Holy Spirit Home

Performance Report

736 Beams Road
CARSELDINE QLD 4034
Phone number: 07 3263 0300 / 0466 379 806

**Commission ID:** 5094

**Provider name:** St Vincent's Care Services Carseldine Ltd

**Site Audit date:** 6 April 2021 to 8 April 2021

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

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the 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
* information about the service held by the Aged Care Quality and Safety Commission including the Performance Report dated 18 September 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

Consumers and representatives interviewed by the Assessment Team stated that consumers were treated with respect by staff. They said staff understand what is important to them and have an interest in who they are. They stated they were encouraged to maintain their independence, make decisions and had access to the information they needed to exercise choice including in relation to taking risks. They said that their personal privacy was respected.

Staff interviewed by the Assessment Team demonstrated an understanding of consumers’ personal circumstances, backgrounds, needs, preferences and managed risks, and could describe what was important to each sampled consumer. Staff demonstrated knowledge of the people important to each of the consumers and could describe how they are supported to maintain relationships with family, partners/significant others and friends. Care staff demonstrated that they are aware of consumer’s backgrounds, cultural beliefs or practices and gave examples of how that influences the care or services they provide on a day-to-day basis. Staff have received training on consumer dignity, respect, choice and diversity.

Staff described the practical ways they respect the personal privacy of the consumers, including how personal information is managed and discussed. The Assessment Team observed staff interacting with consumers respectfully, providing information to assist with their care or service choices and being discreet when discussing consumers’ needs with other staff.

Care planning documents reflected the diversity of the sampled consumers and provided information about consumers’ backgrounds, life experiences and needs. The service demonstrated they understand that consumers have the right to make decisions that affect their lives and those decisions are respected, including where risk is present. Consumers’ files evidenced consumers are supported to make choices concerning their independence and mobility.

The organisation has a range of documents which support consumers to exercise choice and independence, make decisions and acknowledge the importance of maintaining consumers’ rights to privacy and having their personal information kept confidential.

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 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives advised they were involved in the initial and ongoing assessments and planning of the care and services provided to the consumer, including for end of life care. They confirmed the service involves medical officers and other health professionals in the assessment and planning process as required. Consumers and representatives reported they were provided with information about the outcomes of assessments and care planning processes. While consumers and representatives could describe the type of care consumers receive and when care and services are provided to the consumer they did not have a consistent understanding that they could request a copy of the care plan.

Staff described the baseline, comprehensive consumer assessment and monthly care plan review processes, which occurs in consultation with the consumer and/or their representative, their medical officer and other health professionals if required. Registered staff stated they consistently communicate with consumers and their representatives including seeking input into any required changes to the care plan. Staff were aware of their responsibility in relation to monitoring consumer needs, reporting incidents and confirmed consumer files are monitored to identify any potential gaps and address unmet needs. Staff confirmed scheduled care planning processes are monitored to ensure completion.

Consumers’ care planning documentation was reflective of the outcomes of assessment and planning processes including being individualised with strategies to meet consumer needs, goals and preferences; and evidenced consumer and representative involvement. Care plans contained input and recommendations from medical officers, allied health professionals and specialists and were identified to contain current, relevant and sufficient information to guide staff in the delivery of care and services. Care planning processes had identified consumer specific risks such as falls, compromised skin integrity, medication or from lifestyle choices and included strategies agreed by consumers and their representatives to minimise these risks.

Care planning documentation was observed to be readily available to staff delivering care and visiting health professionals through an electronic care management system.

The service has policies, procedures and documented pathways to guide staff in undertaking assessment and planning processes, including when to involve consumers and their representatives. A palliative care policy includes information on shared decision making, communication, consumers’ wishes, and psychosocial support.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as 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) 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

Consumers and representatives generally spoke highly of staff and said consumers get the care they need, are promptly referred to and had access to medical officers or other health professionals when necessary. They explained that staff discuss the care they provide and felt staff personalised their care to meet their needs and preferences. Consumers and representatives said the service had discussed infection prevention and control precautions with them.

Staff described consumers’ individual needs and preferences and explained how these were managed in line with the care plan. Staff could provide examples of how they managed risks related to consumers’ clinical and personal care and how they supported consumers with complex care needs. Staff were familiar with incident reporting mechanisms and described how incidents are reviewed and how outcomes of the review are actioned.

For those consumers who were approaching end of life, staff described the way care delivery changes and the practical ways they were able to support consumer comfort. Staff spoke about spiritual and emotional support, the types of specialised equipment that is available and how they provide gentle massage and aromatherapy if this is something that the consumer wants.

Staff described how handover occurs at the commencement of each shift and identifies consumers’ current care needs and any associated risks. Staff said they referred to the electronic care management system and that this includes alerts which they are required to acknowledge. Care staff said that registered nurses are available if they have any queries or concerns relating to consumers’ care needs.

Staff said they have received education and training, including in relation to infection minimisation strategies, such as hand hygiene, the use of personal protective equipment and outbreak management processes.

Care planning documents reflect the identification of, and response to, deterioration or changes in the consumer’s condition and/or health status. Clinical records reflected referrals and input from medical officers, a range of allied health and other medical professionals including for example physiotherapist, podiatry, dietitian. Review of the consumers’ clinical and personal care needs identified consumers sampled received safe and effective personal and clinical care.

The service has policies, procedures, clinical work instructions and flow charts relating to clinical and personal care delivery which are available for staff to access to ensure best practice.

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.*

Consumers and representatives reported satisfaction with the way staff supported the consumer and provided examples of how this had occurred following a fall. They said the consumer was reviewed by a physiotherapist, any associated pain was well managed and that a re-assessment of care needs occurred.

Clinical staff described high impact, high prevalence risks for consumers and explained how they managed consumers’ falls risks through frequent visual monitoring and providing assistance with mobility. For those consumers with complex behaviours staff demonstrated an understanding of how to support them using individualised strategies such as music. For consumers with compromised skin integrity, staff explained how they minimised the risk of pressure injuries through the use of pressure area care, air mattresses, hydration and frequent repositioning.

Management and registered staff outlined post fall procedures including the identification of risk, the completion of observations, monitoring for a deterioration in the consumer’s condition, escalation and incident reporting processes and referral to medical officers and allied health professionals. The Assessment Team brought forward evidence of these processes occurring for consumers who had experienced a recent fall with care planning documentation including information that consumers had been reviewed by a registered nurse at the time of the incident, a physical assessment had been completed, vital signs monitored and pain management was reviewed.

Consumers’ care planning documentation described key risks to consumers including falls, pain, pressure injury and nutrition. Individualised strategies were documented and allied health professionals and medical officers were involved appropriately. Documentation relating to incidents was maintained and risk assessments were an element of the care planning process. Where necessary, care was reviewed following an incident and changes made to minimise risk for consumers. The Assessment Team brought forward information evidencing the implementation of sensor mats for consumers who had experienced recent falls and who have the potential to mobilise unsupervised.

Where appropriate, allied health professionals and medical officers were included in assessment and planning processes in relation to the minimisation of risks associated with the care of the consumer. For example following an incident such as a fall, the physiotherapist was involved in reviewing the manual handling strategies and mobility aids, while the medical officer reviewed medication management.

The Assessment Team observed the use of equipment to minimise falls. This included crash mats, sensor beams, sensor mats and call bell availability.

The organisation has a risk management framework that guides how risk is identified, managed and recorded. Policies that relate to high impact, high prevalence risks are available to staff.

The service has initiated a number of improvements relevant to this requirement and this has included:

* the provision of staff education and training on falls management
* staff meetings included falls prevention strategies and post fall procedures
* improved communication processes that relate to incident management
* increased monitoring of compliance by senior clinical staff
* increased clinical auditing.

The service has implemented effective processes to manage high impact or high prevalence risks associated with the care of the consumer.

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 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

Consumers and their representatives said the consumers are supported by the service to do the things they like to do, and that promotes their health, well-being and quality of life. Consumers said they feel supported to keep in touch with people who are important to them and participate in the internal and external community. Most consumers interviewed confirmed they like the food provided by the service, it was of a suitable quantity and quality and are supported to provide feedback regarding their meal preferences.

Staff confirmed the creation of the lifestyle program is based on the needs and preferences of individual consumers living within each area of the service. They described how they work with internal and external community groups or organisations to provide emotional, spiritual support and offer additional activities. Staff described how they support consumers to socialise or maintain personal relationships and are aware of people who are important to individual consumers. Staff explained the variety of ways how they share information and are kept informed of the changing needs of consumers. They confirmed they have access to sufficient, safe and well-maintained equipment to meet consumer needs.

Care planning documents detailed the consumers’ life history, personal interests, cultural communication needs, religious beliefs and persons of significance. They demonstrated consumers are actively supported to pursue their interests within the service and the broader community through individual and group activities. Care planning documentation reflected the involvement of external services and input from representatives in the provision of lifestyle supports, dietary requirements and preferences.

The Assessment Team observed equipment to be safe, suitable for consumer use, clean and well-maintained. The meals served to be of suitable quality, quantity and staff assisting consumers with their meals and during activities.

The service had policies and procedures to ensure the lifestyle program is tailored to optimise the quality of life of consumers, referral pathways for external support are established and equipment is routinely inspected to ensure its operational integrity and safety.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers confirmed they feel safe living at the service, and they can freely and safely navigate the service environment including when accessing indoor and outdoor areas. Consumers reported communal areas, their rooms, shared furniture and equipment was clean, well maintained and met their needs. Representatives confirmed they felt welcomed at the service.

Staff described the features of the service that ensures consumers have a sense of belonging, enhances consumers independence, interaction and function including for those with cognitive impairment. Staff described how they report hazards and maintenance requests through an electronic system which alerts maintenance staff to attend to preventative and reactive repairs. Staff confirmed maintenance requests are responded to promptly and the cleaning regime includes additional high-touch surface cleaning to adhere to COVID-19 protocols.

The Assessment Team observed consumers utilising both large and small communal spaces in groups and as individuals. The service environment was welcoming; and equipment was stored safely, clean, well maintained and appropriate to consumer needs. Consumers were observed accessing onsite facilities including a café, gymnasium and chapels which are available throughout the service.

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

Consumers and representatives interviewed by the Assessment Team stated they felt safe to make complaints and they have been asked for their suggestions to improve the activities program and meal services which has resulted in greater choice being included in the winter menu. Consumers confirmed they have access to external advocates and the service had been open and transparent during an adverse event with the COVID-19 vaccination program.

Staff confirmed they assist consumers with communication difficulties to provide feedback by discussing their concerns with management or completing feedback forms on their behalf. Staff were aware of how to access interpreter services and confirmed these would be arranged to meet consumer needs, if required. Staff demonstrated an understanding of their responsibilities in management of complaints including the use of open disclosure practices. Staff demonstrated how feedback is used to improve care and services by describing the changes made to the meal service and how this was influenced by consumer input.

The service had a complaints management and open disclosure policy that included open disclosure procedures and minutes of monthly consumer meetings evidences consumer input is sought in response to issues raised. The service’s system for management of consumer feedback included documentation of the concern and actions taken, however the Assessment Team identified that in some instances verbal feedback was not recorded. While no negative impact for consumers was identified this was acknowledged by management as an area requiring improvement.

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

Consumers said staff at the service are kind, caring and considerate of their needs when providing care for them. Consumers and representatives acknowledged staff knew their roles, were competent and suitably skilled to meet consumers care needs. They confirmed there was sufficient staff and calls for assistance were attended to promptly by most staff. Consumers and their representatives noted a decrease in the use of agency staff at the service and described this had improved the care consumers received.

Staff confirmed adequate time and staff were allocated to enable them to meet consumer’s needs, preferences and changes to the way the call bell system was used had improved their responsiveness when consumers called for assistance. Staff explained the various methods utilised to replace staff during periods of planned or unexpected leave and confirmed recent recruitment processes had reduced the use of agency staff. Staff confirmed they undertake induction, orientation and mandatory training, initially and on an ongoing basis and their performance is routinely monitored and appraised annually. Staff demonstrated a shared understanding of their roles and responsibilities.

The organisation had systems and procedures in place to direct workforce planning, recruitment processes, staff leave replacement, professional development and staff performance appraisals. Position descriptions established competencies for each designated role and duty lists ensured staff are informed of their responsibilities. The service monitors the credentials and competencies of staff to ensure these are maintained.

Documentation reviewed by the Assessment Team evidenced how leave is replaced, call bell response times are monitored with delays investigated and opportunities for staff development are identified and provided.

The Assessment Team observed staff to interact with consumers and their representatives in a kind, caring manner and respond to calls for assistance promptly.

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

Consumers considered the organisation to be well run and confirmed they were partners in the design or delivery of care and services as their feedback had resulted in improvements to the footpaths between two living areas, the lifestyle program and meal service. The workplace health and safety committee had appointed a consumer representative to draw on his expertise and contribute to workplace safety.

The governing body promotes a culture of safe, inclusive and quality care through the organisation’s strategic plan. The organisation has established processes to monitor the performance of the service via monthly reporting of clinical indicators, audit results and consumer feedback which is escalated to the governing body for consideration and response which has resulted in improvements to information management systems, outbreak preparedness and implementation of household model of care.

The service demonstrated it had effective information management systems to provide all staff with relevant, current and updated information to help inform their roles. Staff confirmed they could readily access the information they needed about the organisation’s processes, practices, forms and about the care and service requirements of each consumer on the organisation’s electronic systems and through daily meetings.

A plan for continuous improvement was reviewed by the Assessment Team and demonstrated opportunities to improve care and service delivery are identified, planned, monitored and evaluated with improvements to falls management, skin management including wound care, upgrading of electronic care management systems enabling monitoring of clinical information and a consistent approach to clinical documentation being reported.

The service demonstrated processes were in place to identify and report on expenditure including capital refurbishment of the service environment and replacement of furniture and equipment to improve the care, service delivery and safety of consumers.

The organisation monitors and implements changes to various legislative requirements through quality and clinical governance committees which report monthly to the Board. Legislative changes are communicated to staff through the intranet, memorandums and staff meetings. Staff could describe how legislative changes such as the introduction of the serious incident and minimising restraint legislation had influenced the approach of the organisation.

The organisation’s risk management framework incorporated policies and procedures that included the identifying and responding to abuse and neglect of consumers and staff confirmed improvements had been implemented to the incident management system to ensure it complied with the requirements in relation to serious incident legislation. Staff demonstrated sound knowledge of strategies for preventing injuries and confirmed care and service plans contained strategies to manage consumer choice which may involve risk and enabling consumers to live their best life.

The service provides clinical care and has a documented clinical governance framework that covers antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. Staff demonstrated an understanding of antimicrobial stewardship, responding to and apologising when things go wrong and promotion of a restraint free environment.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

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

### Requirement 8(3)(d) Compliant

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

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

### Requirement 8(3)(e) Compliant

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

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

# Areas for improvement

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.