Good Shepherd Lodge

Performance Report

15 McIntyre Street
MACKAY QLD 4740
Phone number: 07 4963 2999

**Commission ID:** 5116

**Provider name:** Good Shepherd Lodge Ltd

**Site Audit date:** 18 February 2020 to 21 February 2020

**Date of Performance Report:** 1 April 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-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 approved provider’s response to the Site Audit report received 23 March 2020

# STANDARD 1 COMPLIANTConsumer 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/or their representative (consumers) confirmed 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 confirmed that they are encouraged to do things for themselves and said that staff know what is important to them.
* Consumers confirmed that their personal privacy is respected.
* Consumers described examples to demonstrate staff know what is important to them and support them to maintain links with the family and friendships of significance.

Staff interviews, and review of care documentation demonstrated the service knows its consumers well and supports consumers to receive individualised care, maintain relationships important to them and make choices and decisions.

Staff described how they facilitate engagement of consumers with the community and support family members to participate in the consumer’s life within the service environment.

Care planning documentation was individualised and identified consumers’ identity and background, their personal preferences and decisions they have made regarding their care and services.

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 COMPLIANTOngoing 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/or their representatives (consumers) confirmed that they feel like partners in the initial and ongoing assessment and planning of their care and services. They provided positive feedback about how the service works with them in planning their care and with the information provided to them about the care planning process and outcomes. Consumers confirmed the service seeks input from others who contribute to their care including medical officers, allied health professionals and family members.

The service has systems, processes and tools for assessment and care planning and staff could describe the application of these. Staff demonstrated awareness of consumers’ needs and preferences and strategies to follow to ensure needs and preferences are met.

Consumers’ care planning documentation:

* have been developed in consultation with the consumer and/or their representative, and identifies who is involved in the consumers’ care planning/evaluation;
* are individualised to reflect consumers’ needs, goals and preferences, and identifies risks to the consumer and how these are managed;
* includes information about end of life preferences;
* have been reviewed regularly and updated when changes have been required; and
* documents outcomes of assessment and planning and is available to the consumer.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

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

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 NON-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

Consumers and/or their representatives (consumers) reported they receive personal care and clinical care they need and that is right for them. Consumers advised they have access to medical officers and other health professionals and communication between staff was effective.

The service has policies, procedures and education relating to clinical and personal care delivery available to staff. These contain electronic links to best practice documentation and guidance. Staff confirmed they have access to policies and procedures, best practice manuals and guidelines, training, and staff meetings to discuss clinical issues. Clinical monitoring and audits occur and results are analysed.

Clinical and care documentation for consumers generally reflected individualised care that is effective and tailored to the specific needs and preferences of the consumer.

Registered and care staff described sampled consumers’ individual needs, preferences, the most significant clinical/personal care risks and how these were being managed or monitored (in line with their care plans).

However, the service did not demonstrate that personal and clinical care delivery is best practice to optimise each consumer’s health and well-being, in relation to identification, management and monitoring the use of restraint, and identification and communication of changes to consumers’ care needs.

The organisation is addressing deficiencies in its use of restrictive practices through implementing revised policies and processes, reviewing all consumers subject to restraint, and ensuring relevant actions and decisions are documented. The organisation has also implemented monitoring of wound documentation.

The Quality Standard is assessed as non-compliant as two of the seven specific requirements have been assessed as non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

I have considered the Assessment Team’s site audit report and the approved provider’s response, and have decided the service does not comply with this requirement as personal and clinical care delivery is not best practice to optimise each consumer’s health and well-being, in relation to the identification, management and monitoring the use of restraint, and documentation of wounds.

While consumers reported they felt their personal and clinical care needs are met and their clinical documentation generally reflected individualised care, the Assessment Team identified deficiencies in relation to the use of restrictive practices and registered staff not consistently documenting changes in consumers’ wounds.

While the service had a restraint policy and procedure in place, and demonstrated 24 consumers have had their psychotropic medication reduced or ceased, the Assessment Team reviewed the service’s psychotropic medication monitoring tool and a sample of consumer files and identified not all consumers had a documented assessment of the need for the restraint or authorisations completed by approved health practitioners prior to the application of the restraint. Also, management did not have a clear understanding of chemical restraint. For example:

In relation to the use of physical restraints:

* The service does not consistently ensure that the need for a secure environment is assessed by an approved practitioner prior to a consumer being accommodated in the secure wing of the service.
* Of the 12 consumers who requested bedrails or tray tables:
	+ three consumers were assessed for the use of bedrails in June 2017, however the need for restraint had not been re-assessed.
	+ while eight consumers had risk-taking forms completed that documented discussion of risk and consent provided by the consumer and/or their representative, they did not have an assessment to support the application of restraint. Management were not aware of the need to conduct an assessment for the use of restraint when a consumer requests bedrails or tray tables.
		- These areas were was addressed by the service during the site audit and for those consumers identified, assessments for the use of restraint were completed.
	+ Staff interview and observation from the Assessment Team identified staff monitor consumers who have physical restraints applied regularly to ensure their safety.

In relation to the use of chemical restraint:

* The service did not demonstrate that consent for the use of chemical restraint had been consistently obtained or that the use of chemical restraint is reviewed regularly. For example:
	+ Management advised they rely upon the prescribing medical officer to discuss the risks associated and obtain consent for the administration of psychotropic medications and chemical restraint from the consumer or their representative. However, management advised these discussions are not generally recorded in the service’s documentation.
	+ Some consumers care documentation did not demonstrate the risks of chemical restraint were discussed with consumers and/or their representatives or consent was obtained.
* Management did not demonstrate a clear understanding of chemical restraint and the service was not correctly identifying consumers that are chemically restrained. The Assessment Team found while management advised there was ten consumers who required chemical restraint:
	+ a review of the service’s psychotropic medication monitoring tool identified 18 consumers prescribed regular or PRN antipsychotic medication with their diagnosis listed as Dementia with Behavioural and Psychological Symptoms of Dementia. There was no documented evidence to substantiate the diagnosed mental disorder, physical illness or physical condition that the antipsychotic medication was treating, in accordance with requirements under the Quality of Care Amendment (Minimising the use of Restraints) Principles. For example, while these consumers had a diagnosed mental disorder (dementia), their prescribed antipsychotic medication was not a drug to treat dementia, but rather was being used to managed associated behaviour. This is chemical restraint and requires assessment, documentation and consent according to the Principles.
	+ Management identified three consumers that had been chemically restrained through the administration of PRN medication, however, a review of the clinical documentation for two of these consumers identified the medication administered was to treat their diagnosed condition (sleep, pain) and, therefore, did not meet the definition of chemical restraint.
* The service was not able to demonstrate psychotropic medication is reviewed regularly; 15 consumers had not had their medication usage reviewed in the preceding three months.

The approved provider’s response acknowledged the Assessment Team’s findings and identified actions commenced to address the deficiencies regarding the use of restrictive practices including:

* Updating the policy regarding the admission process to the secure unit of the service, and ensuring consumers who may require accommodation in the secure unit are assessed prior to admission with written instructions as to suitability.
* Updating risk-taking forms to include requirement for consumers requesting bed rails or tray tables to be clinically assessed prior to the application of the restraint.
* Reviewing all consumers prescribed for psychotropic medication and developing a consent form and information sheet to be sent to consumers’ representatives and medical officer, and ensuring medical officer reviews and discussions are documented.

In relation to skin care, the service has procedures for the management of pressure injuries available to staff, however, the Assessment Team identified registered staff were not consistently photographing and documenting changes in wound appearance and descriptions. The approved provider’s response acknowledged this and provided evidence the service has implemented a documented wound chart audit that is completed on a weekly basis.

The service did not demonstrate consistent identification, management and monitoring of the use of restraint in accordance with relevant legislation and guidelines, and documentation of changes in consumers’ wounds. While the approved provider has identified actions to address these matters, at the time of the site audit, these were not consistently in place and I consider the approved provider needs time for the revised policy and processes to be imbedded in practice. Therefore, this requirement is non-compliant.

### 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) Non-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.*

I have considered the Assessment Team’s site audit report and the approved provider’s response, and have decided the service does not comply with this requirement.

The service has processes to ensure information about a consumer is documented and communicated, and staff could describe these processes. Care documentation generally provides adequate information to guide staff in the delivery of care and services and reflected information sharing with medical officers and allied health professionals regarding changes to consumers’ care needs and preferences.

However, while staff were able to describe how information is generally communicated between themselves and others involved in the care of consumers, the service was unable to demonstrate these processes were effective in identifying and communicating changes made by a speech pathologist to a consumer’s meal texture and requirements for assistance with meals. This consumer has a diagnosis of dysphagia and the speech pathologist assessment and changes were made following the consumer experiencing a choking episode. The consumer’s representative, registered and care staff, and handover and care planning documentation confirmed staff were not aware of, and had not been provided with written instructions on, the changes made to the consumer’s requirement for a textured meal and assistance with meals.

The approved provider’s response acknowledged the Assessment Team’s findings and identified the service acted promptly on the day of the audit to rectify the issue when raised by the Assessment Team. The service has since trained staff on the correct feeding position and developed an instruction sheet to reflect current requirements for meal assistance. Clinical managers monitor changes to the care for consumers on a weekly basis.

While I acknowledge the approved provider has undertaken corrective actions to ensure the service identifies, documents and communicates changes to consumers’ care, this was not consistently occurring at the time of the site audit. Therefore, this requirement is non-compliant.

### 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 COMPLIANTServices 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/or their representatives (consumers) confirmed that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. For example, consumers interviewed:

* confirmed they are supported by the service to undertake lifestyle activities of interest to them within the service and outside in the community, and to maintain contact with those people who are important to them.
* reported they are generally satisfied with the quality and quantity of the food offered and have choices available to them, including if they prefer an alternative meal to what was on the menu.
* Confirmed they are supported to do the things that are important to them and there are adequate activities and things of interest for them to participate in.

Staff demonstrated an understanding of what was important to individual consumers regarding their lifestyle and activities preferences, and identified documentation that supports them to provide individualised support to consumers.

The Assessment Team observed consumers participating in lifestyle activities.

Service lifestyle program documentation and newsletters demonstrated consumers have attended a wide range of activities both within and outside the community, and consumer meeting minutes demonstrate consumers have input into the lifestyle program.

Lifestyle care planning documentation identified what is important to the consumer and information about consumers’ emotional and spiritual well-being needs and preferences. Care documentation also records consumers’ dietary needs and preference.

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 and/or their representatives (consumers) reported they feel they belong in the service, and feel safe and comfortable in the service environment. They said the service is clean and well maintained and they can move freely and safely indoors and outdoors. Consumers confirmed their visitors are welcome in the service and they can utilise various areas of the service to sit comfortably with their visitors.

The Assessment Team observed:

* the environment to be calm and welcoming, with well-maintained gardens with appropriate outdoor furniture for consumers and visitors to the service to enjoy
* consumers and visitors accessing outdoor areas independently of staff
* consumers have call bells in their rooms.

Staff interviewed reported they respect and treat the service as the consumers’ home and described the process to report maintenance issues or hazards. Management described a recent example of when major equipment was replaced quickly as needed. Cleaning staff described their cleaning schedule.

The maintenance register demonstrated regular and as required maintenance is completed.

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 and/or their representatives (consumers) reported they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers felt safe making complaints and felt the service makes changes in response to complaints and feedback. Consumers who reported they had made complaints said their feedback was acknowledged, management and relevant staff had apologised and changes implemented had resulted in improvements in care/services.

Staff demonstrated an understanding of the service’s complaints management process and described how they support consumers to provide feedback or make a complaint.

The service’s written materials and meeting minutes demonstrated consumers are provided with written and verbal information about how to make a complaint and access assistance to do so, including from an advocate.

The service’s feedback and complaints register recorded consumer suggestions and complaints, actions taken to address the complaint or implement the suggestion, and the outcome/results. Management described changes made at the service in response to consumer feedback.

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers and/or their representatives (consumers) were satisfied they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example, consumers reported staff know what they are doing, and that there are adequate staff. While some consumers reported there were occasional delays in staff responding to their call bell, they said they raised this with staff and management and there has since been an increased staff presence on the floor during busy periods.

Staff interviewed said they have enough time and resources to complete their duties. Management described, and staffing documentation confirmed, processes to ensure there are sufficient staff and how shifts are covered when staff are absent. Staff rosters confirmed registered nurses are rostered on every shift.

The Assessment team observed respectful and kind staff interactions with consumers, and staff using communication cards in a consumers’ language.

Management, staff and service documentation confirmed the service monitors staff qualifications, ensures staff are supported with orientation, position descriptions and duty statements and that staff complete mandatory education and competencies. Staff performance and competencies are monitored and assessed.

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

Consumers and/or their representatives (consumers) reported the organisation is well run and provided examples of how they participate in the evaluation and improvement of the delivery of care and services. For example, consumers are involved in menu planning and review, and reviewing the outcomes of the service’s clinical care. Consumers expressed their excitement to be involved in the service’s committees and partner with the service to make improvements.

The governing body meets regularly, sets clear expectations and regularly reviews organisational risks and consumer outcomes and satisfaction with care and services. There are systems to provide reports on clinical and quality indicators to the governing body. The governing body is active in directing the operation of the service and monitoring outcomes for consumers and improvements made at the service.

The service has organisational wide governance systems that support effective information management, financial, workforce, regulatory compliance and clinical care and it regularly reviews the effectiveness of its processes in maintaining a culture of quality and safety for consumers, their representatives, staff and volunteers. The clinical care governance framework supports antimicrobial stewardship, minimising the use of restraint and open disclosure.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) – *Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*
	+ is best practice; and
	+ is tailored to their needs; and
	+ optimises their health and well-being.
* Requirement 3(3)(e) - 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.