Eventide Home Rockhampton

Performance Report

97 Campbell Street   
ROCKHAMPTON QLD 4700  
Phone number: 07 4920 6800

**Commission ID:** 5406

**Provider name:** Queensland Health

**Site Audit date:** 5 January 2021 to 7 January 2021

**Date of Performance Report:** 9 February 2021

# Publication of report

This Performance Report **may 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 Infection Control Monitoring Checklist completed during the site audit.

# 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

Consumers and representatives said consumers are treated with dignity and respect and that consumers feel valued and accepted. Consumers and representatives said the staff know the consumers, listen to them, are courteous and considerate. They said staff ensure their privacy is maintained during care delivery and doors are closed when care is being delivered.

Consumers and representatives provided examples of how staff know what is important to the individual consumer and how to make them feel safe. They said staff assist consumers to maintain relationships with family members, friends and support their ties with the broader community.

Consumers said the service assists them to remain independent and described how they are supported to take risks, for example, using mobility aids or leaving the service unaccompanied. Staff were familiar with these situations and could describe actions taken to minimise risks and support consumers to live the life they choose.

Consumers told the Assessment Team they receive sufficient information to assist them in making decisions about care and service delivery. This included a newsletter, monthly activity calendar and a menu planner. Notice boards are located within the service and staff provide the consumers with information about what is planned for the day. During the COVID-19 visitor restrictions, the service implemented an electronic platform to enable consumers to remain in contact with family and friends; this was accessible in every area of the service.

Staff spoke respectfully about consumers and demonstrated an understanding of the consumer’s life and personal journey. The Assessment Team observed staff interacting respectfully with consumers and taking time to explain things to them such as menu options and care preferences. Staff were observed knocking on doors and addressing consumers appropriately.

Consumers needs are identified on entry to the service and periodic reviews occur on an ongoing basis. Care planning documentation reflected what is important to each consumer and included details about consumers’ backgrounds, life experiences, meaningful relationships, interests and religious preferences. For those consumers who choose to take risks, documentation demonstrated risks and consequences are explained and records of decisions are documented and reviewed regularly.

Information about consumers that is held by the service is stored safely to ensure privacy and confidentiality. Electronic information systems are password protected with access restricted to staff.

Policies and procedures specific to this Standard provide guidance to staff about values, acceptance, risk and inclusion. A mandatory training program for staff includes topics such as dignity and respect.

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

Consumers and representatives said they are involved in assessment and care planning processes and that the care delivered meets the consumers’ needs. They said that staff take time to talk to them about the consumers’ care needs including their end of life wishes and that they have ready access to care plans if this is requested.

The Assessment Team’s report indicates comprehensive assessment and care planning processes are implemented when a consumer enters the service, and this informs the delivery of safe and effective care and services. The service considers individual risk factors for consumers when completing assessments. Care planning documentation demonstrated that consumers’ needs, goals and preferences are identified, including their preferences relating to end of life. Care is reviewed on an ongoing regular basis and when needs change or an incident occurs.

Registered nurses are assigned an area of the service to provide continuity of care to consumers residing in that area. The registered nurses are responsible for completing assessments, including clinical risk assessments, to identify consumers' needs, choices and preferences. For those consumers who are unable to participate in assessment and care planning, nursing staff liaise with authorised representatives by telephone and email or through face to face discussions. Consumers, representatives, medical officers and other allied health professionals are involved where necessary, during assessments and planning and this was evidenced in care planning documentation.

Staff could describe their understanding of consumer’s needs, goals and preferences and explained how they are alerted to changes in a consumer’s health and well-being. Staff said they are guided by the consumer in the way care is delivered and that they refer to care plans; they said they seek support from nursing staff when additional guidance is required.

Policies, procedures and work instructions guide staff in their practice including in relation to assessment and care planning, end of life planning and referral processes. The nurse unit manager monitors assessment and care planning processes. Clinical indicators are reviewed monthly and the management team identify strategies to minimise risk and identify opportunities for improvement.

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

Consumers and representatives spoke highly of staff and said consumers receive the care they need, and they feel safe. Consumers and representatives gave various examples of how staff deliver care to consumers. Consumers and representatives said referrals to other health specialists occurs promptly and they are satisfied with the care delivered by those to whom the consumer has been referred.

Staff could describe consumers’ individual needs and preferences and demonstrated an understanding of the consumers’ significant clinical or personal care risks and how these were to be managed. Staff could describe the way care delivery is adjusted for consumers who are approaching death and the practical ways in which consumers’ comfort is maximised. Staff said they are supported by clinical staff and could outline how they escalate concerns when a change is identified in a consumer. They said they have access to continuing education that supports them in their care delivery and practice.

Care planning documentation included evidence that consumers’ needs and preferences including, for example, in relation to mobility, skin care, pain, medication management, hygiene care, wound care and diabetes management is tailored to the needs of the individual. For those consumers approaching the end of life, documentation demonstrated that advance care planning and their end of life preferences had been identified and documented. Where appropriate, referrals had been made to medical officers and other allied health specialists; a nurse practitioner is also available to provide clinical expertise.

The Assessment Team noted that the service supports consumers’ skin integrity through repositioning, hygiene care, the use of moisturisers and pressure relieving devices and skin protectors. Pain management is actively addressed.

Non-pharmacological strategies to support consumers with complex behaviours are implemented as an element of care delivery. Guidelines are in place in relation to restraint use and the organisation is committed to using restraint as a temporary solution and only after a comprehensive assessment is conducted. The Assessment Team reviewed documentation relating to restraint and found that where it is used, authorisation and consent was in place.

Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff described how they use personal protective equipment and practice hand hygiene and cough and sneeze etiquette to minimise the spread of infection. Influenza vaccination is encouraged for consumers and all staff and contractors were noted to have received an influenza vaccination in 2020. The service works with the public health unit and it provides advice, support and direction in relation to infection control and management of outbreaks.

Management said they monitor care delivery through reviewing clinical documentation, direct observation of staff practice, clinical audits, analysis of clinical indicators and through daily communication with consumers.

The service has a clinical governance framework. Policies, procedures, a suite of assessment tools (including risk assessments) and monitoring charts, support staff in ensuring care delivered is tailored to the individual consumer and optimises their health and well-being. Clinical guidelines support the delivery of palliative care and registered staff are available 24 hours per day to provide support, clinical expertise and to monitor care delivery.

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

Consumers and representatives said consumers are supported by the service to keep in touch with people who are important to them and that they are well supported in relation to their emotional and spiritual care requirements. Consumers said the meals are very good and explained how they have input into the menu; they said the quality and variety of meals has improved as a result of their feedback.

Consumers expressed satisfaction with the lifestyle program and described how they influence activities and often choose venues for bus outings. They provided examples of participating in community events, catching up with friends who live outside the service, using mobility aids and accessing taxis to facilitate transport and optimise their independence.

Care staff demonstrated an understanding of what is important to consumers and how they like to spend their time. Staff were able to describe the actions they would take if a consumer was anxious and distressed and how they would report their concerns to a registered nurse. The Assessment Team observed staff reassuring consumers and providing emotional support at the time of the site audit.

Staff described how they supported consumers to remain connected with family and friends during the recent COVID-19 restrictions by assisting them with communication, including the use of varied electronic communication platforms and telephone calls.

Lifestyle staff explained how they partner with the consumer and the representative to determine the consumers’ individual preferences and complete a social and cultural profile. This includes information about religious beliefs, community ties and cultural traditions.

The Assessment Team found care plans provide individualised information about the consumers’ needs, capabilities and interests. Care planning documentation included a cultural, emotional, spiritual and social component that aligned with consumer feedback and included details about consumers who receive support from various community services or who participate in community activities.

The service accesses the local library for consumers who enjoy reading; large print books are also available. The service subscribes to an indigenous newspaper which provides information about Aboriginal and Torres Strait Islander people, communities and events. Community visitors from the Office of the Adult Guardian call on some of the consumers on a monthly basis. Activities are designed to meet the needs of consumers including those with cognitive impairment or other barriers to participation.

The Assessment Team observed equipment including televisions, mobility aids, board games and tables available for consumers. The service has a bus with wheelchair access and this is used for outings including shopping trips. Maintenance staff said they adhere to a maintenance schedule to ensure all equipment is serviced regularly. Staff were able to describe how they sanitise and clean the equipment to support infection control.

Consumers are provided with information about what is happening at the service through activity calendars, menus on display, and daily communication with staff.

Policies and procedures specific to this Standard guide staff practice, including in relation to staff handover and referral processes.

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

Consumers said they feel at home, safe and comfortable living at the service. They expressed satisfaction with their rooms and the various communal areas including outdoor areas and said that the maintenance staff are very obliging. Consumers provided examples of how their visitors were made to feel welcome and what makes the service a nice place to live in.

The Assessment Team observed consumers’ rooms were decorated with personal items and that the environment was clean and well-maintained. Arts and crafts that had been made by the consumers were on display. Outdoor areas were well-maintained, easily accessible and included tables, chairs and areas of shade. The service layout enables consumers to move freely around the service with comfortable and well-maintained furnishings, fittings and signage to assist consumers and visitors to navigate their way around the service. Memory support enabling principles of design are in place to support the function and independence of those consumers with sensory impairment or a cognitive impairment.

Consumers were observed eating outdoor and using small lounge areas for meeting with family and friends.

Equipment such as lifting hoists, laundry equipment, kitchen equipment and firefighting equipment was in good condition and had been regularly serviced. Call bells were accessible to consumers.

Management advised the service has two full-time maintenance officers who also attend the gardens and lawns. They said that as a result of COVID-19, there had been an increase in the frequency of cleaning including high touch point cleaning.

A maintenance schedule is used to guide and monitor regular maintenance and staff were aware of how to report maintenance issues and said they are actioned in a timely manner.

The service environment is monitored through hazard and incident reporting processes, meetings with consumers, feedback and complaints processes, audits and the completion of maintenance logs.

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

Consumers said they felt comfortable providing feedback to the service or making a complaint and that staff supported them to do this. They said they use the ‘Have Your Say’ form or speak directly to staff and management.

Consumers and their representatives provided examples of the complaints they had made, and the actions taken by the service in response to their feedback. They said that an apology and explanation had been provided and they were satisfied with the actions taken by the service in response to their concerns.

The Assessment Team reviewed the Consumer Handbook and Staff Handbook and noted they included details about complaints processes, external agencies and language services.

The Assessment Team observed that written materials and posters about the complaints processes, advocacy and language services, was displayed within the service. Feedback boxes and feedback forms were available to consumers and visitors.

Staff receive training in open disclosure and complaints handling and could explain how they would respond to feedback from consumers or representatives. Staff described their roles in supporting consumers to provide feedback including offering to document the feedback if the consumer is unable to do this independently.

Management described how consumers are surveyed on a daily basis to identify any areas of concern that need addressing and staff described the way they support those consumers with communication barriers. Management advised community visitors from the Office of the Adult Guardian visit a number of consumers monthly; during COVID-19 restrictions this contact was facilitated by telephone.

Policies and procedures specific to this Standard provide guidance to staff including in relation to feedback, complaints and open disclosure. The service captures and manages feedback using various forums including feedback forms, case conferences, surveys, verbal discussions and consumer meetings. An electronic feedback register is used to log complaints, and this is reported on and discussed at management meetings and clinical governance meetings.

The Quality Standard is assessed as Compliant as four of 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

Consumers and representatives spoke highly of staff saying they are kind, gentle and respectful and that there are sufficient staff to attend to their needs. They said staff are well trained, know what they are doing and are competent in their duties.

Staff said they have sufficient time to provide care in accordance with consumers’ needs and are able to respond to requests for assistance in a timely manner.

Management said that a new policy has been introduced outlining minimum staff ratios and in response to this the roster was reviewed and strategies were implemented to improve consistency and continuity of staff through a dedicated staffing model.

Staff have access to a range of training programs through online and face to face applications with staff having to complete annual mandatory training modules. New staff are provided with an orientation and core competencies are included in position descriptions. Staff performance reviews are conducted regularly or when an incident occurs, or a complaint has been received.

Staff said they had received education in areas including infection control, manual handling, handwashing, medication administration and the Quality Standards; they confirmed they could request additional education and training if a need arises. Training records identified that staff have received training on lesbian, gay, bi-sexual, transgender and intersex inclusiveness and awareness.

The service has a base roster which includes 24-hour cover by registered nurses. Staffing allocations identify the number and skill mix of staff across the service. The Assessment Team reviewed the roster and confirmed strategies to replace staff on planned and unplanned leave includes extension of hours and approaches to existing staff to work additional or longer shifts.

The Assessment Team observed staff attending to consumers without rushing and taking time to talk to consumers and their representatives. Observations of care and services delivered, evidenced interactions that were kind, caring and respectful.

The service has documented values that inform staff of the requirement for care delivery to be person centric.

The Quality Standard is assessed as five of 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

Consumers said they are consulted by management and their feedback informs care and service delivery. Consumers and representatives said the service was well run and consumers felt safe living there.

Management provided examples of how consumers are included in the development, delivery and evaluation of care and services, including through surveys, care planning and evaluation, feedback and complaints and through engaging with a member of the Board who visits the service twice each year. Further plans include the appointment of a consumer to the Quality and Safety Committee which meets monthly; a consumer has also been approached to be involved with the recruitment of new staff.

The service has organisational wide governance systems that effectively support information management, financial governance, workforce governance, regulatory compliance, clinical care and complaints. The clinical care governance framework supports anti-microbial stewardship, open disclosure and minimising the use of restraints. Management provided examples of how opportunities for improvement are identified and actioned, resulting in improved outcomes for consumers.

The service demonstrated effective risk management systems are in place to identify and manage the safety and well-being of consumers. This includes a risk management framework and policies relating to high impact/high prevalence risks, abuse and neglect and how to support consumers to live the best life they can. Staff were familiar with these policies and provided examples of how they relate to their work.

The Board receives monthly reports from the Quality and Safety Committee on consumers’ incidents, investigations and outcomes. Performance against the Aged Care Quality Standards is a standing agenda item at meetings and is also reported on monthly.

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.*

### 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.