Grace Villa Aged Care

Performance Report

4/ 25-33 Grimshaw Street   
GREENSBOROUGH VIC 3088  
Phone number: 03 9432 2855

**Commission ID:** 4034

**Provider name:** Samkay Health Pty Ltd

**Site Audit date:** 22 February 2022 to 24 February 2022

**Date of Performance Report:** 1 April 2022

# Performance report prepared by

Meritt Nassif, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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 Commissioner’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 acknowledgement of receiving the Site Audit report and advising on 24 March 2022 that they would not be providing a response.

# 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

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

Consumers and representatives considered they are treated with dignity and respect, are able to maintain their identity, make informed choices about their care and services and live the life they choose. Consumers said staff are kind, treat them with dignity, personal privacy is respected, and they feel valued as an individual.

Consumers considered care is always delivered with dignity and respect regarding their identity, culture and diversity. Staff described cultural, religious and personal preferences for consumers and what matters most to them and demonstrated they were familiar with consumers’ backgrounds and lifestyle choices. Care planning documentation included information regarding consumers’ background, personal preferences, identity, and cultural practices. Observations included policies, procedures and staff training around delivering consumer dignity and respect, culture and diversity had been implemented in the service.

Consumers and representatives considered that consumers are supported to exercise choice and independence regarding how their care and services are delivered, and to maintain connections and relationships and these are reflected in care planning documentation. Management described how consumer choices and decisions are supported through the care planning process, which occurs upon arrival at the service as a new consumer as well as routine updates and consultations with consumers. Care staff said they are guided by consumers regarding care preferences regarding shower times, bed times and breakfast times.

Consumers considered they are supported to take risks to enable them to live the best life they can, and care planning documents described areas in which consumers are supported to take risks. The service has clinical and non-clinical assessment processes to identify risks and care staff described how assessments of risk-taking activity occurs in consultation with the consumer, representative and health professionals.

The service demonstrated that timely, current, and accurate information is provided to consumers. Consumers and representatives were satisfied that they received timely and accurate information to assist them in making choices about their care and lifestyle, including current events occurring inside and outside the service, meal selections, daily activities, and access to health professionals. Care staff demonstrated their awareness to notify the consumer’s representative when adverse events occur and said they routinely discuss matters that occur day to day with consumers Care planning documentation confirmed that dietary information, mobility, hearing, speech or cognition difficulties are documented, along with corresponding assistance to support consumers’ communication needs, including the use of aids. Menus, activity calendars and other notices were observed throughout each area of the service to communicate current information to consumers and representatives.

The Site Audit report identified consumer feedback described how staff are always respectful and considerate, using a gentle approach, particularly for consumers with behavioural and cognitive impairments. Staff were observed knocking on doors before entering rooms and closing doors when care was being provided. Management demonstrated how personal information was securely managed via online portal and paper care documentation for consumers was observed to be kept secured in locked work areas with computers accessed by staff password protected. Training records confirm staff undertake training on privacy and confidentiality.

## 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

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

Consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives reported being involved from the initial assessment and ongoing care planning of the consumer’s care and are informed about the outcomes of assessment and planning and when any changes are made. Representatives expressed satisfaction with advance care planning. Consumers and representatives said they have access to the consumer’s care and services plan if they wish. Consumers and representatives confirmed the service seeks input from other providers who are involved in the consumer’s care including their medical officer, allied health professionals and other services as required.

The service uses a fully integrated electronic care documentation system with a comprehensive care plan being finalised after the assessment process over 28 days. Care plans demonstrated that consumers’ current needs, goals and preferences are documented including end of life care planning. Care plan documentation also demonstrated ongoing partnership with consumers and others that consumers wish to be involved including providers of other services. Care plan documentation included monthly reviews and evaluations every 3 months and/or as consumer needs change.

Staff described how the assessment and care planning process involves consumers and their representatives, as well as other allied health professionals, to identify consumers’ goals, needs and preferences. Assessment and planning occurs when consumers first arrive at the service and is reviewed regularly and as needs change. Staff said that it can be challenging to have conversations with consumers and representatives about end of life care but they do raise it at case conferences or whenever an incident occurs that triggers a change. Clinical staff said they communicate the outcomes of all assessments and planning through phone communication, care plan conferences or direct updates during visitations.

The Site Audit report identified that staff are guided by policies and procedures to support assessment and care plan reviews and end of life care planning. Registered staff monitor completion of assessments and care plans to ensure changes in care needs are actioned in a timely manner. The electronic clinical system has the capability of displaying progress notes over the past 24, 48 or 72 hours for oncoming staff ensuring continuity of care based on trended and updated consumer care needs information.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

#### Consumers considered that they receive personal care and clinical care that is safe and right for them and confirmed they have access to a medical officer or other health professional when they need it. Consumers and representatives indicated that consumer care is tailored to consumer needs and optimises consumer health and well-being. Consumer representatives expressed satisfaction in the way the service responded to consumer’s health deterioration and the communication provided.

Care planning documents reflect the clinical and personal care needs of consumers that is tailored to their needs and is best practice and includes end of life care needs and preferences for consumers who have expressed them. Care plan documentation also reflect identification of, and response to, changes in the consumer’s condition and/or health status as well as referrals to a range of allied health professionals including physiotherapists, podiatrists, dietitians, and other health professionals. Review of care plan documentation demonstrated that the service is effectively managing risks for each consumer including, falls, skin integrity and pain.

Staff were able to describe the needs and preferences of consumers personal and clinical care needs and how they ensure information is shared both within the service and with others outside the service. Staff demonstrated a shared understanding that restraint was a last resort intervention and could describe the alternative interventions they implement to settle consumers who are agitated or distressed. Registered staff were observed reviewing assessment and charting to inform care plans to ensure they are personalised and reflect consumers’ needs and preferences. Staff provided examples of how they identify deterioration in consumer’s health and actions taken to respond including by making appropriate referrals. Staff demonstrated knowledge and understanding of precautions to prevent and control infection. Staff also demonstrated how high impact and high prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

The Site Audit report identified the service had policies and procedures for key areas of care, including restraint, skin integrity, pain and falls management. Restraint practices were minimised by the service’s policy; guidelines discussed the need for assessments and consent prior to their use, and the requirement for behaviour support plans with ongoing monitoring and review. The service has a clinical governance framework and staff practice is guided by work instructions that support staff in consumer handover processes. Policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship were observed.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

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

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

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

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and supports 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

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

Consumers considered that they get the services and supports for daily living and their emotional, spiritual and psychological well-being needs, goals and preferences. Consumers described feeling supported by the service to do the things of interest to them, which included participating in activities as a part of the service’s lifestyle program and/or spending time on independent activities of choice. Consumers described how the service supports them to maintain social and emotional connections with those who are important to them. Consumers considered they receive information about their daily living choices and preferences was effectively communicated with staff who provide daily support understand their needs and preferences. Consumers expressed satisfaction with the variety, quality and quantity of food provided at the service and kitchen staff explained specific dietary needs and preferences, including allergies, texture modified diets and how they accommodate consumers’ needs and preferences.

Care plan documentation identified information showing what is important to consumers, the supports needed to help them do the things they wish and what their emotional, spiritual and psychological well-being preferences and needs. Documentation demonstrated consumers participated within their community, maintained their relationships, and undertook activities of interest to them. Documentation showed timely and appropriate consumer referrals are made to care organisations including medical officers and specialists. Dietary preferences for consumers were documented and available for staff to access in all dining areas and visible in the kitchen for all kitchen staff to access.

Staff demonstrated an understanding of what is important to consumers and how they meet with all consumers, from diverse backgrounds and religions, to discuss spirituality and check in on their emotional state. Staff provided examples of how the service supported consumers to participate in the community and/or keep in touch with the people important to them. Staff described ways in which information is shared and they are informed of consumers’ changing condition, needs and preference including through a formal shift handover process.

### The Site Audit report identified that equipment used to provide and support lifestyle, and personal care services, was safe, suitable, clean and well maintained and a preventative maintenance schedule observed. The kitchen was observed to be clean and tidy; staff observed general food safety and work health and safety protocols. Lifestyle activity calendars and information to support consumer referrals to external organisations was prominently displayed throughout the service as well as various photo boards displaying consumers socialising and engaging with family and friends.

## 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

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

Consumers considered that they belong in the service and feel safe and comfortable in the service environment. Consumers described the service environment as welcoming, that they feel at home and felt the service is an enjoyable place to live. Consumers were satisfied they could go outside into the garden and outdoor seating areas independently or with the assistance of staff when required. Consumers advised they feel that furniture, fittings and equipment are safe, clean, well maintained and suitable for them and described feeling safe when staff are providing care using mobility or transfer equipment with them.

Staff described how the layout complements the service, with two courtyards and gardens as well as plenty of common areas for the consumers to socialise and relax with consumers observed moving between the different areas. Staff described the process for documenting and reporting safety and maintenance issues, consistent with documentation and observations made. Maintenance issues were addressed in a timely manner and reviewed through a maintenance audit schedule and routine inspections. Cleaning and laundry staff described daily cleaning regimes and cleaning schedules, cleaning rosters and a centralised cleaning diary for their areas of responsibility of the service.

Indoor facilities included a safe environment where consumers were observed moving from their rooms, assisted with wide corridors, hand railing and walkways equipped with signs and a large amount of powered and natural light. The call bell system was observed to be operating effectively and staff observed moving care equipment throughout the service, without impacting movement of others in the corridors.

## 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

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

Consumers considered they are encouraged and supported to give feedback and make complaints about the care and services and were aware of informal and formal avenues to provide complaints or feedback. Consumers, representatives and staff indicated that consumers have access to information about how to access advocates and external complaints bodies; this is provided directly to each consumer and displayed at the service. Consumers were satisfied that appropriate action is taken in response to complaints, and that an open disclosure process is used when things go wrong.

Staff demonstrated how they respond when a consumer raises an issue or complaint. Staff described methods to enable consumers with limited English to raise and resolve complaints such as using cue cards and liaising with representatives and family for interpreting and translating issues raised by consumers. Staff were knowledgeable about open disclosure and described the process that was undertaken, and information provided to the consumers’ representatives. Management and staff demonstrated how complaints and feedback are actioned and how initiatives to improve the quality of care and services have been implemented and consumers were satisfied with the changes made to the services as the result of feedback or complaints. Management explained that complaints and feedback are irregular, but when they occur, response is immediate as these were usually in relation to specific care preferences of consumers.

The Site Audit report identified that the service seeks feedback from consumers and representatives and gathers this information to improve care and services through review mechanisms including surveys. A ‘Comments and Complaints Procedure’ outlining steps for staff to assist consumers in the raising and resolving of complaints and a complaint register observed for documenting feedback and complaints including actions taken to resolve the complaint. It was observed that the Commission’s contact details were made available to consumers, representatives, staff and visitors.

### 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

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

Consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers and representatives stated they were satisfied with the level of staff and consumers felt well looked after. Consumers advised they were treated in a kind, caring and respectful manner. Consumers and representatives were satisfied with the workforce’s competency and skills to meet needs of consumers.

Staff indicated that despite being busy during the COVID-19 pandemic they were satisfied with the adequacy of staff and delivery of training by the service to maintain their competencies. Management described procedures to ensure the competency of the workforce and maintaining relevant registrations and qualifications which was corroborated in documentation. Management said training is monitored for completion by required staff and additional training is arranged for staff as required, such as manual handling run by a physiotherapist. Documentation confirmed completed staff training with additional training provided on multiple platforms such as in person and online. Staff described the regular review of their performance and the staff performance register demonstrated that all staff are up to date with their performance review and appraisals. Staff members described training modules provided through multiple platforms and indicated they were able to raise feedback to management regarding training and care provided during and outside of their review and appraisals. Care staff demonstrated a general understanding of requirements and obligations regarding the reporting of SIRS and restrictive practices.

The Site Audit report demonstrated the service monitors call bell response times, staff rosters and allocation records to assess whether sufficient staff are deployed to meet the care and service needs of consumers. Staff rosters indicated that shift vacancies are filled by permanent staff and that no agency staff were used. The Site Audit report states that the Assessment Team observed staff interactions with consumers around the services facilities to be kind, caring and respectful.

## 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

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

Consumers and representatives considered that the service was well run and that they could partner in improving the delivery of care and services. Consumers felt comfortable and safe in the service, said they had no reservations in providing feedback to management, and were confident that issues raised would be resolved in an efficient and effective manner. Consumer representatives said they received surveys from the service and were happy to complete them. Consumers and representative were satisfied with the processes in place to manage risks within the service.

Management and staff described ways that consumers and representatives are actively engaged in the development, delivery and evaluation of care and services and are supported in that engagement through a variety of methods including monthly resident and representative meetings. Care staff demonstrated knowledge of policies and provided examples of the relevance to their work such as minimising the use of antibiotics. Management described the service’s incident management system including the accountabilities and responsibilities of staff and management in monitoring progress notes and advised how incident reports are reviewed and SIRS reporting completed within required timeframes.

The organisation had effective organisation wide systems relating to information systems, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. The organisation provided a documented risk management framework; this included policies for high impact or high prevalence risks associated with the care of consumer management, how to identify and respond to the abuse and neglect of consumers, how to support consumers to live their best life, and managing and preventing incidents. The service demonstrated the provision of guidance and a clinical framework for clinical governance; including policies for antimicrobial stewardship and for minimising the use of restraints, and an open disclosure policy. Care staff demonstrated knowledge of policies and provided examples of the relevance to their work such as minimising the use of antibiotics. Management described the service’s incident management system including the accountabilities and responsibilities of staff and management in monitoring progress notes and advised how incident reports are reviewed and SIRS reporting completed within required timeframes.

The Site Audit report identified staff were knowledgeable about the service’s open disclosures policy and understood their role in relation to anti-microbial stewardship. Documentation demonstrated how the service’s governing body remains updated and accountable for the delivery of safe and quality care of services by, for example, by ensuring any changes in regulatory compliance are communicated to staff, consumers, and representatives.

## 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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.