Japara Mirridong

Performance Report

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**Commission ID:** 3439

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

**Site Audit date:** 24 March 2021 to 26 March 2021

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

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received on 19 April 2021 and 20 April 2021
* Infection Control Monitoring Checklist

# 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, sampled 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:

* Sampled consumers feel staff respect and value them as individuals. Consumers reported that staff understand and respect their personal care choices.
* Consumers and representatives sampled confirmed staff know what is important to consumers and encourage them to do things for themselves. Representatives reported staff being aware of consumer background, and communicating with consumers in their preferred language.
* Consumers reported feeling supported to exercise choice and independence in relation to care and service delivery, and to maintain relationships of choice.
* Consumers and representatives were satisfied that they receive current, accurate and timely information and communication.

Staff interviewed are familiar with the needs and preferences of consumers including spiritual and religious preferences. Staff provided examples of where consumers are supported to take risks, and described strategies in place to minimise risks.

A review of sampled care files demonstrated ‘dignity of risk’ assessments were not consistently in place prior to the site audit, and consultation with consumers and/or their representative was unclear.

Consumer care plans include detailed information about consumer background and preferences, consistent with information obtained from consumers and their representatives. Care plans document persons who consumers have chosen to be involved in their care.

The service has established principles for collection and management of consumer information.

The Assessment Team observed staff supporting and interacting with consumers in a respectful way.

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 NON-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.

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

* Most consumers stated they are satisfied they are involved in planning their care and services.
* Representatives provided examples of when they were contacted by the service to discuss care planning after a change in consumer care needs.
* Consumers and representatives expressed satisfaction with the level of communication provided regarding care, incident reporting and general well‑being. However, most consumers could not recall being offered a copy of their care plan. One representative confirmed they had requested and received a copy of a care plan.
* Consumers interviewed about advanced care planning were confident their nominated representatives were involved and that the service would honour their wishes.

Staff are aware of assessment and care planning processes and understand the care needs of individual consumers.

The Assessment Team observed care planning documents sampled had comprehensive assessments completed, interventions that reflected consumer needs and preferences, and included others that the consumer wishes to be involved in their care. The Assessment Team observed care staff accessing care planning documents using a portable electronic device.

The Assessment Team sampled five consumer files which reflected assessments are completed, and care planning documents contain consumer needs and identified risks.

The service is transitioning to an electronic care file system, regular and as needed review of care plans was not always evident in sampled consumer care planning documents. The documentation of review and evaluation of specific clinical care is not always completed to reflect specific care interventions, including managing the deterioration or change in consumer condition.

The Quality Standard is assessed as non-compliant as one of the five specific requirements have been assessed as non-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) Non-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.*

While the Assessment Team found that this requirement was met, I have reached a different conclusion. The evidence provided by the Assessment Team indicates that care file review for sampled consumers who experience challenging behaviours include interventions to manage these behaviours, however, review of the effectiveness of these individualised interventions were not consistently documented.

Care file review for two consumers with wounds demonstrated charting contains serial photographs, however progress notes do not reflect that wounds have been reviewed or evaluated.

Care file review for sampled consumers reflect pain is considered for all domains of care. However, for the consumers receiving wound management, no documentation of pain assessment was available for review by the Assessment Team.

The approved provider’s response related to requirement 3(3)(a) addresses these deficits. Management’s response to the Assessment Team’s report described actions taken by the service since the audit, which include:

* Planned review of all consumers with active wounds to ensure effective pain charting, assessment and evaluation.
* Additional staff training in wound care and managing challenging behaviours.

While I note the responsiveness of management in taking remedial action, a number of these actions have been newly implemented at the time the response was submitted, and many remain ongoing.

Taking the above into consideration, and the fact the service was non-compliant at the time of the audit, I find the service non-compliant with requirement 2(3)(e).

# STANDARD 3 COMPLIANTPersonal 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 provided positive feedback about the manner in which staff provide care.
* Consumers and representatives stated consumers have access to visiting medical practitioners, allied health staff and other specialists.

Staff described care needs and preferences for individual consumers, and the Assessment Team observed staff providing care in accordance with consumer care plans. Staff are aware of risk monitoring processes in place for individual consumers. Staff also described the palliative care pathway and the resources available to support consumers nearing end of life.

Care documents including progress notes, handovers, and referrals reflect, where appropriate, information regarding consumer health status. Consumer preferences and needs are communicated to those involved in care provision and decision making.

Documentation for managing consumers prescribed psychotropic medications generally demonstrated regular medical review of prescribed medications. However, the service acknowledged the review of all psychotropic medications remains ongoing.

The service maintains a clinical risk register with associated risk-related care planning documentation for each assessed risk.

The service demonstrated effective infection control practices, and the service has policies to reduce the risk of transmission of infections. The service has policies and factsheets on infection control, outbreak management and antimicrobial stewardship.

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.*

While the Assessment Team found that this requirement was not met, I have reached a different conclusion. The evidence provided by the Assessment Team indicates that consumer care plans are not consistently reviewed on a regular basis, after incidents occur, or when consumer circumstances change. The Assessment Team provided examples including shortcomings in documenting wound management and pain charting. While this evidence demonstrates deficits in documenting care provided, it does not indicate there a deficits in the delivery of care.

I have considered the Assessment Team’s evidence under requirement 2(3)(e), and taking all available evidence into consideration, I find the service compliant with requirement 3(3)(a).

### 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 NON-COMPLIANTServices 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.

Some 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:

* Most sampled consumers expressed satisfaction that the service supports them to maintain their well-being and quality of life.
* Most consumers and representatives sampled provided positive feedback on the activities program, and that they feel supported to do the things they want to do.
* Most consumers interviewed confirmed they are supported to keep in touch with people who are important to them and maintain relationships, both within and outside the service.
* Most consumers and representatives interviewed were dissatisfied with the quality of meals, including the variety and temperature of meals. Some consumers advised they receive food that is inconsistent with their requirements or preferences.

Staff were able to describe the interests and preferences of sampled consumers. Care staff stated they are updated about changes to consumer condition, needs and preferences through handover processes and documentation.

Lifestyle care planning documentation includes information on emotional, spiritual and psychological needs and preferences. While lifestyle care plans are detailed, it was not evident they are reviewed in consultation with the consumer and/or their representative.

Management advised that the process for review of care plans is being revised. Care plans will be reviewed through a multi-disciplinary meeting involving clinical and lifestyle staff, together with the consumer and/or their representative. A commencement date for the new process has not been set.

Care plans reflect the participation of organisations and volunteers in provision of lifestyle supports.

The Assessment Team observed a range of equipment used by lifestyle and care staff that was clean, suitable and well maintained.

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

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

The service did not demonstrate that it provides meals that are varied and of suitable quality. Most sampled consumers and representatives stated they were not satisfied with the variety, quality and/or temperature of meals provided. Consumer food requirements and preferences were recorded in care planning documentation, however consumer feedback indicated that requirements and preferences were not consistently observed. Some consumers stated they have made complaints regarding the quality and variety of food, however nothing has changed.

Management’s response to the Assessment Team’s report described actions taken by the service since the audit, which include:

* Reviewing the entire menu.
* Additional training for kitchen staff.
* Introduction of random meal temperature audits.
* Reviewing consumer documentation regarding dietary requirements and preferences, and reinforcing these requirements and preferences with catering staff.
* Including residents in menu development and review.
* Providing ongoing updates regarding food complaints at resident meetings.

While I note the responsiveness of management in taking remedial action, a number of these actions have been newly implemented at the time the response was submitted.

Taking the above into consideration, and the fact the service was non-compliant at the time of the audit, I find the service non-compliant in requirement 4(3)(f).

### 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.

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

* Consumers interviewed said they feel safe and the service has the equipment they need.
* Consumers advised the internal and external environment is pleasant, and they can personalise their living areas. Relatives and friends are made to feel welcome.
* Consumers and representatives stated bedrooms and communal areas are kept clean, and maintenance of equipment and furnishings occurs promptly.
* Some consumers stated they were unable to access all outside areas due to keypad locks on doors.

Staff advised they assist consumers who cannot use keypad locks or have limited mobility to access outdoor areas.

The Assessment Team found the service environment to be welcoming, clean and well maintained. The service has communal areas of different sizes, both indoors and outdoors. Furniture, fittings and equipment were observed to be safe, 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 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.

Overall, sampled consumers and representatives considered that they are encouraged and supported to give feedback and make complaints. For example:

* Consumers interviewed feel encouraged and supported to speak up when they have concerns.
* Consumers provided examples of when they have made complaints and how management were responsive to resolving matters raised. However, some consumers and representatives interviewed were not aware of actions taken in relation to their feedback, or always satisfied actions were sustained, particularly in relation to meals, see requirement 4(3)(f).

Staff described the service’s feedback process and how they support consumers to raise concerns. Staff described open disclosure processes and have access to supporting information.

Management stated all complaints are responded to as per the complaints process, including the outcome and resolution, which are discussed with the consumer and or their representative.

The service has documentation to guide recording and management of complaints. Comments and complaints are registered, reviewed and monitored to ensure timely actions are taken. Documentation reviewed identified how feedback and complaints are used for continuous improvement.

The service provides information about advocacy and language services for consumers and their representatives at reception.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

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

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

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

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

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

# STANDARD 7 COMPLIANTHuman 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. For example:

* Most consumers and representatives interviewed stated staff are kind and caring, and respect their identity and culture. However, improvements could be made in relation to staff attitude and awareness of immediate consumer needs.
* Consumers and representatives interviewed believed that staff know what they are doing, with most also believing that staff are adequately trained.
* Most consumers and representatives interviewed did not believe that there are adequate staff at the service. Consumers stated staff are rushed and they wait long periods for assistance.

A review of call bell summary reports indicated staff generally respond to call balls in a reasonable timeframe.

Management acknowledged that whilst attempts are made to cover unplanned leave, due to the regional location of the service, it is challenging to find suitable agency staff to backfill vacant shifts. Management said they continue to recruit new staff and new care staff and a junior nurse commence soon.

Management outlined the organisation’s recruitment and selection process, noting qualification and registration checks are conducted.

The service maintains a training register which identifies staff who are yet to complete mandatory training. Currently, all staff have completed mandatory training modules except for one staff member who is on leave.

The service has a performance assessment process in place, whereby staff complete an initial performance assessment three months after commencing employment, and annually thereafter.

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.*

While the Assessment Team found that this requirement was not met, I have reached a different conclusion. Overall, consumers receive safe and effective personal and clinical care. In the absence of care impacts on consumers, call bell response data provided by the Assessment Team, and ongoing recruitment activity, I find the service compliant with requirement 7(3)(a).

### 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 COMPLIANTOrganisational 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 interviewed are aware of how they can contribute to wider service improvement through complaint and feedback processes.

A review of meeting minutes for the food focus group indicated that changes have been made to the menu in response to consumer feedback.

The service regularly reviews, analyses and reports on relevant consumer data, investigating any trends in order to improve the quality of the care and services provided.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services, as evidenced through the implementation of an Infection Prevention Control adviser, and further refinement of outbreak management plans. In addition, the Board reviews audit results, and customer satisfaction via complaints and staff feedback.

Effective clinical and non-clinical governance systems are in place at the service. The service demonstrated that there are risk management systems and practices in place to manage high impact or high prevalence risks and abuse and neglect to consumers, as well as to support consumers to live the best life they can. The service is currently undertaking a full review of the psychotropic medication register.

The service also demonstrated that there is a clinical governance framework in place which includes antimicrobial stewardship, minimising the use of restraint, and an open disclosure process.

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.

* Ensure care and services are reviewed regularly and consumer care documentation is updated to reflect reviews undertaken, particularly in relation to wound care and pain charting.
* Ensure meals are varied, of suitable quality, quantity, temperature, and that meals served comply with individual preferences and requirements as specified in care plans.