Forest Lodge Residential Aged Care

Performance Report

23 Forest Drive
FRANKSTON NORTH VIC 3200
Phone number: 03 8779 1701

**Commission ID:** 3825

**Provider name:** Great Oaks Pty Ltd

**Site Audit date:** 9 December 2020 to 11 December 2020

**Date of Performance Report:** 2 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 provider’s response to the Site Audit report received 12 January 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers and representatives stated they are always treated with respect by staff and staff understand consumers’ cultural backgrounds.
* Consumers described how staff encourage them to do things for themselves and staff know what is important to them.
* Consumers and representatives provided examples of how consumers are able to exercise choice in decision about their care and the way their care is delivered.
* Consumers and representatives provided examples of how their privacy is respected.

Staff interviewed were able to describe consumers’ individual preferences and discussed how care is provided to align with these preferences. Staff described with examples how they enable consumers make connections with others and support consumers to undertake activities involving risk. Staff described how they provide current and timely information on services available. Care staff provided examples of how they respect consumers’ privacy.

Consumers’ care planning documents include information about individual needs and preferences, including cultural, and the people important to them. Staff were observed treating consumers with respect and understood their individual choices and preferences.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers and representatives - reviewing consumers’ care planning documents in detail, asking consumers and representatives about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall sampled consumers and representatives considered their input is valued in the ongoing assessment and planning of consumers’ care and services. For example:

* Consumers interviewed recalled staff discussing their care plan with them and most were aware they could assess it.
* Consumers’ representatives spoke positively about how staff respect consumers’ choices and decisions about who they want involved in their care.

Care planning documents demonstrated comprehensive assessment and planning in accordance with consumers’ individual needs, goals and preferences. Where risk(s) to a consumer’s health and well-being are identified, appropriate care plans are developed, and strategies implemented to manage/minimise these risks. Care planning documentation demonstrates others, such as consumers’ representatives, their general practitioners, allied health and other health professionals are involved in assessment, planning and review of each consumer’s care and services. Care documentation is reviewed regularly and as consumer needs change.

Nursing staff described the assessment and care planning processes, including review, and how they involve the consumer or nominated representative in discussion about the consumers plans of care. Staff described how advance care planning is discussed with the consumer and/or their nominated representative at the time of entering the service.

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 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Most sampled consumers or representatives considered that consumers receive personal and clinical care that is safe and right for them. For example:

* A representative stated that the service has been very proactive in managing medications and minimising the use of psychotropic medication, confirming the service had initiated several discussions, including seeking consent his consent.
* A consumer spoke positively about the management of their chronic pain and wounds.
* One consumer representative stated that the service was proactive with their mother’s care following a recent deterioration.
* However, a representative shared their concern their family member may choke as they find old food in their mouth.

Consumer files sampled demonstrate that consumers mostly receive safe and effective personal and clinical care that is tailored to their individual needs, is best practice and optimises their health and well-being. Documentation demonstrated processes in relation to minimisation of restraint and skin, wound and pain management. The service has identified potential high impact and or high prevalence clinical risk for their consumers such as unintentional weight loss, falls, pressure injuries and infections. Documentation for consumers sampled mostly reflected timely and appropriate referrals.

Clinical staff and care staff described strategies that they use to manage skin integrity, pain management and behaviour management including restraint minimisation strategies. Staff described how they support consumers requiring palliative care. Staff described how to identify and monitor deterioration, illustrating this through a consumer’s experience. Clinical staff described how there is a handover prior to each shift and allied health professionals interviewed described how they are informed of incidents/changes in consumers. However, there were inconsistencies in staff knowledge in relation to high prevalent risks for some consumers in relation to infection control practices.

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

### Assessment of Standard 3*.*

### 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.*

The Assessment Team provided evidence the service did not manage the high impact swallowing risk for a consumer siting lack of reassessment post incident and conflicting information from staff regarding fluid consistency. The approved provider’s response provided additional information in relation to the consumer, including evidence no adverse events of choking or swallowing difficulties had occurred to trigger a speech pathologist reassessment or that the consumer was at risk of aspiration in relation to their fluids. Taking all the available evidence into consideration, I find on balance the service is Complaint with the requirement.

### 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.*

The Assessment Team presented evidence the service’s management of one consumer’s infected wounds was not adequate in minimising potential infection related risks to others. Evidence included mixed awareness of care staff; a clinical staff’s response in relation to dressing product disposal practice; access to PPE and clinical waste bags for the consumer; and, lack of precautionary signage at entry to the room of consumer. The approved provider’s response provided additional information about the diagnosis and period of infection; access locations to PPEs and clinical waste bins; care information sharing processes; clinical staff and wound monitoring practices. The provider notes they have subsequently implemented a discrete identifier symbol on the consumer’s door and implemented additional education for staff. I have also considered evidence collected as part of the infection control checklist, which highlighted some gaps in pandemic preparedness, in areas of density, location and cleaning-prompt signage, and the mask wearing practices of a few staff. I have also placed weight on other evidence of compliance relating to this requirement as recorded in the Assessment Team’s report. In taking a holistic view of all the available evidence, I have come to the view that on balance the service complies with this requirement.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The sampled consumers confirmed that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers said they get a monthly activities calendar and are encouraged to discuss things they would like to do at regular meetings.
* Consumers described how staff have been sitting with them and spending one to one time with them, especially during the COVID-19 lockdown.
* Consumers and representatives provided positive feedback about the variety, suitable quality and quantity of the service’s food.

Care documentation includes information regarding consumer interests, abilities and the level of assistance required. Care documentation reflects assessment and documentation of emotional, spiritual and psychological support needs. Assessment and care planning includes input from consumers and/or their representatives and specialists involved in the consumers’ care. Care evaluation occurs according to schedule or in response to changing needs and preferences.

Staff know consumers’ preferences and specific dietary requirements and said they provide consumers with other options when preferred. Staff described changes they may notice in consumers and how these are reported to other relevant staff and documented. Staff said handover occurs and described how care and services are coordinated.

Consumers were observed enjoying their meals in settings of their choice and socialising. Consumers have access to safe, clean and well-maintained equipment. Consumers are assessed to ensure suitable equipment is provided.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall, sampled consumers indicated that they feel they belong in the service, and feel safe and comfortable in the service’s environment. For example:

* A consumer said “I was made to feel welcome to decorate my room as I wished”.
* Consumers said they can access outdoor areas and said they had no restrictions on when they could go outside.

The service environment is welcoming, spacious and offers a range of communal spaces that optimises consumer engagement and interaction. The service was observed to be clean and uncluttered enabling the free movement of the consumers, well-lit and maintaining a comfortable temperature. Consumers were observed to access indoor and outdoor spaces freely. Consumers access a range of equipment and aids including walking frames and wheelchairs.

Staff described how they assist consumers to preferred living areas such as to areas for socialisation or activities and to quiet areas. Staff confirmed that equipment is safe and regularly checked by maintenance and contractors as scheduled.

Maintenance log records show regular maintenance and servicing occurs as required for equipment, furniture and on the living environment.

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 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers by asking them about how they raise complaints and the organisation’s response. The team also examined the feedback folder, electronic feedback records, an analysis of consumer food satisfaction, and the feedback policy. The Assessment Team also tested staff understanding and application of the requirements under this Standard.

Overall most consumers feel safe and encouraged and supported to give feedback and make complaints, however two consumers sampled felt an apprehension to raise written feedback. Overall, consumers are satisfied they are engaged in processes to address feedback and appropriate action is taken. While staff generally do not record verbal feedback and complaints on feedback forms, consumers are satisfied staff address matters raised. Consumers and staff provided examples of improvements to care and services in response to feedback. A representative of a non-English speaking consumer at the service indicated close engagement from staff to resolve issues.

Staff described methods for raising feedback and how they encourage consumers and their families. Management described an example of a consumer who communicated their concerns using an advocate. Staff described how they assist consumers access advocacy and language services. Management and staff demonstrated an understanding of open disclosure.

Records demonstrate complaints are addressed in a timely manner and feedback is discussed at consumer meetings. Records show feedback is used to improve care and services. While staff advised many concerns are dealt with by addressing the problem at the outset, staff did not consistently record verbal feedback as per policy. Management commenced additional education during the visit to address this.

Multiple ways to provide feedback were observed within the service along with advocacy and language services information.

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.*

The Assessment Team recommended the service was not compliant with this requirement based on apprehension to raise written feedback from a representative and a consumer of those sampled. The Assessment Team also presented evidence how staff encourage and support consumers provide feedback, supported by observations and documentation. The approved provider’s response provided additional information in relation to the evidence. Based on an analysis of the available evidence, while the apprehension some consumers sampled was taken into consideration, I find the other evidence presented by the Assessment Team and that of the approved provider sufficient to demonstrate that consumers, their family and others are encouraged and supported to raise feedback and/or concerns. I find this requirement is Compliant.

### 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.*

The Assessment Team recommended the service was not compliant with this requirement based on evidence verbal feedback not being consistently documented by staff as per policy following which trends of complaints cannot be identified. The Assessment Team noted the service had commenced staff education on documenting verbal feedback prior to the end of the audit. The approved provider’s response included feedback data for the year 2020; consumer survey and audit results; and, improvements to care and services based on consumer feedback in 2020. I note other improvements to care and services documented within this report that have their origins in consumer feedback. I find the service is Compliant with this requirement.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews, call bell response times, and orientation sheets.

Overall sampled consumers considered that they received quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers interviewed said staff were kind, caring and gentle when providing care and services.
* Most consumers and representatives said the service was sufficiently staffed, however one consumer advised of hearing a consumer calling out for help over long periods.
* Consumers expressed overall satisfaction that staff know what they are doing, however one consumer commented that staff could benefit from customer service training.

Management described processes to ensure the number and mix of staff enables the delivery of safe and quality care and services. Staff are satisfied there are sufficient staff to able them to complete their tasks as required, and that unplanned leave is filled by casual staff who are familiar with the organisation protocols.

Staff expressed satisfaction with the quality of training provided both face to face and on-line modules available through the organisation’s education programme. Care staff and clinical staff confirmed the training they receive relevant to their role. Management are to schedule additional education on the topic of open disclosure.

Staff are expected to complete mandatory training modules; this is monitored. Educations needs are identified through the trending of incidents and clinical indicators. The service demonstrated a robust system for staff appraisal and performance management process. Examples were provided of how staff performance is monitored and followed up with individuals.

Staff were observed interacting with consumers in kind, caring and respectful ways and being responsive to their needs and preferences.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* While consumers and representatives provided examples of how they considered the service was well run, one consumer said staff levels and attitudes could be improved.

Consumers are encouraged to give feedback at the monthly consumer support group meeting, and management described improvements actioned that had originated in the forum. Management provided examples of how governing body promotes a culture of safe, inclusive and quality care.

Management demonstrated the organisation has effective governance systems in relation to the management of information, continuous improvement, financial and workforce governance and regulatory compliance. The service has an established Board and governance committees to support their oversight in relation to governance systems.

Management described, policies supported and practices demonstrated that effective risk management systems and practices are in place. The service has an effective clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policy.

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.