Accreditation Decision

**Decision to re-accredit service following a site audit**

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| **Service and approved provider details**  |
| **Name of service:**  | Harmony Village Inc  |
| **RACS ID:**  | 3390  |
| **Name of approved provider:**  | Doutta Galla Aged Services Ltd  |
| **Address details:**  | 20 Zurcas Lane Shepparton 3630  |
| **Date of site audit:**  | 29 October to 31 October 2019  |
| **Summary of decision**  |  |

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| **Decision made on:**  | 9 December 2019  |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service.  |
| **Decision:**  | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:**  | 10 January 2020 to 10 January 2023  |
| **Assessment of performance with the Aged Care Quality Standards**  |
| Standard 1 Consumer dignity and choice Met  |
|  Requirement 1(3)(a) Met  |
|  Requirement 1(3)(b) Met  |
|  Requirement 1(3)(c) Met  |
|  Requirement 1(3)(d) Met  |
|  Requirement 1(3)(e) Met  |
|  Requirement 1(3)(f) Met  |
| Standard 2 Ongoing assessment and planning with consumers Met  |
|  Requirement 2(3)(a) Met  |
|  Requirement 2(3)(b) Met  |
|  Requirement 2(3)(c) Met  |
|  Requirement 2(3)(d) Met  |
|  Requirement 2(3)(e) Met  |
| Standard 3 Personal care and clinical care Met  |
|  Requirement 3(3)(a) Met  |
|  Requirement 3(3)(b) Met  |
|  Requirement 3(3)(c) Met  |
|  Requirement 3(3)(d) Met  |
| Requirement 3(3)(e)  | Met  |
| Requirement 3(3)(f)  | Met  |
| Requirement 3(3)(g)  | Met  |
| Standard 4 Services and supports for daily living  | Met  |
| Requirement 4(3)(a)  |  Met  |
| Requirement 4(3)(b)  | Met  |
| Requirement 4(3)(c)  | Met  |
| Requirement 4(3)(d)  | Met  |
| Requirement 4(3)(e)  | Met  |
| Requirement 4(3)(f)  | Met  |
| Requirement 4(3)(g)  | Met  |
| Standard 5 Organisation’s service environment  | Met  |
| Requirement 5(3)(a)  | Met  |
| Requirement 5(3)(b)  | Met  |
| Requirement 5(3)(c)  | Met  |
| Standard 6 Feedback and complaints  | Met  |
| Requirement 6(3)(a)  | Met  |
| Requirement 6(3)(b)  | Met  |
| Requirement 6(3)(c)  | Met  |
| Requirement 6(3)(d)  | Met  |
| Standard 7 Human resources  | Met  |
| Requirement 7(3)(a)  | Met  |
| Requirement 7(3)(b)  | Met  |
| Requirement 7(3)(c)  | Met  |
| Requirement 7(3)(d)  | Met  |
| Requirement 7(3)(e)  | Met  |
| Standard 8 Organisational governance  | Met  |
| Requirement 8(3)(a)  | Met  |
| Requirement 8(3)(b)  | Met  |
| Requirement 8(3)(c)  | Met  |
| Requirement 8(3)(d)  | Met  |
| Requirement 8(3)(e)  | Met  |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Harmony Village Inc (the Service) conducted from 29 October 2019 to 31 October 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type**  | **Number** |
| --- | --- |
| Assistant to clinical care coordinator | 1 |
| General manager strategic asset and property development | 1 |
| Medication endorse personal care attendant | 1 |
| Consumers | 18 |
| Lifestyle officer | 1 |
| Registered nurses | 2 |
| Representatives | 3 |
| Leisure and lifestyle coordinator | 1 |
| Clinical care coordinator | 1 |
| Non-medication endorses personal care attendants | 3 |
| Cleaning staff | 1 |
| Maintenance manager | 1 |
| Laundry staff | 1 |
| Chef | 1 |
| Facility manager | 1 |

 Enrolled nurse 1

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation has met all six requirements in relation to Standard 1 Consumer dignity and choice.

Of consumers and representatives randomly interviewed for the consumer experience report, 94% said they are treated with respect always or most to the time. One hundred percent said they have a say in their daily activities and are encouraged to do as much as possible for themselves always or most of the time. Consumers identified staff explain things to them 88% always or most to the time.

Consumers described the ways their social connections are supported both inside and outside the service. Consumers said they feel heard when they tell staff what matters to them and are encouraged to make decisions about their life, even when it involves an element of risk. Consumers described in a variety of ways how they are supported to live the lives they choose to live. Consumers said the organisation protects the privacy and confidentiality of their information and they are satisfied care and services, including personal care, are undertaken in a way that respects their privacy.

The service demonstrated consumers are treated with dignity and respect actively promotes a culture of inclusion. Staff were observed interacting with consumers respectfully. The service promotes the value of culture and diversity through staff training, in the wide range of activities it offers and in delivery of care that is tailored to the person. This includes giving consumers clear and accurate information and options to inform good decision making. Staff gave examples of how they maintain the privacy of consumers this includes using privacy screens in shared rooms and discussing residents care needs in private areas such as the nurses’ station. Electronic and filing systems support the protection of confidential information.

The service monitors and reviews its performance in relation to these requirements. Regular meetings, consumer surveys, feedback and complaints mechanisms are used to ensure consumers are satisfied staff treat them with respect, support them to maintain their identity and live the life they choose.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. 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:

2. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that all five requirements in relation to Standard 2 Ongoing assessment and planning with consumers were met.

Of consumers and representatives randomly interviewed for the consumer experience report, 94% said they have choice in their daily activities most of the time or always. Consumers said their engagement in the initial and ongoing assessment and planning of their care helps them to get the care and services they need. Consumers reported feeling safe and confident as staff listen to their goals and preferences, and the service seeks input from other professionals to ensure they get the right care and services to meet their needs. Consumers and representatives described their involvement in advance care planning discussions as wished. Consumers said their care and services are regularly reviewed with many questions asked. Reviews also occur when something goes wrong or their needs or preferences change.

Staff could describe how consumers and others contribute to the consumer’s care including medical practitioners, allied health professionals, family and key stakeholders. They described how they work together to deliver a tailored care and service plan. The development of an initial care plan for consumers entering the service provides guidance for consumers’ needs and preferences until a schedule of assessments are completed. Monitoring and review is ongoing and occurs in line with consumer preferences and when care needs change. Documentation reviewed showed plans, including advance care plans, had been regularly reviewed with changes made. Staff demonstrated an understanding of adverse incidents or near-miss events with these documented and reviewed by the service to inform continuous improvement.

The service monitors and reviews its performance in relation to these requirements. The assessment and care evaluation process is monitored to ensure care plans are developed on entry to the service, risk assessments inform care planning and that directives for care are updated as required. The monitoring process is informed by mechanisms such as audits, meetings and feedback.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

(i) 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

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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: Personal care and clinical care Met

#### 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:

2. 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

#### Summary of Assessment of Standard 3:

The Assessment Team found that all seven of the requirements in relation to Standard 3 Personal care and clinical care were met.

Of consumers and representatives randomly interviewed for the consumer experience report, 94% said they feel safe and get the care they need always or most of the time and 94% said they are always encouraged to do as much as possible for themselves. Consumers reported feeling safe and confident they are receiving quality care and that care is reviewed when changes occur. Consumers living with high impact or high prevalence risks described strategies implemented and staff support provided. Consumers spoke positively about end of life discussions expressing confidence in staff awareness and their following of end of life wishes. Referrals to a range of allied health professionals were described with benefits reported from regular access to physiotherapy. Consumers spoke about the prescription of antibiotics when they have infections.

Staff could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure that information is shared both within the organisation and with others outside the organisation. Staff could identify the highest prevalence risks for different groups of consumers and demonstrated knowledge in the management of these. Documentation for consumers living with identified high risks, such as those associated with smoking, food allergies and diabetes indicate these are managed and include the documentation of the risk and interventions required or completed. Staff demonstrated their understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Care and service plans reviewed indicated the delivery of safe and effective care with advance care planning evident.

The service demonstrated they have access to a suite of policies and procedures underpinning the delivery of care. They review practice and policies to ensure they remain fit-for-purpose and informed by advice from consumers and other experts. Management is responsive to feedback. The organisation monitors and reviews its performance in relation to these requirements, including the prevalence of antibiotic prescriptions.

#### Requirements:

##### Standard 3 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

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

##### Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found that all seven of the requirements in relation to Standard 4 Services and support for daily living were met.

Of consumers and representatives randomly interviewed, 94% said they have a say in their daily activities and feel safe always or most of the time and are always encouraged to do as much as they can for themselves. Eighty-eight percent of consumers identified staff always explain things to them. Ninety-four percent said they have a say in their daily activities always or most of the time. Eighty-two percent of consumers said they like the food always or most of the time. Where a consumer said they like the food some of the time, feedback related to the food not being to their taste but they stated the chef takes an active interest in supporting consumers’ preferences. Most consumers enjoy the social interactions and ambiance of eating in the dining areas but said they are welcome eat their meals in their rooms if they prefer. Consumers described in various ways how they participate in the community and are supported to do activities of interest and importance to them. Consumers are satisfied with the range of equipment available and staff responsiveness to requests.

The service demonstrated it supports consumers to maintain relationships and connect with other people inside and outside the organisation. Staff seek advice from consumers about activities of interest to them. Staff described in various ways how they assist consumers to maintain their emotional, spiritual and psychological wellbeing including arranging transport. Staff demonstrated they make timely referrals to other organisations and volunteers support the program. There availability of multi-purpose spaces enhances consumers enjoyment of a range of activities. The service’s chef provides meals of a suitable quality, variety and quantity with consumer preferences documented. The documentation of dietary information including allergies and intolerances is consistent. A range of safe, suitable, clean and well-maintained equipment is available.

The service monitors and reviews its performance in relation to these requirements. A range of consumer meetings, surveys, audits and feedback mechanisms inform the program. The chef attends food focus meetings with improvements identified and implement. Monitoring of improvements occurs with further improvements planned.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found that the service has met all three requirements in relation to Standard 5 Organisation’s service environment.

Of consumers and representatives randomly sampled for the consumer experience report 82% said they feel at home most of the time or always, while 18% said they feel at home some of the time, despite everything the service does to make them feel welcome and comfortable. Ninety four percent said they feel safe, most of the time or always. Some consumers and representatives said they feel safe only some of the time due to a consumer who comes into their room uninvited. Management and staff monitor this consumer closely and are working with dementia care specialists to assist with their care.

The service demonstrated an understanding and application of these requirements in various ways. The service was observed to be welcoming with individual rooms decorated with personal items. The service environment is clean, well maintained and safe including external courtyard areas with raised vegetable and herb gardens, a water feature and outdoor furnishings. There is signage and clear corridors to support consumers to move freely. Key staff and a range of contracted services attend to the service’s corrective and preventative maintenance and fire and safety schedules. Cleaning systems ensure compliance with cleaning and infection control guidelines. Staff responsible for these areas confirmed their understanding of these systems.

The service monitors and reviews its performance in relation to these requirements. Regular meetings, audits, consumer surveys, feedback and complaints mechanisms are used to ensure consumers feel safe and comfortable in the service environment.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the service has met all four requirements in relation to Standard 6 Feedback and complaints.

The majority of consumers and representatives interviewed said management and staff encourage feedback and they would speak to staff or family if they needed help. Two representatives felt they are discouraged to raise some issues through the formal process and are requested to take these issues directly to the manager verbally. Of consumers and representatives randomly sampled for the consumer experience report, 94% said staff follow up when things are raised, all or most of the time. Two representatives felt that some feedback is not always closed to their satisfaction. Management said they plan to formalise response times and will investigate ways to ensure complainants are satisfied with their response and the outcome.

The service demonstrated an understanding and application of these requirements in various ways. Management demonstrated how it informs, encourages and supports consumers and their representatives to provide feedback through information in admission packs, at regular meetings and information is on display around the service. The service also informs consumers about how they can seek assistance to make a complaint using advocates, if required. A complaints management policy which includes a system to record, track and manage feedback is in place. Staff interviewed demonstrated an understanding of how to help consumers provide feedback. Feedback is reviewed and analysed to identify trends leading to improvements in care and service.

The service monitors and reviews its performance in relation to these requirements. Regular meetings, audits and consumer surveys are used to ensure consumers are encouraged and supported to give feedback and make complaints.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found that the service has met all five requirements in relation to Standard 7 Human resources.

Consumers and representatives provided numerous positive comments about the staff however some felt there could be more staff. Of consumers and representatives randomly sampled for the consumer experience report, 94% said staff are kind and caring most of the time or always, while 6% said some of the time stating some could be more empathic. Of consumers and representatives randomly sampled for the consumer experience report, 94% said that staff know what they are doing most of the time or always, while 6% said some of the time, stating some staff need more experience and training. Management acknowledged this feedback and are actively recruiting for additional experienced clinical staff.

The service demonstrated an understanding and application of these requirements in various ways. Management have a base workforce roster that reflects consumers’ care and service needs. The number and skill mix of staff is regularly reviewed and has recently increased. The service’s recruitment and selection processes ensure the workforce is competent and staff have the qualifications and knowledge to effectively perform their roles. Staff complete mandatory education and accompanying competencies annaully and additional training when needs are identifed. Staff interviewed confirmed attendance to a range of education. The service uses a range of processes to monitor staff performance including observation, monitoring incidents, analysis of consumer feedback and a formal annual performance appraisal.

The service monitors and reviews its performance in relation to these requirements. Regular meetings, audits and consumer surveys are used to ensure consumers get quality care and services from knowledgeable, capable and caring staff.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

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

##### Standard 7 Requirement 3(d) Met

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

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found that the service has met all five requirements in relation to Standard 8 Organisational governance.

The majority of consumers and representatives interviewed said management and staff encourage feedback and seek their opinion on care and services. Of consumers and representatives randomly sampled for the consumer experience report, 94% said they feel safe most of the time or always and 82% said the home is well run most of the time or always.

The service demonstrated an understanding and application of these requirements in various ways. The service consult consumers and their representatives in the development, delivery and evaluation of care and some services. For example, consumers were consulted about the recent refurbishment, menu and activity program. The organisation’s governing body has systems to promote a culture of safe, inclusive and quality care and service. The governance structure including committee structure and monthly reports demonstrate how information is reported to key decision makers within the organisation. This includes information and data on continuous improvement, financial governance, workforce governance, regulatory compliance and complaints. High-impact or high-prevalence risks, and abuse and neglect are also identified, managed and reported. The clinical governance framework includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

The organisation has regulatory compliance systems to assist with their compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The service also did not include all incidents of alleged assaults in their consolidated register, where discretion was exercised not to report the incident to the Department of Health and Human Service or the Police. These incidents were managed as required.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

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

##### Standard 8 Requirement 3(c) Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure