Hahndorf Residential Care Services

Performance Report

1A Main Street
HAHNDORF SA 5245
Phone number: 08 8398 8000

**Commission ID:** 6937

**Provider name:** Hahndorf Holdings Pty Ltd

**Site Audit date:** 9 August 2021 to 12 August 2021

**Date of Performance Report:** 11 October 2021

# 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** | **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** | **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** | **Non-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) | Non-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 6 September 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall, consumers interviewed by the Assessment Team considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. All consumers interviewed said staff were kind, caring, respectful and understood them and their needs. Consumers described staff assistance that was available for them if needed, but they were otherwise supported to remain independent. Consumers said they get information about meal choices, activities and meetings, and representatives said they get information through emails and phone calls.

Staff were observed by the Assessment Team interacting with consumers in a respectful manner, and maintaining privacy including when transferring consumers to shared bathrooms and signs on closed doors indicating when care was in progress.

The Assessment Team reviewed documents demonstrating how the service supported consumer choices to take risks, maintain relationships of choice and involve others in care as required.

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-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

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.

Overall, consumers interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers interviewed could describe making decisions and influencing the way their care was delivered, although most said they didn’t recall having My Care Conversations or care plan reviews. Consumer representatives interviewed described being supported in their role to support consumers to make their own choices.

Care plans reviewed by the Assessment Team were personalised and reviewed within the last four months in alignment with the service’s policy. The Assessment Team found that risks to consumer’s health and well-being were identified on entry to the service using validated risk assessment tools. Care plans included consumer preferences and summary of advance care directives and palliative care goals and cares.

However, the service was unable to demonstrate that care and services are regularly reviewed for effectiveness when circumstances change or incidents impact on consumer needs, goals or preferences. While care plans were reviewed every four months, the care plan for one consumer with recent physical and cognitive deterioration had undergone routine review without consideration of their clinical and cognitive decline. Three other consumers had not had reassessment of cognitive status despite this impacting strategies relating to care. Changes in relation to behavioural, emotional and cognitive support, pain management, toileting and continence, mobility and transfers, and nutrition and hydration for one consumer had not been identified or assessed in response to the consumer’s clinical and cognitive decline, and accordingly the care plan was ineffective in guiding care.

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.*

The Assessment Team found the service did not demonstrate that care and services are consistently reviewed regularly for effectiveness, and when circumstances change or incidents impact on the needs, goal or preferences of the consumer. For one consumer, the Assessment Team found several aspects of their care and services were not reviewed for effectiveness following a change in the consumer’s condition or in line with the service’s policies. This included pain, falls risk, recent infections, and weight loss. For three consumers, the Assessment Team found a reassessment of cognitive impartment had not been completed in line with the service’s procedures, or when a change in cognition impacting on care and services was indicated.

In their response, the approved provider stated that changes to the needs, goals and preferences of consumers are generally identified and actioned, however acknowledged that these changes were not consistently updated in consumer care plans and some assessments were not completed in line with the service’s procedures. The approved provider has commenced clinical development workshops to build capability of staff and ensure care plans are reviewed and updated as required.

For the consumer identified in the Assessment Team’s report, the approved provider acknowledges that the most recent care plan review was not reflective of the consumer’s change in health status, and some re-assessments were not completed in line with the service’s policies. While the approved provider’s response demonstrates that some action was taken in response to pain, infections and weight loss, the service did not demonstrate that care planning documentation was reviewed to inform safe and effective care and services.

The service did not demonstrate that care and services are consistently reviewed regularly for effectiveness, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer, or in line with the service’s policies.

I find this requirement is Non-compliant.

# 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

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

Overall, consumers interviewed by the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. Consumers interviewed said staff are familiar with their care needs and updated with changes, and available when they need help. Consumers said, if required, they have allied health treatment available. One consumer described improvement with mobility due to their physiotherapy program.

The Assessment Team found that care documentation was not always completed in line with the service’s policy, however, the service demonstrated overall assessment and management of wounds including engagement of specialists was in alignment with best practice guidelines. Clinical staff interviewed could describe the use of best practice pain assessment tools and generally demonstrated appropriate pain management.

The service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. The service demonstrated appropriate identification and response to changes in consumers physical, mental or cognitive function, and timely referrals to other providers of care and services when required.

However, the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. One consumer had weight loss, inconsistent assessment of pain, and recurrent infections which were not effectively identified and managed. The consumer was not identified on the high risk register despite risks with deterioration.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

The Assessment Team found that while some high impact or high prevalence risks associated with the care of consumers were appropriately identified and managed, the service was unable to demonstrate effective management of risks for one consumer. The Assessment Team found that for one consumer high impact or high prevalence risks including infections, pain, and weight loss were not effectively managed. The Assessment Team found that this consumer was not identified on the service’s high risk register to assist in monitoring and management of these risks.

The approved provider’s response included additional and clarifying information about the management of the risks associated with the care of the consumer named in the Assessment Team’s report. The approved provider’s response demonstrates that while there were gaps in care planning documentation, overall, action taken by the service to manage the risk of infections, pain and weight loss was appropriate. The approved provider’s response demonstrates that the consumer was previously on the high risk register, and while the consumer was removed recently due to improved condition, the consumer’s condition was regularly monitored at the time of the Site Audit.

While there were gaps in care planning documentation for one consumer, I have considered this in my assessment of Standard 2, Requirement 2(3)(e). Overall, the service demonstrated the effective management of high impact or high prevalence risks associated with the care of consumers.

I find this requirement is Compliant.

### 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 NON-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

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 Assessment Team also examined relevant documents.

Overall, consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers interviewed confirmed that they are supported by the service to maintain connections with family and their local community. Consumers interviewed said their emotional, spiritual, and psychological wellbeing is supported by lifestyle staff.

The service demonstrated a range of assessments completed on entry to the service help to identify the services and supports consumers require to optimise their daily living. Staff undertake these assessments with consumers or their family and identify information on consumer’s family, abilities, activities, routines and social relationships. This information is recorded in consumer care plans, and communicated within the organisation, and with others where responsibility for care is shared.

Some consumers interviewed said they like the food provided at the service, however four consumers said they have raised concerns about the tray service as meals can be cold, and two of these consumers said they can receive the wrong meal. One consumer said they do not like the quality of food which has resulted in them losing weight.

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

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

Four consumers interviewed by the Assessment Team said they are not always satisfied with the meals provided at the service. All four consumers said meals served to their rooms are either not cold or heated appropriately. Consumers said they provide verbal feedback to staff when the meals are delivered, however have not noticed any sustained improvements. Two consumers said the temperature of the food when served makes it unappetising to eat. The two consumers rely on the meals to be delivered to their room due to mobility limitations. Another consumer said they do not like the taste, temperature, or presentation of the food so they do not eat the meals. The consumer said they have lost weight due to this, and care documents reviewed by the Assessment Team confirmed the consumer had lost 4.95kg in the six months prior to the Site Audit. The service was unable to demonstrate that staff are recording verbal feedback from consumers to support them to appropriately respond to and meet consumer’s needs and preferences and identify trends associated with the quality of the meal service.

The approved provider’s response acknowledges the consumer feedback provided to the Assessment Team, however stated that this feedback was not consistent with feedback provided to the service prior to the Site Audit. The approved provider’s response demonstrates that to ensure feedback on the meal service is captured accurately, consumers and staff have been directed to use feedback forms. The approved provider’s response demonstrates that a temperature check audit has commenced since the Site Audit which indicates temperatures are satisfactory and the majority of consumers are satisfied with the meals served.

Regarding the consumer identified in the Assessment Team’s report who had lost weight prior to the Site Audit, the approved provider’s response identifies that it was the consumer’s preference not to eat some meals. In their response, the approved provider identified that discussions were held with the consumer and some strategies put in place to reduce the risk of weight loss. The approved provider’s response demonstrates the consumer has had a slight increase in weight since the Site Audit.

While I accept the approved provider acted quickly in response to consumer feedback, at the time of the Site Audit, not all consumers were satisfied with the quality of the meal service.

I find this requirement is Non-compliant.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall, consumers interviewed by the Assessment Team considered that they feel safe and comfortable in the service environment. Consumers interviewed confirmed the service is clean and well maintained and they can personalise their room to make it more home-like.

One consumer said they can do some light gardening duties such as look after potted plants which makes them feel independent and gives them enjoyment. Consumers said their friends and family are welcome at the service, however, the COVID-19 visitor restrictions have affected them and their ability to see their family.

The service demonstrated systems to provide a safe, clean, and comfortable service environment, that is welcoming and allows consumers to move freely both indoors and outdoors. Environmental risks are monitored, and general and hazardous waste is removed. Furniture, fittings and equipment is maintained according to a schedule and are fit for use, including equipment owned by consumers. Shared bathrooms are cleaned more frequently to maintain infection control standards.

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

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 Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, consumers interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers interviewed said they felt confident that they could speak with staff if needed, and staff would listen and help with their concerns. One representative described raising concerns in a meeting with management and received empathy and understanding in response.

The service demonstrated consumers are provided with information in the resident handbook on internal and external complaint avenues and advocacy services. Further information, including feedback forms and information about advocacy services, is available in the reception area near the front entry.

Staff confirmed they received training on complaints and could describe methods to assist consumers with the complaint process, from helping them complete feedback forms to escalating it to senior staff as an advocate.

The service maintains a concerns/feedback/complaints log, however it is noted that information is not always consolidated into this log to identify new and emerging trends. Minutes for resident meetings and food focus groups demonstrate actions taken in response to feedback, and case conferences and progress notes summarise feedback received and improvements made to the quality of care and services.

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

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.

Overall, consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable and capable. Consumers interviewed confirmed that there are enough staff, they are kind, caring and respectful, and know their care needs.

The Assessment Team observed staff to be kind, caring and respectful of consumer’s identity, culture and diversity. The Assessment Team found that the workforce is planned to deliver safe and quality care and services. The workforce is appropriately qualified, have the knowledge to perform their roles and are supported to deliver quality care and services. Staff are recruited and have ongoing mandatory and as needed education and undergo annual performance appraisal. Staff interviewed said they have enough time and support to complete their work, are provided training and undergo an annual performance review.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall, consumers interviewed by the Assessment Team considered the organisation is well run and that they can partner in improving the delivery of care and services.

The Assessment Team found the organisation’s governing body promotes a culture of safe quality care and are accountable for the delivery of these services. The service demonstrated effective systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service demonstrated effective risk management systems, including management of high impact or high prevalence risks, responding to the abuse and neglect of consumers, and to support consumers to live the best life they can. However, one consumer who clinically deteriorated was not monitored, reassessed, or reviewed in a timely manner and were not identified on the high-risk register. The Assessment Team found that clinical care is supported by a clinical governance framework, that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed said they have received ongoing training, including information in relation to changes in legislation for incident reporting and the Serious Incident Response Scheme.

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*
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

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.*

The approved provider must demonstrate:

* Care and services are reviewed for effectiveness regularly, and when circumstances change or incidents impact on the needs, goals or preferences of the consumer.
* Consumer care and services are consistently reviewed in line with the service’s policies and procedures.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 4(3)(f)

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

The approved provider must demonstrate:

* Meals provided at the service are of a suitable quality, including served at an appropriate temperature.
* Consumer feedback on the meal service is consistently captured and used to improve the quality of meals.
* The service has implemented all continuous improvement actions identified in their response.