumers and representatives, I note these actions and consider them appropriate for the feedback provided.

Staff reported as a result of insufficient staff, particularly care staff, they did not have sufficient time to undertake their allocated tasks and responsibilities, and they were not able to consistently deliver safe and quality care that met the needs and preferences of individual consumers. This included consumers’ preferences for hygiene care not being followed or consumers not assisted with toileting as required. Staff reported their ability to deliver timely care and services was partially dependent on their experience at the service and in their respective position. As the service utilised a number of students on placement, permanent staff were required to assist and support them in their training which caused delays in responding to consumer calls for assistance. The Approved provider in its response to staff feedback noted feedback from staff had not previously been provided in relation to workloads and the inability to answer call bells. The Approved provider noted the average call bell response time is four minutes and consumers and representatives provided positive feedback in relation to care and service provision in Standard 3 and Standard 4. Shift times have been amended to align start times and students on placement are the responsibility of management, however at times staff assist with the students’ training which did not affect consumer care or staffs’ ability to answer call bells. I also note there was one care staff shift not replaced in the fourteen days prior to the site audit, which represents a planned workforce strategy was in place at the service during the site audit.

Lifestyle staff reported there were not enough lifestyle staff to ensure that all consumers were engaged in meaningful activities that promoted their health and wellbeing and support their emotional and social needs. In response to feedback received by the Assessment Team from lifestyle staff the Approved provider stated a lifestyle roster review had been completed and an increase of and an additional 51 lifestyle hours will be reflected in the roster commencing at the end of August 2021. I also note consumers considered they received services and supports for daily living that were important for their health and well-being, as evidenced in Standard 4 Services and support for daily living.

Review of the call bell response time report for the period of 23 June to 7 July 2021 identifies there were 224 call bell responses over 10 minutes with approximately 15 of those being over one hour. The Approved provider acknowledged the service was experiencing difficulties with their call bell system causing a misrepresentation of call bell data, a new call bell system commenced installation in July 2021. Risk mitigation strategies were implemented prior to the installation works including daily staff meetings and observation of call bell response times.

In coming to my decision of Compliance in this Requirement, I have considered the Assessment Team’s findings, the Approved provider’s response and consumer and representative feedback across all of the Standards assessed. While I acknowledge at the time of the Site audit, the service had not completed or implemented all strategies in relation to the workforce, it is my decision the service was able to demonstrate a planned workforce was able to deliver safe and quality care and services. Therefore, it is my decision this Requirement is Compliant.

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

Consumers considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives confirmed they could choose to be involved in the development and evaluation of changes to the service and the care and services they received, such as through their participation in consumer meetings, consumer experience surveys, and by utilising complaints and feedback mechanisms. Consumers and representatives were encouraged to make suggestions to enable the service to support them to live the best life they can.

Consumers and representatives confirmed they engaged with management and staff on a daily basis and had regular meetings with Medical officers and other health professionals regarding their care and service provision.

The governing body set the strategic priorities and expectations for the organisation and met regularly to identify and review risks at an organisational and consumer level. The governing body monitored and evaluated how the organisation performed against the Quality Standards through meetings and monitoring and reporting processes, and in doing so promoted the delivery of safe, inclusive and quality care and services.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, compliance with legislation and regulations, responsibility and accountability in maintaining compliance with the Quality Standards and delivering quality care and services to the consumers. While feedback was provided in relation to insufficient staffing, it is my decision the organisation had effective workforce governance.

The organisation had implemented effective risk and incident management systems and practices to identify, report, prevent and manage risks and incidents, including incidents that must be reported in accordance with the Serious incident reporting scheme.

Whilst the organisation did not have a documented clinical governance framework, management described, and review of organisational policies, procedures and committee documentation demonstrated, the existence of the core elements of clinical governance and how the outcomes of effective clinical governance were achieved.

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

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.