IRT Tarrawanna Care Centre

Performance Report

74/80 Caldwell Avenue   
TARRAWANNA NSW 2518  
Phone number: 02 4252 7000

**Commission ID:** 2616

**Provider name:** Illawarra Retirement Trust

**Site Audit date:** 23 March 2021 to 25 March 2021

**Date of Performance Report:** 20 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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-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 23 April 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Most consumers who spoke to the Assessment Team considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers confirmed they are encouraged to do things for themselves, to make choices about their care and that staff know what is important to them. Consumers confirmed that their personal privacy is respected.

Documents reviewed by the Assessment Team included information about consumers’ background, what is important to them and how they are supported to take risks to live the life they choose. Staff described consumers’ background, preferences and culture and how this influences the delivery of care and services for each consumer.

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.*

The Assessment Team found that each consumer’s identity, culture and diversity is valued. Staff who spoke to the Assessment Team spoke about consumers in a way that indicated respect and understanding of the personal circumstances of consumers and the consumer’s life journey. Staff were familiar with consumer backgrounds and could explain how these influence consumer’s day to day care. However, one representative who spoke with the Assessment Team described an incident where a consumer said they had felt disrespected by a staff member on one occasion. The Assessment Team raised this issue with management during the Site Audit and an investigation of the incident was immediately commenced.

The approved provider in their response advised they have met with the employee involved in the incident who did not feel their tone was rude but accepted the concern raised. The employee will be undertaking further training and apologising to the consumer.

While the Assessment Team identified one incident where a consumer did not feel respected, overall consumers and representatives said staff make consumers feel respected and valued as individuals. Staff were also observed throughout the Site Audit interacting with consumers respectfully. I acknowledge the approved provider took immediate action to the incident when it was brought to their attention.

Having considered this information on balance I find this requirement is Compliant.

### 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall consumers who spoke to the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives confirmed they are involved and informed about the outcomes of assessment and planning. Consumers said they have an opportunity to make choices about advanced care planning and they can access their care plan at anytime.

The service has systems and processes to ensure assessment and planning occurs and includes consideration of risks to the consumer. Assessment and planning is reviewed through monitoring systems and informs the delivery of safe and effective services.

Care planning documentation reviewed by the Assessment Team showed registered nurses review care planning documents regularly and as needed. Sampled care plans were found to address consumer’s needs, goals and preferences.

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

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

Overall consumers who spoke to the Asessment Team considered that they receive personal care and clinical care that is safe and right for them. Consumers and representatives confirmed that they have access to a medical practioner or other health professional when they need it.

The service has policy and procedure information to guide staff practice in clinical and personal care. The Assessment Team found that most care planning documentation identified consumer clinical care needs, is reviewed and communicated between staff and others responsible for consumers care. Changes in consumer conditions are recognised and referred to other health care professionals or hospital in a timely manner. The service has practices in place to minimise infections and promote antimicrobial stewardship. Staff were able to describe these practices as well as strategies to minimise infections.

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.*

### 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Some consumers did not consider that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Some consumers raised concerns about the quality of meals, that they would like more intellectually stimulating activities and there are not enough bus trips or access to buses for consumers who are in a wheelchair.

Most consumers interviewed said that they receive appropriate support from the service to maintain contact with people who are important to them including their participation in the community inside and outside of the service. Most sampled consumers said their emotional, spiritual and psychological well-being is supported by the service through access to various church services, access to a welfare officer and professional relationships with external community organisations.

The Assessment Team reviewed lifestyle documentation and identified this to be mostly up to date with consumers, needs, goals, preferences and the support required to continue doing the things they choose. This information along with surveys and consumer feedback is used to develop a culturally diverse lifestyle program that is suited to varying functional capacity of consumers.

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.*

The Assessment Team found that the service was unable to demonstrate 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. Some consumers interviewed said there are not enough intellectually stimulating activities or bus trips, which are limited due to the organisation’s shared bus service. This is also compounded by only one bus having a hydraulic lift for consumers who use wheelchairs.

The Assessment Team reviewed documents including the services and supports consumers require to enable them to do the things they want to do. Staff interviewed spoke about what is important to consumers and described how the activities program meets the needs of consumers with varying functional capacity. Staff provided examples of consumer participation in activities outside of the activity program and provided examples of consumer input into the development of the activity program.

In their response, the approved provider submitted supporting evidence which demonstrates consumers services and supports for daily living do meet the needs, goals and preferences of consumers and optimise their independence, health, well-being and quality of life.

I have considered the approved providers response, supporting evidence and the Assessment Teams report and I find that on balance this requirement is Compliant.

### 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 that most but not all consumers’ emotional, spiritual and psychological well-being needs, goals and preferences are supported. One consumer described how devalued and isolated they feel because they remain independent and there are days where they do not see staff.

In their response, the approved provider submitted supporting evidence about the above mentioned consumer. The evidence includes details of the consumer’s participation in various health and lifestyle programs and additional health specialists engaged in the consumer’s care and well-being.

I have considered the approved providers response, supporting evidence and the Assessment Teams report and find the service has appropriate services and supports for daily living that meet consumers needs, goals and preferences. In relation to the above consumer I find the service has provided service and support which promotes their emotional and psychological well-being.

I find this requirement is Compliant.

### 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.*

The Assessment Team found that service was unable to demonstrate that information about the consumer’s condition, needs and preferences is communicated consistently within the organisation, and with others where responsibility for care is shared*.* Consumers’ care planning documents generally contain information regarding their lifestyle support needs and preferences. However, two examples of communication breakdown were reported by staff that resulted in brief disruption of services tailored to consumers’ preferences and their choices.

The approved providers response includes additional information to show how information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared .

I find this requirement is Compliant.

### 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.*

The Assessment Team foundthat menus are reviewed and that the meals provided are varied. Consumers said they offered alternatives of salads and sandwiches if they do not like the meal choice available. Consumer feedback on meals was largely negative with meal quality being a concern and the major complaint at resident/relative meetings. I have considered this information in my assessment of Standard 6 Requirement 6(3)(c). Documents reviewed by the Assessment Team reflected consumer dietary needs and preferences. Hospitality staff could describe how they meet these needs and preferences.

The approved providers response includes information on how meals provided are varied and of suitable quality and quantity.

I find this requirement to be Compliant.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed confirmed that the service is clean, well maintained and any requests relating to cleaning and maintenance are attended to in a timely manner. Consumers interviewed said that the service had managed the COVID-19 restrictions well.

The Assessment Team observed the service environment to be welcoming, spacious, clean and well maintained. Numerous communal areas allow for consumer interaction and socialisation. The service uses navigational aids to support consumers with a cognitive deficit to move freely indoors and outdoors. Review of the service maintenance system identified equipment to be safe, in working order and maintained.

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 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Generally consumers considered that they are encouraged and supported to give feedback and make complaints. Consumers said that following a complaint or suggesstion appropriate action is mostly undertaken and they feel safe to raise their concerns. Consumers said they feel less confident that appropriate action is taken by the service following complaints or suggestions raised at resident/relative meetings.

The Assessment Team found the service to have multiple options for consumers and representatives to raise complaints or suggestions and the service has a structured reporting system to review and act on this feedback. Management could describe the main areas of complaints at the service and how they feed into the continuous improvement system. Staff could provide information on how they assist consumers who have difficulty communicating including the use of advocacy and interpreter services. However the Assessment Team found the service was unable to demonstrate that open disclosure process has been used effectively on all occasions with some staff unable to explain the concept and process of open disclosure.

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

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The service demonstrated that generally appropriate action is undertaken in response to complaints. However, the service was unable to sufficiently demonstrate that an open disclosure process occurs at all times, when things go wrong. Some staff interviewed were unable to explain the concept and process of open disclosure.The Assessment Team also identified that where consumers were raising concerns at the consumer meeting some consumers did not feel the service was responding to these.

The approved providers response identified they have a Feedback and Complaints policy which was recently updated and includes open disclosure process.However training relating to this policy has not been delivered to all staff.

I find this requirmenet Non-Compliant.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The service demonstrated that mostly feedback and complaints are reviewed and used to improve the quality of care and services. Most consumers said they were confident that action would be taken. However, some consumers said they were not confident that action is undertaken when they raise complaints at the resident/relative meetings.I have considered this information within Standard 6 Requirement 6(3)(c).

The approved providers response gave additional information to show feedback and complaints are reviewed and used to improve the quality of care and services.

I find this requirement is Compliant.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Observations made by the Assessment Team identified staff to interact with consumers in a kind, caring and respectful of their identity, culture and diversity. Overall consumers interviewed said that staff know what they are doing and they feel confident staff have the skills and knowledge to provide them care and services.

The majority of staff interviewed confirmed that they are able to complete their tasks each day and the service provides regular and relevant training. Documentation reviewed by the Assessment Team identified the services mandatory training, annual competencies and staff performance appraisals are up to date.

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.*

Most consumers spoke positively about the staff at the service and observations made by the Assesment Team identified interactions between staff and consumers to be kind, caring and delivered in a respectful manner. However one representative described an incident between staff and a consumer where the staff was disrespectful during conversation.I have considered this information in my assessment of 1(3)(a).

The approved providers response gives additional information on this to show how they support workforce interactions with consumers to be kind, caring and respectful of each consumer’s identity, culture and diversity.

I find this requirement to be Compliant.

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers provided examples of their participation in various committees such as food, lifestyle and the resident/relative meetings. Consumers also discussed a range of other options for providing feedback and suggestions.

The organisation has an effective organisation wide governance framework in place to ensure the provision of a culture of safe, inclusive, quality care and services for consumers. The governing body is accountable for and promotes this culture through their regular engagement and oversight of the governance systems. Management and staff said they have received education in the governance systems including areas of risk management, antimicrobial stewardship, minimising the use of restraint and open disclosure.

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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 6(3)(c)**

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

* Ensure that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong on all occasions. Evidence of investigation following incidents should be well documented.
* Changes or updates to policy are communicated with staff and the relevant training is undertaken. Records of training and staff attendance to be documented.