Hetti Perkins

Performance Report

9 Percy Court
ALICE SPRINGS NT 0870
Phone number: 08 8952 5811

**Commission ID:** 6992

**Provider name:** Australian Regional and Remote Community Services Limited

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

**Date of Performance Report:** 07 April 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **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 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 01 April 2020.

**STANDARD 1 COMPLIANT
Consumer dignity and choice**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 1**

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

The Assessment Team found consumers and representatives interviewed said 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. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they were treated with respect by all staff.
* that staff encourage them to remain as independent as possible and to do as much for themselves as they can.
* that staff know what they need by looking at their care plans they all have in their wardrobes or in the nurse’s stations.
* they confirmed that staff are respectful to their privacy and are respectful to the consumers’ culture and show they have a clear understanding of the importance of respect to the elders.

The Assessment Team viewed three consumers’ care plans which all included a social work psychosocial care plan which outlined the consumer’s life prior to entering the service and an emotional/relationship/intimacy, stress management/ spiritual/cultural/social and community needs care plan which assists staff in supporting consumers to maintain their lifestyle and support them in any risks they wish to undertake. The care plans also outline what is important to the consumers and assist staff in being able to understand the consumers and show respect when attending to their needs.

The Assessment Team interviewed staff and management who were able to confirm strategies to ensure all consumers are treated with respect and dignity. Staff were able to provide details of how they ensure consumers are prompted to be independent in their clinical and care needs and how consumers have choice in relation to their everyday living.

The Assessment Team observed staff approaching consumers in a respectful manner. The service tries to ensure that male staff are allocated to assist the male consumers in their activities of daily living and females are allocated to assist the females, this is an important cultural belief and show respect toward the consumers’ beliefs.

The Assessment Team was provided evidence of how the service promotes consumers to take risks that promotes them to live the best life possible, being able to do what they wish while ensuring they always remain safe. Evidence was provided on conferences held during the reassessment process that include consumers reviewed who are willing to take risks and how the service is supporting them in their decision.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure the service has a culture of inclusion and respect for consumers whereby consumers are respected and enabled to exercise choice and independence.

**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:**

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:**

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.

The Assessment Team found consumers and representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are involved in the assessment and planning process.
* they stated they are always contacted if there are any changes to the consumers' needs and always feel welcome when coming into the service.
* they are informed about the outcomes of assessment and planning, have ready access to their care and services plan if they wish and representatives are invited to attend all reassessment case conferences.

The Assessment Team found the organisation was able to demonstrate effective assessment, planning and consultation processes for consumers in relation to identifying consumers’ needs, goals and preferences, and risks to consumers’ health and well-being. The organisation has policies and procedures to guide staff in assessment and planning processes. The service has checklists to assist staff to ensure all aspects of consumers’ care and clinical needs are addressed, and strategies, interventions and goals are captured to assist staff to provide safe and effective care to each consumer.

All care plans viewed by the Assessment Team outlined the consumers’ goals in relation to the criteria of the assessment for example mobility goals, including keeping independence and mobility by continuing to walk. Consumers’ care plans all included advanced care directives and end of life planning. The Assessment Team was provided with a list of consumers within the service with palliative care needs. Clinical staff discussed that not all consumers and representatives wish to discuss this during the admission process, but it is addressed when they complete the reassessment documentation and can be difficult at times due to the culture and this being a private matter.

Clinical staff interviewed were able to explain the assessment and planning process with consumers prior to entering the service and on the day of admission. Clinical staff stated the service has two pathway checklists, one for consumers entering the service on a respite basis and one for consumers entering on a permanent basis.

The Assessment Team found the service has completed regular reassessments of all assessments within a twelve-month period and completes a case conference with consumers, representatives, medical officers and allied health relating to the consumers’ care needs to ensure staff are meeting all needs of the consumers.

The Assessment Team observed full care plans available to all staff on the service’s password protected computer system, and summary care plans in the nurse’s station for staff to access easily.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning has a focus on optimising health and well-being in accordance with the consumers’ needs, goals and preferences. The service’s quality improvement plan outlined a project commenced February 2020, the improvement identified included a suggestion put forward by the clinical team to have a proper care review format/system for consumers to cover all areas.

**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.

The Assessment Team found consumers and representatives interviewed stated they receive personal care and clinical care is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* they get the care and services they need and said they felt safe in the care that they receive from staff.
* they are receiving the care they need, and staff are kind and respectful of their needs.
* they are supported in accessing external specialists.

The Assessment Team found the organisation has written guidance materials about best practice care delivery and these are regularly updated through the quality and clinical governance framework. Policies and procedures are reviewed regularly to align with best practice and regulatory legislation.

Care files viewed by the Assessment Team demonstrated the organisation has a range of assessments, both clinical and lifestyle, that are completed and assist in identifying consumers’ care needs and preferences. Validated assessments are completed for each consumer on entry and on an ongoing basis. Care plans are developed, based on outcomes of assessments and consultation with consumers and/or representatives. Management strategies documented are individually tailored and aim to optimise each consumer’s health and well-being.

Clinical staff interviewed by the Assessment Team confirmed personal care workers are good at reporting changes about the consumers to the Registered Nurses, and regular training is provided to all staff to enable them to have a clear understanding of what is expected from them if they note a consumer’s health needs have deteriorated.

The Assessment Team interviewed by the care staff were able to outline recent examples of when a consumer’s health had deteriorated and how the care they provide was adapted to the individual consumer’s condition.

The Assessment Team found the organisation has appropriate infection control policies and procedures in place, with care and clinical staff being able to outline the practical strategies they implement to reduce the risk of infection. All Clinical and nursing staff interviewed were able to outline the procedures all staff are required to undertake in relation to infection control and the importance of promoting minimal use of antibiotics to reduce the risk of resistance to antibiotics. Staff interviewed were able to explain the importance of infection control and the importance of hand hygiene, washing of their hands and the spread of infections due to inadequate infection control.

The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure the delivery of safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

**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 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**

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

The Assessment Team recommended requirement (3)(b) in Standard 4 as not met. I have considered the Assessment Team’s findings, approved provider’s response and the totality of the evidence within the report to come to a view about compliance with this requirement and find the service does comply with the requirement (3)(b) in Standard 4. I have provided my reasons for my decision in the respective requirements in the body of the report.

The Assessment Team found consumers and representatives interviewed said they get the services and supports for daily living are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they were supported to do the things they want to do, such as walking, visiting their respective local communities, or staying indoors at the service and watching television, or enjoying time alone.
* that the service did provide safe and effective services and supports for daily living that optimised their health and independence.
* they are supported to keep in touch with people who are important to them.
* they like the food.

The Assessment Team found the service has documented policies for staff handover and ensures that all staff are adequately briefed about consumers’ needs, preferences and condition. Management and clinical staff provided examples of how they collect and manage consumer information, and examples of how they have recently shared that information with external agencies with close ties to consumers, such as the Office of the Public Guardian, and local Indigenous communities.

The office of the Public Guardian who represent 20 consumers interviewed by the Assessment Team said that the service has been diligent with respect to how and when information about the consumers’ condition, needs and preferences is communicated with Guardians. Public Guardians for consumers described examples of the service sharing information regarding when consumers want to engage in culturally significant activities outside of the service, appointments for dental work, and other allied health-related activities.

The Assessment Team viewed care plans that included information about how consumers participate in the community and maintain their relationships. Care plans described the specific cultural history of some consumers, including the geographic location of their community in relation to Alice Springs, and relevant kinship ties to their respective countries. Consumer religiosity and spirituality was also clearly documented, with details about preferred faith, and particular events to be commemorated.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure the service provides safe and effective services and support for daily living to optimise the consumer’s impendence, health, well-being and quality of life.

**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.

The Assessment Team found the service did not meet this requirement. The service was not able to demonstrate how their supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. The service’s activities calendar showed two bus outings for men, however, none of these activities took place as scheduled, and no alternatives were provided by the service. Consumers were observed sitting in common areas for extended periods over three days and were not engaged in activities.

The approved provider refuted the Assessment Team’s report and have provided further information to indicate that the service supports and promote each consumer’s emotional, spiritual and psychological well-being. The bus driver left in February 2020 and there have been difficulties finding a replacement in order to reinstate the bus outings. However, there were alternative activities in place, and the program is being implemented by all staff not just the lifestyle team. Since the visit, the service has successfully recruited a bus driver and bus outing have recommenced. The service feels this was an isolated issue and has now been rectified. A recent resident and relative meeting confirmed they were satisfied with the activities program. In addition, the service has implemented further improvements such as being in the process of recruiting an aboriginal liaison officer to assist in ensuring culturally and appropriate activities occur.

Based on my review of the Assessment Team’s report and approved provider’s response, I am satisfied the requirement is Compliant. The approved provider does comply with this requirement as the service has a process that demonstrates consumers are supported to undertake daily living that 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 services 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.

The Assessment Team found consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they feel safe at the service.
* they feel at home, providing examples of how their visitors feel welcome and what makes the service nice to live in.
* that the service is clean and well maintained, and that they have never had concerns about cleanliness or timely repairs to equipment that requires attention.
* Public guardians for twenty consumers at the service said that consumers were safe, and that the service endeavoured to make consumers and visitors feel at home, and welcome.

The Assessment Team found the physical environment to be welcoming and well maintained. Maintenance staff described how maintenance is managed at the service and what happens when the environment needs maintenance.

Care staff and clinical staff interviewed by the Assessment Team described what they do when they identify a safety issue. Information is shared with senior staff in a timely manner and documented in keeping with service policy.

The Assessment Team observed the environment and found that it is safe and clean. Consumers were seen accessing outdoor areas of the service, particularly into the service’s central courtyard. This courtyard is wheelchair accessible. Consumers across all levels of mobility were seen freely moving about the service and were attended to by care staff as required, or as called upon.

The Assessment Team found the organisation has monitoring processes in relation to Standard 5 to ensure the service provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

**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.

The Assessment Team found consumers and representatives interviewed said they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are comfortable in raising complaints with management or staff and that complaints are generally responded to in a timely manner.
* they are able to raise concerns with management and concerns are followed up by management and actions and outcomes are discussed with them.
* they have raised a concern with management which had been investigated and management had apologised to them for the matters occurring.

The Assessment Team found the service’s Consumer Feedback Data register showing that feedback is documented and addressed and, when applicable, inform continuous improvement activities.

The Assessment Team found management was able to demonstrate all feedback received is responded to verbally or in writing and actions taken are reviewed to ensure the complainant’s satisfaction. Complaints are escalated to management as necessary and an open disclosure process is used when things go wrong.

Staff interviewed by the Assessment Team stated complaints made are transferred into the service improvement report and actions are taken to address the concern. Staff stated they can see improvements throughout the service that have been identified through comments or complaints by consumers and/or representatives. Staff were able to discuss and outline what open disclosure is and how it is relevant to consumers and representatives.

The Assessment Team observed written materials throughout the service to assist consumers and representatives to make complaints and suggestions, including access information to ARAS and the commission. This information is provided to the consumers and representatives in the consumer information booklet during the admission process.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service 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 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**

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

The Assessment Team found consumers and representatives interviewed said they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* that staff are kind and caring. Consumers provided examples of the care they receive and expressed no concerns about staff.
* that staff know what they are doing, and that they trusted staff to deliver quality care.
* they think there are adequate staff, and that they are not always rushed.
* One Public guardian said the they thought the quality of nursing care was ‘quite high’.

The Assessment Team found the service demonstrated processes which ensure the workforce is planned to ensure sufficient numbers and skill mix of staff is appropriate for the delivery of safe, respectful and quality care and services. The service has processes for identifying staff training needs and feeding these into the training schedule, with regular reviews discussed at meetings and probity checks undertaken by the governing body.

The Assessment Team viewed rosters and other forms of documentary evidence demonstrating that the service consistently tries to pool certified and trained staff who can be called upon as required.

Staff interviewed by the Assessment Team said they receive regular training and feel competent and supported to perform their roles. Staff said they have enough time to provide care to consumers and are supported to attend education sessions. Staff described the way that performance appraisals occur and some of the changes to support their development that have been made as the result of performance appraisals.

Education is provided to meet mandatory requirements as well as service needs. Management said staff are provided with training and undertake competencies to confirm they have the skills to provide appropriate care to consumers. The service showed documented core competencies and capabilities for different roles across clinical, care, and utilities roles at the service.

The Assessment Team observed staff at the service and found that across care, clinical, and utilities, staff were able to complete their tasks and have enough time to attend to consumers.

The Assessment Team found the organisation has monitoring processes in relation to Standard 7 to ensure the service has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

**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.

The Assessment Team found all consumers and representatives interviewed said the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* the service is well run and when they raise issues, management responds quickly and effectively.
* they are involved in the development, delivery and evaluation of care and services.

The Assessment Team found the organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, and feedback and complaints.Management described how consumers are actively engaged in the development, delivery and evaluation of care and services and are supported in that engagement, in additionally in case conferences and surveys.

The Assessment Team found the organisation has a clinical governance framework, a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restraint, and an open disclosure policy.

Staff interviewed by the Assessment Team understood the principles of anti-microbial stewardship and open disclosure. Staff could describe how they would respond to such incidents and management demonstrated appropriate systems in place to support staff. Staff said they have access to sufficient information to undertake their roles. Information is available through handover, meetings, emails and the service’s electronic care system.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensures the governing body is accountable for the delivery of safe and quality care and services.

**Assessment of Standard 8 Requirements**

**Requirement 8(3)(a) Compliant**

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

**Requirement 8(3)(b) Compliant**

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

**Requirement 8(3)(c) Compliant**

Effective organisation wide governance systems relating to the following:

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

**Requirement 8(3)(d) Compliant**

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

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

**Requirement 8(3)(e) Compliant**

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

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

**Areas for improvement**

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.