Japara Millward

Performance Report

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**Commission ID:** 3577

**Provider name:** Japara Aged Care Services Pty Ltd

**Site Audit date:** 12 May 2021 to 14 May 2021

**Date of Performance Report:** 30 June 2025

# Publication of report

This Performance Report **will 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) | Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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 11 June 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 team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers 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. For example:

* Most consumers and representatives interviewed, believe staff make them feel respected and valued as an individual. Consumers reported staff knowing and respecting their choices about personal care and participation in activities.
* Consumers and representatives sampled confirmed staff know what is important to consumers and encourage them to do things for themselves.
* Consumers and representatives described various ways that consumer privacy is respected. For example, staff knocking on the door prior to entering, and being able to lock their door.

Staff interviewed are familiar with the needs and preferences of the consumers they care for. Care plans of consumers include detailed information about consumer backgrounds and preferences, and this information is consistent with information obtained from consumers and their representatives.

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

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 sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

Overall consumers and representatives sampled confirmed they are involved in care planning to some extent.

Consumers and representatives sampled confirmed in various ways they are informed about their care and services and have access to their care plan if they choose. A consumer said they were happy with their care and described how lifestyle staff talk with them about their care plan.

Consumers and representatives sampled confirmed they are informed when incidents occur and of actions being taken by the service and are involved in regular review processes.

The service has a suite of systems and process to guide assessment and care planning. Assessment and care planning sampled generally included consideration of risk. For each consumer sampled there was a version of palliative care wishes form in place however, these did not always contain information in relation to consumers goals of care.

Care planning documents evidenced the involvement of others such as medical practitioner, physiotherapist, geriatrician and consultant psychiatrist.

For the consumers sampled care planning documents evidenced regular reviews for effectiveness and when incidents occur.

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 team also examined relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

Most consumers sampled are living with dementia and experience challenges communicating therefore were unable to directly comment about whether they get the care they need. Representatives interviewed on their behalf expressed in various ways that the consumer gets the care they need.

Consumers and representatives interviewed confirmed the consumer has access to a doctor or other health professional when needed.

The service has a suite of documents, systems and process to ensure each consumer gets safe and effective care and the Assessment Team found these are generally applied. While some deficits were identified in the management of physical restraint, pain and compression garment (tubigrip) the Assessment Team did not identify adverse outcomes for the consumers sampled as a result of these deficits. The service advised they are taking a range of actions to improve, ensuring each consumer gets safe and effective care.

The service demonstrated when high impact or high prevalence incidents occur these are reported via the services electronic care planning system. Assessment and monitoring such as neurological observations, pain and wound charting are implemented and evaluated for the consumers sampled. However, the service did not always demonstrate effective investigation and management of high impact or high prevalence risks such as falls and responsive behaviour to prevent reoccurrence or minimise harm. This was recognised by newly appointed clinical staff and and education and training was provided in in April and May 2021.

Documentation for consumers sampled showed changes are recognised and mostly responded to in a timely manner. The service has a suite of documents, systems and process to guide timely and appropriate referrals to other health services/specialists. Consumers and representatives sampled confirmed the consumers are referred to and seen by other health services/specialists.

The service has a suite of documents, systems and process to prevent and control infections. Staff demonstrated a good understanding of infections and antimicrobial stewardship. A consumer said their infection is well managed.

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 team also examined relevant documents.

Overall, sampled consumers considered 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. For example:

* Consumers and representatives sampled advised they are happy with the activities program and feel supported to do the things they want to do.
* Consumers interviewed confirmed they are supported to keep in touch with people who are important to them.
* Most consumers and representatives interviewed were satisfied with the variety, quality and quantity of food available.

Staff were able to describe the interests and preferences of sampled consumers. Although lifestyle plans were detailed, they did not always reflect information provided by consumers and representatives in recent ‘resident of the day’ reviews.

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

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 team also examined relevant documents.

Most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers interviewed confirmed they feel safe and at home at the service.
* Consumers and representatives advised the internal and external environment is pleasant, and consumers are able to personalise their own living areas. Their relatives and friends are made to feel welcome.
* Most consumers and representatives interviewed reported the service to be clean and well maintained; however, there was mixed feedback on whether the temperature of service is comfortable.

The Assessment Team found the service environment to be welcoming, clean and well maintained. It has communal areas of different sizes, both inside and outside. Furniture, fittings and equipment were observed to be clean and well 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 team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

The Assessment Team found that the service was unable to demonstrate how consumers, representatives and others are encouraged and supported to provide feedback and make complaints, including anonymous complaints. For example:

* All consumers and representatives who provided specific feedback to the Assessment Team in relation to complaints management did not waive their confidentiality, as they were concerned about adverse consequences for themselves if their identity was disclosed.
* Two consumers and three representatives described in various ways how they do not feel supported or safe in raising concerns or complaints. These consumers and representatives felt there would be negative consequences to themselves, such as withdrawal of care or insufficient care being provided, or adverse consequences for staff.
* Consumers and representatives confirmed they are aware of how to provide feedback directly to the service or through the use of an external complaints body. Staff described how they use internal and external resources to support consumers, such as advocacy services. Information on advocacy and language services are available throughout the service to consumers and representatives.
* Most consumers and representatives confirmed action is taken in response to complaints however two consumers explained there was a delay in resolving the complaint.
* Management was unable to satisfactorily demonstrate how consumers and representatives are encouraged to anonymously raise concerns or complaints.

The Quality Standard is assessed as Non-compliant as of one of the requirements has been assessed as Non-compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Non-compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

The Assessment Team found:

* The service did not demonstrate that consumers, family and friends are always encouraged or supported to provide feedback and make complaints.
* Most consumers and representatives interviewed did not feel safe to provide feedback and make complaints and were fearful of consequences for themselves and/or for staff. For example:
* One consumer and one representative said they were worried about consequences to themselves and staff if they complained and that there may be negative repercussions affecting their care. They felt the focus was on blaming staff and that management requested the names of staff and they worried about being identified as a complainant.
* One consumer and two representatives said they feel talked over and shut down at resident/relative meetings and the representative said this does not encourage others to provide feedback.
* Management said while they had received verbal feedback that the service is responsive to feedback and complaints however they have not yet updated the complaints register to reflect the feedback.
* Management said they encourage consumers and others to disclose their names when providing feedback and complaints as it allows direct follow up.
* Resident/relative meeting minutes sighted demonstrate that consumers and representatives are encouraged to use the feedback system and to place their names on the feedback forms however the minutes do not document whether consumers or representatives are informed that anonymous feedback and complaints are also welcome.
* Although staff explained how they support consumers and others to make anonymous complaints, management was unable to describe how they assure consumers and others that complaints can be made anonymously and without retribution.

The approved provider’s response to the Assessment Team report includes a continuous improvement plan with actions to be undertaken and outcomes achieved since the site audit. This includes:

* Education for staff about the service’s feedback system, capturing all types of consumer feedback and maintaining confidentiality about information received.
* The feedback system and information about external complaints schemes being added as a mandatory agenda items for both consumers and representatives’ meetings and staff meetings.
* Providing reassurance to consumers and representatives that there is an open-door policy and that all complaints will be logged and responded to and will inform continuous improvement and that complaints will be managed confidentially, professionally and without consequence.
* Promoting anonymous and confidential avenues to make complaints and providing de-identified feedback to consumers and representatives about complaints made and actions taken in response.
* Displaying posters and readily accessible brochures about raising concerns made available throughout the home for all to access

I acknowledge the planned education and actions to be taken by the approved provider to address the concerns raised by consumers and representatives about making a complaint identified. I have considered the Assessment Team’s report and the approved provider’s response. It will take time to fully implement the planned education, communication and improvements and determine the effectiveness of the actions and to ensure they inform further continuous improvement. I therefore find this requirement Non-Compliant.

### 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 NON-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.

The Assessment Team found that the service was unable to demonstrate that there are sufficient staff to enable delivery and management of safe and quality care and services.

Two consumers and four representatives expressed dissatisfaction with staff availability and described how staff not answering calls in a timely manner impacted on their well-being and dignity.

Three staff indicated that staffing is insufficient in identified units, due to the number of high needs or high-risk consumers located in that unit. Staff described how this impacted on meeting consumers’ needs in a timely way and ensuring safe and quality care is provided.

While the service demonstrated additional training provided to staff in relation to call bell response times and expectations, the service did not demonstrate effective monitoring and follow up of in response to delays in responding to the call bell.

The Assessment Team observed times when inadequate staffing impacted on consumer needs.

The Quality Standard is assessed as Non-compliant as one of the requirements has been found Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

The Assessment Team found:

* The service did not adequately demonstrate how they plan the number and mix of staff to enable safe and quality care and services for consumers.
* For most consumers and representatives, feedback was negative in relation to staffing levels and call bell response times. Consumers are not satisfied there is sufficient staff to respond to their care needs and described how this negatively impacts their well-being, dignity and enjoyment of life.
* Call bell response time records demonstrate that high-risk consumers are not consistently attended to in a timely manner.
* The service did not demonstrate that call bell monitoring or analysis is undertaken to ensure consumer needs are met in a timely manner.
* Staff said they are unable to always provide quality care due to time constraints which has impacted on the well-being and dignity of consumers.
* The Assessment Team observed consumers not being attended to after calling out, a lack of meaningful response or engagement by staff and times when no staff were visible staff.

The approved provider’s response to the Assessment Team report includes a continuous improvement plan with actions to be undertaken and outcomes achieved since the site audit. This includes:

* Staff recruitment and ongoing review of staffing allocations and consumer need including reviewing and addressing specific times in the day that consumer feedback indicates there is inadequate staffing.
* More regular and also random audits of call bell responses for high risk consumers and daily call bell reporting. Implementing further analysis of call bell response times resulting in investigation and follow up when delay is identified. Cross referencing falls data with any delay in call bell response times. Reviewing all adverse outcomes and undertaking care evaluation and consultation with consumers in the high risk of falls category and their representative, in line with open disclosure.
* Staff education about call bell response times, time management and prioritising high-level care needs, and a further review of duty lists to improve the delivery of care and services to consumers, including to consumers that need one or more staff members to assist them when receiving care.
* Engagement with Dementia Services Australia (DSA) review the current environment and to educate and support staff to improve and enhance behaviour strategies and interventions for consumers living in the memory support unit.

In making my decision I have considered the Assessment Team report and the detailed response from the provider in the form of a continuous improvement plan. I acknowledge the planning and actions taken by the approved provider to address the deficits identified by the Assessment Team including reviews of staffing, call bell response times and education in place for a range of staff. However, I also consider inadequate staffing to be an area of potential risk that may have significant impact on the delivery of quality care and services to consumers. The outcomes from actions undertaken since the site audit and improvements from planned reviews, education and recruitment of staff will take time to be fully implemented and reviewed for effectiveness. Consequently, I find this requirement is Non-Compliant.

### 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

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).

Most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers and representatives attend resident/relative meetings.
* Management described and demonstrated how the governing body promotes accountability for safe, inclusive and quality care and services, and provided examples of how the Board actively drives changes in the service.
* The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance.
* Staff demonstrated an understanding of high impact high prevalent risk, responding to abuse and neglect, and supporting consumers to live the best life they can.

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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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.

* Promote, encourage and support consumers and their representative to give feedback and make complaints without fear of consequence or retribution and foster an environment of mutual trust.
* Ensure staffing is adequate across the service and meets the acuity of consumer needs.
* Ensure call bell response times are monitored, analysed and outcomes of investigations from delays in responding to call bells inform improved practice and any adverse outcomes are addressed with staff and consumers and or their representative.