Accreditation Decision and Report

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Jallarah Homes |
| **RACS ID:** | 6053 |
| **Name of approved provider:** | Jallarah Homes Inc |
| **Address details:**  | 10 South Terrace MENINGIE SA 5264 |
| **Date of site audit:** | 12 August 2019 to 14 August 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 09 September 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 31 October 2019 to 30 May 2021 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Not Met |
| Requirement 1(3)(a) | Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Met |
| Requirement 1(3)(d) | Not Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | Met |
| Requirement 2(3)(c) | Met |
| Requirement 2(3)(d) | Met |
| Requirement 2(3)(e) | Met |
| Standard 3 Personal care and clinical care | Not Met |
| Requirement 3(3)(a) | Not Met |
| Requirement 3(3)(b) | Met |
| Requirement 3(3)(c) | Met |
| Requirement 3(3)(d) | Not Met |
| Requirement 3(3)(e) | Not Met |
| Requirement 3(3)(f) | Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Met |
| Requirement 4(3)(d) | Met |
| Requirement 4(3)(e) | Met |
| Requirement 4(3)(f) | Met |
| Requirement 4(3)(g) | Met |
| Standard 5 Organisation’s service environment | Met |
| Requirement 5(3)(a) | Met |
| Requirement 5(3)(b) | Met |
| Requirement 5(3)(c) | Met |
| Standard 6 Feedback and complaints | Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) | Met |
| Requirement 6(3)(c) | Met |
| Requirement 6(3)(d) | Met |
| Standard 7 Human resources | Not Met |
| Requirement 7(3)(a) | Not Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Not Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) | Met |
| Standard 8 Organisational governance | Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Met |
| Requirement 8(3)(d) | Met |
| Requirement 8(3)(e) | Met |
| **Timetable for making improvements:** | By 08 December 2019  |
| **Revised plan for continuous improvement due:** | By 24 September 2019  |

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

Site Audit Performance
Assessment Report

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

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

## Introduction

**This is the report of an assessment of Jallarah Homes (the Service) conducted from 12 August 2019 to 14 August 2019.**

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

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

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

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

**Assessment Details**

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 15 |
| Consumer representatives  | 1 |
| Executive Officer/Director of Nursing | 1 |
| Clinical staff | 2 |
| Care staff | 5 |
| Hospitality and environmental services staff | 3 |
| Lifestyle staff | 1 |
| Quality Officer | 1 |

## Detailed findings

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

### Standard 1: Consumer dignity and choice Not Met

#### Consumer outcome:

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

#### Organisation statement:

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.

#### Summary of Assessment of Standard 1:

The Assessment Team found that five of six requirements in relation to Standard 1 were met.

Consumer experience interviews show that 100% of consumers agreed that staff always treat them with respect. The organisation uses surveys, meeting forums, observation and an anonymous feedback and complaints mechanism to ensure consumers are satisfied that staff interactions with them are respectful, they are supported to maintain their identity and make informed choices about their care and services.

The organisation demonstrated that consumers are treated with dignity and respect and that the service promotes a culture of inclusion. Staff were observed interacting respectfully with consumers and could describe individual consumer’s interests and preferences. Consumers described how staff support their social interactions and relationships within and outside of the service. The service promotes culture and diversity through staff training, activities provided to consumers and preferences for delivery of care and services individual to each consumer.

Consumer experience interviews show 92% of consumers said staff explain things to them always or most of the time, however, 8% of consumers responded some of the time. Consumer comments included "staff tell me what is going on, but they don't really explain" and "most do, one or two who don't but not always". Staff could provide meaningful examples of how they support consumers to make choices and decisions in relation to the care and services they receive. The organisation demonstrated that consumers are provided with clear and accurate information, such as handbooks, agreements, newsletters and through meeting forums to inform and assist them to make choices.

There are processes for privacy and confidentiality of consumers’ information and consumers are satisfied that the care and services are delivered in a way that respects their privacy. Staff provided examples of how they respect consumers’ privacy, including during delivery of personal care.

Consumers said staff listen to them and they feel they are able to make decisions about the way they live within the service, even when it involves an element of risk. However, where consumers opt to take risks, incident reporting and staff feedback did not demonstrate sufficient support is provided to consumers.

#### Requirements:

Standard 1 Requirement 3(a) Met

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

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

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Met

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

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.

Standard 1 Requirement 3(d) Not Met

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

Standard 1 Requirement 3(e) Met

The organisation demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

Standard 1 Requirement 3(f) Met

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

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

#### Consumer outcome:

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

#### Organisation statement:

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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that the organisation has met all five requirements under Standard 2.

Consumer experience interviews show that 100% of consumers agreed they always have a say in their daily activities. The organisation utilises comprehensive interim and full care plans for both permanent and respite consumers, which guides staff on each consumer’s individual preferences to enable the delivery of safe and effective care. Consumers were able to provide examples of staff providing “care I wanted” and consultation in the care planning and subsequent reviews. Staff were able to provide examples of consumers’ preferences and how they provide care which is consistent with these preferences.

The organisation demonstrated it uses a range of assessments which are reviewed every four months to ensure they are adequately meeting consumers’ needs and preferences. The organisation has commenced a new process to capture care evaluation and consultation with consumers in order to document what is important to each consumer.

The organisation demonstrated they use advanced care plans and end of life wishes to ensure consumers who wish to document their end of life measures are captured, if they choose. The organisation regularly reviews and monitors these advanced care plans and end of life wishes at each four monthly care evaluation in consultation with the consumers.

The organisation demonstrated they use both formal and informal consultation processes with consumers and/or representatives on an ongoing basis to update consumers’ care and services when the consumer’s needs or condition changes.

The organisation utilises care plan reviews, audits and surveys to support their monitoring of this requirement.

#### Requirements:

Standard 2 Requirement 3(a) Met

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

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

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

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.

Standard 2 Requirement 3(d) Met

The organisation demonstrates that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

Standard 2 Requirement 3(e) Met

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3:Personal care and clinical care Not Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

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.

#### Summary of Assessment of Standard 3:

The Assessment Team found that the organisation has met two of seven requirements under Standard 3. The Assessment Team found four requirements not met due to the organisation not effectively managing high risk needs of consumers to ensure clinical care provided is safe and effective and this is impacting on consumers’ health and well-being.

All consumers interviewed stated staff are kind, respectful and are aware of their individual needs and provide clinical and personal care which is safe and right for the consumer. However, two consumers interviewed were not satisfied the organisation effectively managed consumers’ care during a recent power failure.

Staff and management were able to demonstrate how they identify and respond to consumers’ changing needs and how new consumers’ high prevalence clinical risks are assessed and management plans developed. Staff demonstrated they had sound knowledge of individual consumer’s needs and strategies on how to manage and support consumers’ health and well-being.

However, documentation and interviews showed one consumer had ongoing risks related to their smoking, with strategies implemented to minimise the risk of burns to the consumer, not consistently being followed by staff.

The organisation did not demonstrate that it manages consumers’ diabetic management consistently in line with medical officer’s directives. The organisation does not demonstrate that it effectively monitored a consumer’s potential urinary tract infection until it was identified by their next of kin, and consumers’ blood pressure monitoring was inconsistent with medical officer’s directives.

Consumer outcomes as viewed by the Assessment Team and feedback provided by consumers’ representatives demonstrates the organisation does not meet this requirement.

#### Requirements:

Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Not Met

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

Standard 3 Requirement 3(c) Met

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

Standard 3 Requirement 3(d) Not Met

The organisation demonstrates that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

Standard 3 Requirement 3(e) Not Met

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

Standard 3 Requirement 3(f) Met

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

Standard 3 Requirement 3(g) Met

The organisation demonstrates 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:Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and
well-being and that enable me to do the things I want to do.

#### Organisation statement:

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.

#### Summary of Assessment of Standard 4:

The Assessment Team found that the organisation has met all seven requirements under Standard 4.

Consumer experience interviews show that 100% of consumers agreed they are encouraged to do as much as possible for themselves. Consumers are able to provide examples of staff encouraging consumers to support their independence, well-being and quality of life.

Consumer experience interviews show that 85% of consumers agreed they like the food most of the time or always. Fifteen percent of consumers stated they liked the food ‘some of the time’. Two consumers who responded most of the time, stated they do not always receive meals in line with their food preferences. However, the organisation has identified this feedback from consumers and was currently working with kitchen services to ensure this is rectified. Two consumers answered they were only satisfied some of the time due to, one having specific food requirements because of allergies and the other due to chewing and swallowing difficulties which had been assessed by an allied health professional. Consumers said they can express any concerns they may have in relation to food at Resident meetings. These are considered and responded to by management. If possible, changes are made to the menu. Consumers said they are satisfied with the cleaning and laundry services provided by staff.

The organisation was able to demonstrate they provide safe and effective services and supports for daily living to ensure they meet consumers’ needs, goals and preferences. The organisation ensures they capture information on consumers’ likes and dislikes together with their family history, interests, cultural and spiritual preferences to ensure they provide care in line with consumers’ preferences.

The organisation monitors consumers’ needs, goals and preferences and consults with consumers regularly to ensure they are meeting their needs. The organisation reviews incidents and feedback and encourages all consumers to participate in forums to review the services and supports they receive and to provide feedback on these areas. These forums include one on one care evaluations, resident meetings and surveys.

The organisation demonstrates they provide support to consumers to assist them to participate in their community, maintain social and personal relationships and activities of interest to them.

The organisation utilises verbal and written handovers to ensure changes in consumers’ care are communicated to all staff to allow safe and effective care. The organisation refers consumers to providers of other care and services in a timely manner.

The organisation ensures equipment is provided that is safe, suitable, clean and well maintained. The organisation has a schedule of preventative maintenance and processes for ensuring equipment is cleaned and maintained. Staff were able to provide examples of annual manual handling training undertaken as part of their roles to ensure the safe and appropriate use of equipment. Staff confirmed there are sufficient supplies and equipment to provide personal and clinical care.

#### Requirements:

Standard 4 Requirement 3(a) Met

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

Standard 4 Requirement 3(b) Met

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

Standard 4 Requirement 3(c) Met

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

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.

Standard 4 Requirement 3(d) Met

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

Standard 4 Requirement 3(e) Met

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

Standard 4 Requirement 3(f) Met

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

Standard 4 Requirement 3(g) Met

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found the organisation met all three of the requirements under Standard 5.

The service was observed to be welcoming with individual rooms decorated with memorabilia, photographs and other personal items. The rooms, which are all single rooms with ensuites, were clean and well maintained. The layout of the service enables consumers to move around freely, with suitable furniture, fittings and signage to guide them. Consumers have access to clean and tidy outdoor areas, with communal tables and chairs.

Consumers said they are satisfied with their room and the overall environment of the service and all consumers interviewed felt the service provided a home like and safe environment for them to live in. The service is currently upgrading the ensuite bathrooms and painting consumer bedrooms, with three rooms being refurbished during our visit. One consumer described being moved out of their room so it could be upgraded, including the consultation process around this. There is a communal dining activity area; the service has been successful in acquiring finding to extend and upgrade this area. One consumer described how the service encouraged suggestions regarding the extension of the area.

Cleaning of consumer rooms and public areas is undertaken daily and according to a schedule. The service launders and irons both linen and consumer clothing. Consumers said they are satisfied with both the cleaning and laundry services provided.

Preventative and unplanned maintenance processes ensure the service is well maintained and staff report any maintenance issues through a paper-based system checked daily by maintenance staff. Staff said repairs or arrangements for repairs are organised by maintenance staff in a timely manner. Electrical items are tested and tagged according to a schedule, and fire safety is monitored by an external contractor.

#### Requirements:

Standard 5 Requirement 3(a) Met

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

Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

Standard 5 Requirement 3(c) Met

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

### Standard 6:Feedback and complaints Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 6:

The Assessment Team found the organisation met all requirements under Standard 6.

Of consumers randomly sampled, 92% said the staff always followed up things when they raised things with them and 8% responded most of the time. The organisation could demonstrate consumers know how to give feedback and/or make complaints and feel safe and comfortable doing do. Further, they demonstrated consumers have access to advocates and other methods for raising and resolving complaints. Consumers provided examples of complaints that have been resolved

The organisation has processes in place to respond to complaints and an open disclosure process is used when things go wrong. Staff could explain what they are required to do when feedback or complaints are made.

Feedback and complaints are reviewed and used to improve the quality of care. The organisation provided a complaints log and demonstrated how complaints were reviewed by clinical and quality management, discussed at Board meetings and used to improve the quality of care and services for consumers at the service and across the organisation.

#### Requirements:

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

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

Standard 6 Requirement 3(b) Met

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

Standard 6 Requirement 3(c) Met

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

Standard 6 Requirement 3(d) Met

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

### Standard 7:Human resources Not Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found that the organisation did not demonstrate that two of the five requirements in relation to Standard 7 were met.

Of consumers randomly sampled, 92% said the staff are kind and caring always and 8% responded most of the time. The organisation demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers provided various examples of what this meant to them, including in relation to specific care and relationship needs. Interactions between consumers, representatives and staff were observed to be kind, caring and respectful.

The organisation demonstrated the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers. New staff said they were satisfied with orientation and induction processes and the support provided by management and staff to settle into their new roles.

The organisation demonstrated that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. A performance appraisal procedure is in place and includes probationary and ongoing performance review processes. Of consumers randomly sampled, 85% said the staff always know what they are doing and 15% responded most of the time. All consumers are satisfied the staff provide the care and services they require and said they are comfortable to provide feedback to management in relation to staffing matters.

However, the organisation did not adequately demonstrate that the mix of staff is planned to enable the delivery of safe and quality care and services or that the staff have the appropriate skills and knowledge to effectively perform their roles. For example:

* Enrolled nurses or care staff oversee the afternoon shifts and care staff oversee night shifts. Registered nursing staff are available on call at all times for guidance and support, however, care staff and enrolled nurses do not always contact the on call registered nurse for directives when consumers’ clinical care needs require support.
* Consumer files viewed demonstrate staff do not consistently document consumers’ clinical care in line with medical officer’s directives.
* Care staff are required to undertake consumers’ blood glucose level monitoring. Care staff said they follow each consumer’s Diabetic management plan in relation to blood glucose level parameters and actions to take where levels are below range. However, actions described by staff were not in line with the organisation’s processes.
* Care staff could not describe actions to take if blood glucose levels were above desired range.
* Care staff interviewed said and training documentation viewed demonstrated education in relation to diabetes management, including monitoring of blood glucose levels is not provided as part of the organisation’s mandatory or non-mandatory training program.
* The organisation’s training program includes clinical skills training components for both registered and care staff, however, this training is not part of the mandatory program.

#### Requirements:

Standard 7 Requirement 3(a) Not Met

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

Standard 7 Requirement 3(b) Met

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

Standard 7 Requirement 3(c) Not Met

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

Standard 7 Requirement 3(d) Met

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

Standard 7 Requirement 3(e) Met

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

### Standard 8:Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation demonstrated that all requirements under Standard 8 were met.

Of consumers randomly sampled, 100% agreed that the organisation is well run. The organisation demonstrated how they involve consumers in the delivery and evaluation of care and services. A consumer attends Board meetings each month, discussions in relation to organisational matters are discussed at consumer meeting forums and information in relation to Board matters is included in monthly newsletters. Most consumers said they are involved in planning and delivery of their care and services and provided various examples of how this occurs.

The organisation is governed by a Board who meets monthly. The Board sets clear expectations for the organisation and regularly reviews risks, including financial from an organisational and consumer perspective. The Executive officer/director of nursing reports matters relating to the service, such as staffing, clinical indicators and audit results to the Board on a monthly basis. There are organisational governance systems to support effective information management, the workforce, compliance with legislation and feedback and complaints, including open disclosure.

The organisation has a continuous improvement framework. The workforce described various ways in which improvement initiatives are identified. A continuous improvement log is maintained which includes actions and outcomes. Continuous improvement is discussed at various meeting forums, including Resident meetings. Some consumers interviewed described recent improvements which have been implemented.

Clinical governance is overseen by the newly formed Clinical care committee. The committee addresses antimicrobial stewardship, clinical indicators and use of restraint, including psychotropic medications. Staff interviewed demonstrated an understanding of these concepts and could explain how they apply them in practice.

#### Requirements:

Standard 8 Requirement 3(a) Met

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

Standard 8 Requirement 3(b) Met

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

Standard 8 Requirement 3(c) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Met

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

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