Accreditation Decision and Report

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Estia Health Tuncurry |
| **RACS ID:** | 2730 |
| **Name of approved provider:** | Estia Investments Pty Ltd |
| **Address details:** | 4 Bonventi Close TUNCURRY NSW 2428 |
| **Date of site audit:** | 13 August 2019 to 16 August 2019 |

**Summary of decision**

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| **Decision made on:** | 25 September 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 05 October 2019 to 05 October 2021 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Not Met |
| Requirement 1(3)(a) | | Not Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | By 25 November 2019 | |
| **Revised plan for continuous improvement due:** | By 10 October 2019 | |

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

Site Audit Performance   
Assessment Report

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

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Estia Health Tuncurry (the Service) conducted from 13 August 2019 to 16 August 2019.**

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

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

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 26 |
| Consumer representatives | 9 |
| Executive manager | 1 |
| Regional manger | 1 |
| Quality manager | 1 |
| Care director | 1 |
| Clinical care coordinator | 1 |
| Registered nurses | 5 |
| Enrolled nurses | 2 |
| Care staff | 21 |
| Physiotherapist | 1 |
| Physiotherapy aide | 1 |
| Hospitality and environmental services staff | 10 |
| Regional hospitality and lifestyle manager | 1 |
| Lifestyle staff | 3 |
| Volunteer | 1 |
| Administration officer | 1 |
| Client services officer | 1 |

## Detailed findings

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

### Standard 1: Consumer dignity and choice Not Met

#### Consumer outcome:

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

#### Organisation statement:

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.

#### Summary of Assessment of Standard 1:

The Assessment Team found that two of the six requirements in relation to Standard 1 were met.

Consumer experience interviews, together with other consumer-based interviews raised issues in relation to the roughness of some staff’s attitude and manner when they are engaging with the consumer. Consumer interviews also indicated staff are not consistently addressing or following up on issues/concerns raised by consumers and/or representatives. Most consumers said they do not recall being asked to make a decision about when family, friends, carers or others should be involved in their care.

The organisation did not demonstrate that consumers are treated with dignity and respect, that each consumer is supported to exercise choice and independence, information provided to each consumer is communicated in a way that is clear, easy to understand and enables them to exercise choice and that each consumers privacy is respected. Staff interviews indicate although staff described this in principle they do not always have a clear understanding of what this requirement means in relation to everyday consumer choice and decision making. Staff practices observed did not consistently demonstrate a dignified interaction with the consumer such as knocking on consumers doors and/or waiting for a response.  Whilst the organisation has systems in place to monitor and review against the requirements in Standard 1, the system is not consistently identifying issues such as were identified through the performance assessment

However, the organisation did demonstrate a culture of inclusion and one that provides care and services that are culturally safe and how a consumer is supported to take risks to enable them to live the best life they can. Consumers provided positive feedback in relation to cultural safety and how the service supports and enable risk taking.

#### Requirements:

Standard 1 Requirement 3(a) Not Met

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

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

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Not Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Met

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

Standard 1 Requirement 3(e) Not Met

The organisation demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

Standard 1 Requirement 3(f) Not Met

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

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

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

#### Organisation statement:

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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that four of five requirements in relation Standard Two were met.

The organisation does not demonstrate that assessment and planning, including consideration of risks to the consumer’s health and well-being, consistently informs the delivery of safe and effective care and services. The consideration of risk to consumers health and wellbeing is inconsistently applied as part of the consumer assessment process. The organisation has not yet fully identified for all consumers who the consumer wishes to involve in assessment, planning and review of the consumer’s care and services. While the service demonstrated that care plans are readily available to staff, they did not demonstrate that the outcomes of assessment and planning are readily available to the consumer. Whilst the organisation has systems in place to monitor and review against the requirements in Standard 2, the system is not consistently identifying issues as were identified through the performance assessment.

Consumer experience interviews, together with other consumer-based interviews indicate 90% of consumers said they get the care that they need always or most of the time. Whilst most consumers could not recall being involved in their assessment and care planning process, the majority of consumers did not believe this was of concern. The organisation identified just under half of consumers have identified who the consumer wishes to involve in assessment, planning and review of their care and services.

Consumers gave example of allied health and specialist involvement in their assessment and care. The service has a clinical director who has overall responsibilities for ensuring consumers are appropriately assessed and receive the care and services in line with the consumers’ care needs. A process of incident and risk assessment, advance care planning and clinical care need assessments is conducted by registered nurses who are support at floor level by a clinical care coordinator.

Whilst the performance assessment indicates there are inconsistencies in practice in some requirements under Standard 2, the organisation demonstrates they have processes to assess and plan a consumers’ care. However, management did not demonstrate effective monitoring and review of these processes to address the inconsistencies in practice.

#### Requirements:

Standard 2 Requirement 3(a) Not Met

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

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

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

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.

Standard 2 Requirement 3(d) Met

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

Standard 2 Requirement 3(e) Met

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3: Personal care and clinical care Not Met

#### Consumer outcome:

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

#### Organisation statement:

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.

#### Summary of Assessment of Standard 3:

The Assessment Team found that six of the seven requirements in relation to Standard 3 were met.

The organisation does not demonstrate consumers consistently receive safe and effective clinical care that is best practice, is tailored to their needs or that optimises their health and well-being. Of consumers randomly sampled and asked if the consumer thinks they get the care they need, 90% said they do always or most of the time and 5% said some of the time and 5% said never. Documentation review identified deficits in relation to insulin management and wound evaluation.

Consumers and representatives interviewed by the Assessment Team whilst providing positive comments also made comments that are not positive. Some examples are that the care could be better, staff are rough with care (clarified as attitude and manner), care varies depending on staff, and one consumer saying they did not always get their medication as needed.

The clinical director monitors consumers clinical care through review of clinical incidents such as consumer falls, behaviours, wounds, weights, medications and infections. The process of review directs clinical review in conjunction with the clinical staff at the services and other specialist as needed, such as a behaviour specialist, wound specialist or dietician.

Interviews with registered nurses and enrolled nurses, together with documentation review indicate this process does occur, however there are inconsistencies in practice in relation to delivering effective clinical care, and in identifying consumers clinical care goals and preferences.

Care staff gave examples of consumers care and demonstrated an understanding of the consumers’ care needs. Staff said handover is effective in communicating changes in care the consumer is to receive. However, some staff were not clear on following clinical instruction.

Whilst the organisation has systems in place to monitor and review against the requirements in Standard 1, the system is not consistently identifying issues identified through the performance assessment. Overall, monitoring and review processes were seen to be inconsistent.

#### Requirements:

Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Met

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

Standard 3 Requirement 3(c) Met

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

Standard 3 Requirement 3(d) Met

The organisation demonstrates that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

Standard 3 Requirement 3(e) Met

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

Standard 3 Requirement 3(f) Met

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

Standard 3 Requirement 3(g) Met

The organisation demonstrates 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: Services and supports for daily living Not Met

#### Consumer outcome:

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

#### Organisation statement:

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.

#### Summary of Assessment of Standard 4:

The Assessment Team found that six of the seven requirements in relation to Standard 4 were met.

Of the consumers randomly sampled, 95% of consumers agreed or strongly agreed that they are encouraged to do as much as possible for themselves. The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Consumers said they enjoy the variety of activities and events within the service and enjoy the regular outings. Lifestyle staff demonstrated and documentation confirmed consumers are offered a broad range of activities (including one-on-one activities) tailored to their interests, likes, dislikes, abilities, wants and assessed needs.

However, the organisation was not able to demonstrate that the meals provided are of suitable quality and in line with consumer preferences. 47% of consumers and representatives interviewed, when asked about the food, said they never or some of the time like the food. Some of the consumers and representatives interviewed gave feedback about their dissatisfaction and dislike with the food. Observation showed food being left on plates at the end of the meal services. Staff, consumers and representatives also stated that they have provided feedback to the food services staff in the past but don’t now because “nothing changes”.

Catering staff were unaware of food safety risks in relation to consumers with food allergies. It was also identified that there is lack of consumer choice when it comes to being able to have culturally specific foods.

Observation showed there to be a lot of food wastage over three days of the four days of this performance assessment. There did not appear to be a system to monitor this or provide feedback as to whether this was due to the quality of the meal service. The organisation had prior to this performance assessment identified issues with the meal services and food quality. However, overall, monitoring and review processes of the meal services and food satisfaction were seen to not be effective.

#### Requirements:

Standard 4 Requirement 3(a) Met

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

Standard 4 Requirement 3(b) Met

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

Standard 4 Requirement 3(c) Met

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

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.

Standard 4 Requirement 3(d) Met

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

Standard 4 Requirement 3(e) Met

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

Standard 4 Requirement 3(f) Not Met

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

Standard 4 Requirement 3(g) Met

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found that three out of three requirements in relation to Standard 5 were met.

Of consumers and representatives randomly sampled and asked if the consumer feels at home at the service, 86% said always or some of the time. With numerous comments about the homeliness, comfort and safety of the environment and that it was welcoming. Observations, interviews with staff and review of care and service records show recent refurbishments have enhanced the quality of the environment. There are numerous areas inside the service that consumers can use to sit and either interact with one another or to have some private time if needed. The consumers were observed to move freely around the service. Residential floors are connected by lift. There are several doors on the ground floor that lead out onto courtyard and outdoor seating areas. These were observed to be used, well maintained and free from obstruction. However, 9% of consumers and representatives randomly sampled did not see Estia Tuncurry as their home, saying they would have preferred to remain living in their own home. The majority of consumers said they feel safe in the home with 5% saying this was some of the time based mainly on their interactions with other consumers and particularly those who entered their room without being invited in.

Consumers and representatives interviewed provided feedback that furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. Interviews with maintenance staff and contracted cleaning personnel, review of related records and observations made generally confirm this. Monitoring and review processes under this Standard were seen to be effective.

#### Requirements:

Standard 5 Requirement 3(a) Met

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

Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

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

Standard 5 Requirement 3(c) Met

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

### Standard 6: Feedback and complaints Not Met

#### Consumer outcome:

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

#### Organisation statement:

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.

#### Summary of Assessment of Standard 6:

The Assessment Team found that two out of four requirements in relation to Standard 6 were met.

Information is provided to consumers and representatives about avenues for feedback and complaint in various meetings and forums and in key documents including newsletters. Feedback is pro-actively sought from consumers and consumer representatives, staff and other stakeholders, and opportunities are also provided to raise concerns, during regular case conferencing. Management were seen to operate an open-door policy.

79% of consumers and representatives said staff followed up when they raised things with them most of the time or always. 21% of consumers and representatives said staff followed up on what had been raised some of the time. Consumers and representatives interviewed were aware of ways to suggest an improvement or make a complaint and said they are encouraged to do so. However, a significant number of consumers and representatives said they do not think raising concerns is satisfactory or will “make a difference”. They said they have given feedback and made complaints, but these have not been adequately addressed and they now lack confidence in the process being effective.

Issues were raised by consumers showing there is a deficit in the delivery of care and services due to the practices and communication of some staff and in the consistency of the quality of the food and meal services.

The organisation has a system for review of feedback and complaints and for these to be used to improve the quality of care and services. Overall the organisation demonstrated they take action when complaints are raised with them. A review of the complaints register showed the actions and responses including follow-up with the complainant when known. However, the organisation could not demonstrate there was sufficient follow-up to concerns raised to minimise the potential for these concerns to reoccur. Management did not demonstrate effective monitoring and review of processes to address this.

#### Requirements:

##### **Standard 6 Requirement 3(a) Not Met**

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

Standard 6 Requirement 3(b) Met

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

Standard 6 Requirement 3(c) Met

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

Standard 6 Requirement 3(d) Not Met

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

### Standard 7: Human resources Not Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found that three out of five requirements in relation to Standard 7 were met.

There was feedback from consumers and consumer representatives that some staff practices are deficient and not always responsive to consumers’ needs.

Although 90% of consumers and representatives in the CER sample said staff are kind most or all of the time, a significant number of consumers raised issues about staff being ‘unkind in manner’ and poor in communication. 74% of consumers and representatives said staff explain things to them most of the time or always, 26% said this happened some of the time. 14% of consumers and representatives said staff treated them with respect only some of the time. Other consumers and representatives interviewed did provide feedback that staff are kind and caring. Observations showed interactions where staff were seen to not be kind, caring and respectful towards or around consumers. Management did not demonstrate effective monitoring and review processes to identify these practices.

Of consumers and representatives randomly sampled and asked if the consumer thinks staff know what they are doing, 91% said always or most of the time. However, feedback was provided that this was inconsistent and review of clinical practices showed not all staff were following clinical instruction. All performance appraisals were seen to have been completed but did not show that they had identified deficiencies in practices in some of the staff. Management did not demonstrate all staff were monitored sufficiently to perform their roles effectively and consistently with these standards.

Management acknowledged that it is still developing its staffing resources to meet this standard. Interviews with management and staff and review of staff personnel records show staff are being recruited to deliver the outcomes required by these standards. The organisation also employs staff not just for their experience in aged care but what skills they can bring to the organisation that will enhance the lives of the consumer. However, this was seen to still be in progress and recruitment to meet this goal ongoing. Overall, management were not able to demonstrate effective monitoring and review processes.

#### Requirements:

Standard 7 Requirement 3(a) Met

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

Standard 7 Requirement 3(b) Not Met

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

Standard 7 Requirement 3(c) Met

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

Standard 7 Requirement 3(d) Met

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

Standard 7 Requirement 3(e) Not Met

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

### Standard 8: Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found that five out of five requirements in relation to Standard 8 were met.

The organisation has a developed governance structure including a board and chief executive, with office holders having identified responsibilities and defined lines of accountability. The organisation operates under a board charter and is accountable to its shareholders through its governance framework. Estia produces annual and financial reports and these were sighted on its web page. These included a 2018 corporate governance statement outlining corporate objectives, policies and practices. It outlines the board functions, the role of office holders and the committees supporting board function and company operation including delivery of services. Included in this and the annual report are the overview of Estia’s systems and procedures for monitoring compliance and ensuring meeting applicable legal and regulatory requirements.

The organisation demonstrated it is committed to an inclusive workplace that embraces and promotes diversity as part of its corporate culture. This involves providing supportive and inclusive diversity-related workplace policies, programs and practices within the business to ensure safe and quality care and services are delivered. The organisation is focused on meeting its quality indicators with management staff acknowledging this is work in progress and they are still implementing changes across their business to incorporate the new standards.

Of consumers and representatives randomly sampled and asked if the consumer thinks the service is well run, 95% said always or most of the time.

The organisation reviews safety issues (such as with incidents including mandatory reporting). These are reported through organisational committees and to the board when this is required. This includes a defined risk management committee. This oversees the effectiveness of the Estia’s system of risk management and internal controls and that management carry out their risk management roles in light of guidance from the board. requirements, including in respect of clinical governance and resident safety. Estia has a risk management framework based on open disclosure and with mechanisms for disclosure of risk.

The organisation was able to demonstrate a clinical governance framework, including for minimising the use of physical and chemical restraint. They were also able to demonstrate they have a process for anti-microbial stewardship or for open disclosure. Consumers identified improvements were occurring in regard to care services and involving consumers and representatives in care planning, service and care delivery. Overall, the organisation was seen to be supporting consumers to live the best life they can.

The Assessment team identified some gaps in documentation and information management. In particular the effectiveness of the service and organisation monitoring its auditing system to ensure currency of data such as in the capture of complaints, work practices, performance management and food satisfaction. Assessment findings from this audit show gaps in performance across the Quality Standards; and it was not demonstrated monitoring and reporting about this is fully effective within the organisation. These have been addressed under Standards 1,3,4,6 and 7.

#### Requirements:

Standard 8 Requirement 3(a) Met

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

Standard 8 Requirement 3(b) Met

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

Standard 8 Requirement 3(c) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Met

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

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.