Governor Phillip Manor

Performance Report

64 Glebe Place   
PENRITH NSW 2750  
Phone number: 02 4724 9300

**Commission ID:** 1457

**Provider name:** RSL LifeCare Limited

**Site Audit date:** 3 March 2020 to 5 March 2020

**Date of Performance Report:** 14 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** | **Non-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) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-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 30 March 2020.

# 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

Overall, sampled 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:

* All consumers were generally satisfied with the way staff treat them and felt respected and valued at the service. One consumer said staff are very “kind” and “friendly”. They said they are always checking in on them and they are treated like “family”.
* Consumers interviewed stated they felt their privacy is respected and their personal information is kept confidential. Consumers stated the information they receive helps them make decisions about the things they would like to do and eat. They felt they had the information they needed and were supported to understand the information.
* Consumers were observed to be happy and engaging in all interactions throughout the Performance Assessment. They were aware of their rights and responsibilities and felt comfortable expressing their concerns to management. They stated they felt safe and confident in the staff members skills and knowledge when providing care and services.

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.

* The service demonstrated they have a good understanding of the requirements of this Standard. Staff demonstrated respect towards consumers and an understanding of their care preferences. For example, staff members were able to articulate examples of where consumers where treated with respect and dignity, were provided with culturally safe care, were provided with information in a timely manner and where dignity of risk was supported.
* Care plans reviewed were detailed and complete and progress notes painted a story of each consumers’ experiences. They are reviewed regularly and mostly reflected the care provided.

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 NON-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

Whilst management advised care plans are reviewed regularly by registered nurses, meaningful review of the plans is not conducted when consumers condition or needs change. Reviewed care plans did not identify whether interventions have been effective in meeting the needs of some consumers. The service was not always able to demonstrate that changes in care and strategies were effectively translated into consumers care plans.

For example:

* The care and service plans for one consumer did not accurately reflect the pain management being provided to him and another consumer’s skin care integrity assessments and care planning did not reflect her current needs.
* Overall consumers consider that they receive personal care and clinical care that is safe and right for them.
* Of consumers and representatives randomly sampled, all agreed that staff meet their healthcare needs always or most of the time.
* The service advised they work together with consumers to identify their goals and preferences in a formal way.
* Most representatives interviewed confirmed that they are actively involved in care planning. The care plan incorporates what is important to the consumer and their representative. Representatives are involved with the agreement of the consumer.

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 – reviewing their care planning documents in detail, asking consumers 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.

* Consumers state that they feel like partners in the ongoing assessment and planning of their care and services.
* The service reviews all care plans second monthly and attends a case conference with the consumer and/or relevant parties. The Assessment Team were advised that 72 consumer case conferences had been completed to date.
* The service was able to demonstrate that it does monitor and review clinical needs of the consumers although this process is not always evident in wound management. In addition, the service was not always able to demonstrate effective and timely review of care plans for those consumers with a mental health deterioration or those experiencing pain management concerns.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-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) Non-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.*

Whilst care plans are reviewed regularly by registered nurses, for some consumers, when circumstances change, or incidents occur, care and services plans were not reviewed, evaluated and updated. The regular review of care plans has not identified whether interventions have been effective in meeting the needs of consumers. The service was not always able to demonstrate that changes in care and strategies were effectively translated into the consumer’s care plans.

The approved provider in their response stated that they have reviewed and updated the care plans for consumers cited in the Assessment team’s report.

The approved provider does not comply with this requirement as care and services are not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 NON-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

The service was not able to demonstrate timely identification and intervention nor were they able to demonstrate that they had mitigated the risk of harm to consumers and staff. This included, but was not limited to, the effective management of high impact or high prevalence risks associated with the use of physical restraint and care for consumers needing wound, pain and mental health management. The service was unable to demonstrate best practice when managing pressure injuries and failed to demonstrate that those at risk of injury are identified and strategies adopted to minimise the risk of further injury.

For example:

* Consumers mental health deterioration was not identified within a timely manner and the consumer continued to deteriorate placing himself and others at risk of physical harm.
* One consumer representative expressed concern that their father’s welfare was compromised, and they were not safe within the service.

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 team also examined relevant documents.

* Consumers have not consistently received clinical care that is best practice and optimises their health and wellbeing. Deterioration or changes in condition have not been identified and escalated for review for all consumers and appropriate referrals to specialist services have not occurred.

The Quality Standard is assessed as Non-compliant as three 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.*

For consumers sampled clinical care provided is not best practice and does not optimise their health and wellbeing. Wounds are not always identified and managed in accordance with wound assessments and plans. Pain is not always managed in an effective manner and physical restraint was identified as being used contrary to the authorities obtained and best practice. The use of physical restraint was not always best practice.

The approved provider in their response stated that they are reviewing the use of certain types of physical restraint. They will also be training staff in wound management and skin care. The approved provider stated they have reviewed and updated the care plans for consumers cited in the Assessment team’s report.

The approved provider does not comply with this requirement as each consumer does not get 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)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The service was not able to demonstrate that policies and procedures in place were adhered to when identifying and assessing consumers with high risk behaviour. Consumers with challenging behaviour and mental health issues continue to present a risk to themselves and others. For one consumer, neurological observations were not done as per the organisation’s policy following a serious fall.

The approved provider in their response stated that they will be training staff to ensure neurological observations are done in a timely manner. The approved provider stated they have reviewed and updated the care plans for consumers cited in the Assessment team’s report.

The approved provider does not comply with this requirement as cannot demonstrate 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) Non-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.*

The service was unable to demonstrate that deterioration is recognised, and intervention and referrals made that would maximise the consumer’s wellbeing. For example, one consumer’s deteriorating mental health was not identified, and action taken within a timely fashion.

The approved provider in their response stated that they will be training staff in incident management and responding to deterioration in a consumer’s condition in a timely manner.

The approved provider does not comply with this requirement as deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is not 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

Overall, sampled consumers confirmed that they 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.

For example:

* All consumers sampled confirmed they are supported by the service to do things they like to do. Consumers stated they are confident in participating in external activities and can leave the service when they like. They also said staff are very supportive and assist them in preparing for their activities.
* Consumers sampled said staff support them in keeping in contact with people that are important to them. They assist in ensuring the visitor are welcomed and comfortable and the staff are always ready to “offer a cup of tea”.
* Consumers interviewed said they like the food at the service. They also said staff are knowledgeable on their food preferences and dietary needs. They stated the food is plentiful and alternatives are available for those wanting something different.
* Consumer stated they are confident the service provides safe and effective services and support consumers with their daily living ensuring independence, health, wellbeing and quality of life is optimal for consumers.

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 service demonstrated they have a good understanding of how to provide lifestyle supports for consumers to ensure they are living the best life possible. Consumers said they were confident and satisfied the service provides them with the supports they require to do the things they want to do, participate in activities not offered at the service and maintain relationship that are important to them. Staff understand what safe and effective services are, how consumer preferences are to be communicated to other providers responsible for sharing consumer care, the appropriate use of equipment and timely referrals. Consumers said they were satisfied with meals at the service.

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

All sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* All consumers/representatives interviewed when asked said “I feel safe here”.
* All consumers said that “they feel at home here”. Consumers/representatives interviewed are happy with the service environment stating that it is a relaxed, welcoming, safe and comfortable homelike environment that meets their and their visitor’s needs. They were happy that it has well-equipped communal spaces where they can interact with others, including their family, friends and pets, and that has spaces for quiet reflection like small sitting areas, the garden courtyards, verandas, balconies or their individual rooms.
* Consumers/representatives interviewed indicated that the services environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.
* A significant number of consumers said they like the décor and value the additional onsite facilities now available to them at the home. They like the front lounge, the beauty/hairdressing salon, the library and the chapel.

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.

* The home provides care and services in three separate units each with its own spacious air-conditioned communal living areas that include well-appointed dining and lounge areas. Consumers in these units reside in spacious single rooms with ensuite bathrooms, single rooms with shared ensuite bathrooms and/or two bedded rooms with shared ensuite bathrooms. Consumers can personalise their rooms by installing photos, mementoes, artwork, and some of their own furniture. There are many on site facilities available to consumers including activities areas, hairdressing/beauty salon, landscaped garden courtyards, a library, and a chapel. The building is all on level, so consumers/representatives can easily move around the building and access all areas including the gardens. The service is pet friendly.

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

Overall consumers consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers/representatives’ interviews revealed that they are aware of and feel comfortable or safe to use the complaints mechanisms available to them, which includes both internal and external complaint mechanisms. Consumers said they feel comfortable raising issues with the facility manager and care manager who have an open-door policy and actively encourages them to provide feedback.
* Consumers/representatives interviewed felt that changes were made by the service in response to complaints and feedback. For example, four consumers and two consumer representatives were aware that complaints regarding missing laundry had been reported, addressed and resolved by the facility manager and the care manager.
* One consumer and two consumer/representatives confirmed that issues involving consumer’s care and services had been dealt with to their satisfaction by the facility manager who used an open disclosure process.

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 how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

* The service provides a choice of well-publicised complaint mechanisms that are used by stakeholders including consumers, relatives and staff. The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints and that an open disclosure process is used.

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

Overall, sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers interviewed provided positive feedback regarding staff being kind and caring. They gave several examples where staff had sat and talked with them and had gone out of their way to help.
* Consumers said they felt staff were knowledgeable about their care needs. Some consumers said they felt safe when staff had used equipment to assist them as they were being re-assured by the staff throughout the process.
* Consumers generally felt there were enough staff as they did not have a long wait for staff to come if they used their call bell. Feedback from representatives regarding staffing indicated there had been improvements in staff numbers since the roster had been reviewed by management.

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.

* Positive feedback was received from consumers regarding staff response times to their requests for assistance. Consumers also felt that staff were kind and helpful. Management has systems in place to monitor call bell response. As part of this system, management undertakes a call bell check and interviews consumers where response time are above the acceptable timeframe. This is to ascertain if there has been any adverse impact. Systems are in place to identify training needs, provide education to staff and monitor staff performance. Management advised that consumer care needs are the key driver when considering staffing needs.

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

All sampled consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* All consumers/representatives interviewed confirmed that they believe “the place is well run”.
* Consumers/representatives interviewed could describe how the organisation supports and encourages them to use the various feedback mechanisms or avenues available to them that enable them to be involved in designing and improving care and services. Consumers do feel that their views and needs shape how the service is run. For example, one consumer said they had accepted an invitation to be on the RSL Lifecare Governor Phillip Manor recruitment interview panel for selection and appointment of new staff. Others participate as members of a food forum and/or are members of the Continuous Improvement Committee. A consumer representative has been appointed to chair the resident committee, advocate for consumers and orientate new consumers to the service so they feel welcome on arrival.

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).

* The organisation is committed to fostering partnerships with consumers and their representatives in order to deliver quality care and services, in a culturally safe inclusive manner. It does this through the implementation of systems and structures that support consumer involvement in the development, delivery and evaluation of care and services and support consumers in that engagement.

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 2(3)(e)**

*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.*

Ensure 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.

### Requirement 3(3)(a)

*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.*

Ensure 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 by minimising the use of restraint and ensuring staff are trained appropriately trained.

### Requirement 3(3)(b)

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Ensure the effective management of high impact or high prevalence risks associated with the care of each consumer by ensuring staff are adequately trained to recognise issues and respond appropriately.

### Requirement 3(3)(d)

*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.*

Ensure any 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.