Jewish Care (VIC) Inc Residential Homes Carnegie

Performance Report

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**Commission ID:** 4103

**Provider name:** Jewish Care (Victoria) Inc

**Site Audit date:** 14 December 2021 to 16 December 2021

**Date of Performance Report:** 15 February 2022

# Performance report prepared by

James Howard, delegate of the Aged Care Quality and Safety Commissioner.

# 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** | **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 Commissioner’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 conducted from 14 December 2021 to 16 December 2021; 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.
* other information and intelligence held by the Commission in relation to this service.

# 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

The Quality Standard is assessed as Compliant, as six of the six specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies and procedures.
* Observations during the site audit.

Overall, sampled consumers advised the Assessment Team they were treated with dignity and respect, supported to maintain their identity and could make informed choices about their care and services to live the life they chose.

The Assessment Team found that consumers’ culture and diversity was valued by the service. Consumers provided examples of how the service understood their life stories, and how the service embraced individual culture and diversity in a safe manner.

Staff demonstrated an understanding of consumers’ right to exercise choice and independence. Staff were able to explain practical ways they supported consumers to make informed decisions about their care and how care should be delivered. Staff were also able to explain how they supported consumers with their decisions to involve, or not to involve others in their care, and how they supported consumers to communicate their decisions.

A review of evidence confirmed that consumers were supported in all aspects to exercise choice and independence, and were able to connect with others and maintain relationships of choice.

Consumers were supported to take risks to enable them to live their best life, as verified by consumer interviews, and sampled risk assessments included in care plans. Risk assessments were completed in consultation with consumers, and with representatives and health professionals where applicable.

Consumers and representatives described how the service explained information to them in an accurate and timely manner, and how the information assisted them to make informed choices about their daily care and lifestyle activities. Site observations and interviews with staff confirmed information was shared through various methods such as posters, brochures, activity schedules, noticeboards, resident forums, verbal and non-verbal communication.

All sampled consumers advised that they felt their privacy and personal information was respected and kept confidential by the service. The service described in practical terms how it upheld personal privacy and confidentiality, as validated by site observations and review of the service’s Privacy and Confidentiality policy.

## 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies and procedures.
* Observations during the site audit.

Interviews with sampled consumers and representatives confirmed that consumers were involved in the ongoing assessment and planning of their care and service delivery needs, to optimise their health and wellbeing.

Review of the service’s electronic care documentation system and assessments in sampled care plans, confirmed that the service used evidence-based assessment tools, to appropriately consider risks to consumers’ health and wellbeing and to inform the delivery of safe and effective care and services to consumers.

Sampled care plans identified consumers’ current needs, goals and preferences and included details of advance care directives and end of life planning. The sampled care plans contained relevant information on how the service could support individual requirements, for example through behaviour charting, triggers and strategies to assist the consumer.

Registered nurses, clinical staff and other staff provided information on the service’s initial assessment pathway, and processes to update care plans based on changes to consumer needs. Staff were able to explain how the service involved the medical officer, specialised health professionals or other providers of care in ongoing assessment, planning and review.

Staff explained how they partner with consumers and, if requested, representatives to inform care planning, through gathering information about consumers’ life histories, needs, goals and preferences.

Consumers and representatives confirmed that they understood the outcomes of the assessment and planning, and that consumer needs were considered accordingly. Some representatives advised that they did not have a copy of the care plan. However, representatives were satisfied by the information communicated to them by the service, and knew how to obtain a copy of the care plan if required.

Consumers and representatives provided examples of when care and services were reviewed when circumstances changed, or were no longer effective and how the service partnered with consumers, representatives and other health professionals to meet the consumers’ needs. This feedback was substantiated by review of care plans and interviews with staff.

## 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies and procedures.
* Observations during the site audit.
* Review of the service’s clinical risk register.
* Review of meeting minutes.

Overall, consumers received personal and clinical care that was safe, met their individual needs and aligned with their goals and preferences.

Clinical staff, including registered nurses and management, provided examples of how the service’s policies, procedures and tools applied in practice, and were aligned to best practice guidance. Staff confirmed they had access to evidence-based work instructions, which guided personal and clinical care in a safe and effective manner.

Registered nurses advised they documented consumers’ needs and preferences during the assessment and care planning process to inform the delivery of safe and effective personal and clinical care, tailored to individual needs. Clinical staff described individual care requirements for sampled consumers, which aligned with the information in their care plans.

Based on the various forms of evidence collated by the Assessment Team, the service demonstrated its personal and clinical care was best practice, tailored to individual needs and optimised consumers’ health and wellbeing, with respect to the following conditions:

* Restrictive practice: the service demonstrated knowledge and application of restrictive practice requirements under the *Aged Care Act 1997*, such as informed consent, behaviour support plans, review and monitoring to minimise use restraint.
* Skin integrity: the service demonstrated knowledge of skin integrity, wound care and pressure injury prevention management, verified through review of the service’s guidelines and procedures, and applicable care plan documentation.
* Pain management: the service demonstrated knowledge of pain management strategies and how it applied in practice, verified through review of care plans, documented pain management procedures, assessment tools and interviews with clinical staff.

The service demonstrated that risks for each consumer including falls, skin integrity and pain were effectively managed through evidence-based assessment and planning, incident documentation and referrals to the medical officer and health professionals as required. To do this, the service used assessment tools, including the Falls Risk Assessment Tool, Nutrition Risk Screening Tool and the 4AT Rapid Clinical Test for Delirium.

Sampled care plans included information about advance care and end of life care directives as applicable. Management advised they respected decisions not to discuss end of life preferences with some consumers and representatives, as requested. The service advised it sought further advice for consumers with religious and cultural beliefs to better support consumers regarding their end of life preferences.

Staff described how they recognised and responded to deterioration or changes in a consumer’s mental health, cognitive or physical function, which was validated through a review of information contained sampled care plans. The service demonstrated how it effectively shared information about the consumer’s condition, needs and preferences within and outside the organisation through shift handovers, care plan record management, case conference notes and involvement of consumers, representatives and other health professionals as required. Staff described how they identified and completed timely and appropriate referrals to other health professionals.

Staff, including the service’s infection prevention and control lead, described the processes in place to minimise infection related risks, through standard and transmission-based infection precautions. They described the service’s practices to promote appropriate antibiotic prescribing and strategies in place to reduce risk of resistance to antibiotics. The Assessment Team confirmed staff were supported to understand the risks associated with infections through staff training and infection control policies, instructions and guidance.

### 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 supports 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies and procedures.
* Observations during the site audit.

Overall, sampled consumers advised they received safe and effective services and supports for daily living that were important for their health and wellbeing, and enabled them to do the things they wanted to do. Staff described individual consumer preferences, and how they supported consumers with their emotional, spiritual and psychological wellbeing.

Consumers provided examples of how the service supported them to participate in their community, have social and personal relationships and do things of interest to them.

Staff described the processes and systems in place to record and share information within and outside the organisation about consumers’ conditions, needs and preferences, validated by review of care plans and site observations.

Staff provided examples of referrals for lifestyle and daily living supports that met the needs, goals and preferences of consumers; for example:

* Engagement with religious organisations to provide pastoral care.
* Visits to and from local schools to undertake lifestyle and social activities.
* Activities at the service such as pet days, musical shows and cooking.

Consumers advised that they were satisfied with the quality and quantity of meals provided at the service, and their dietary needs and preferences were catered for. Kitchen staff confirmed consumers advised them of their meal preferences and feedback in person or through resident meetings, and that staff worked with consumers to provide solutions. Meals menus were planned and reviewed by a dietician, and sampled care plans contained information about dietary requirements.

Equipment was observed to be safe, clean and well maintained, and interviews with consumers confirmed equipment was suitable for their needs.

## 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

The Quality Standard is assessed as Compliant, as three of the three specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff at the service.
* Review of the maintenance log and cleaning scope of works documentation.
* The service’s policies and procedures.
* Observations during the site audit.

Overall, sampled consumers advised that the service environment felt like home, and that it was welcoming, easy to understand and navigate, safe and comfortable. Observations showed the service environment reflected enabling principles of design and optimised consumers’ interaction and experience within the service, for example:

* Memory boxes in front of each consumer’s bedroom.
* The use of icons to identify meat kitchen and dairy kitchen in houses, with respect to cultural, religious and dietary preferences.
* Clear and easy to see emergency exit signage.
* Pathways free of hazards, no uneven surfaces and rail guards on walls.
* Easily identifiable room numbers.
* As a visual aid, there were contrasting colours in the bathrooms and sensor lights to easily identify areas.
* Automatic doors to assist consumers with mobility aid requirements.

Consumers moved freely indoors and outdoors, which aligned with feedback provided by consumers of their use of the service environment, such as use of the courtyard, synagogue and cinema room.

The property manager and staff explained how the site’s maintenance and repair process was logged, monitored and actioned to ensure furniture, fittings and equipment were safe, clean, well maintained and suitable for consumers. Review of documentation and observations aligned with staff feedback.

## 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

The Quality Standard is assessed as Compliant, as four of the four specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies, procedures and guidance materials.
* Observations during the site audit.
* Review of the service’s feedback and complaints register.
* Review of meeting minutes.

Sampled consumers gave examples of how they provided feedback or raised complaints, and confirmed their satisfaction with how the service resolved issues or incorporated feedback into the delivery of care and services. Consumers were supported to understand and use the service’s feedback and complaints framework through methods such as:

* Guidance in the resident handbook.
* Suggestion boxes throughout the service.
* Written and verbal feedback and complaints options.
* Language and advocacy services.

Consumers and their representatives confirmed they were aware of internal and external resolution processes to resolve complaints.

Management explained what the main complaint areas were, and what steps were taken to resolve issues. Staff explained what the open disclosure process meant to them, and how it applied in practice. Staff, consumers and representatives were supported by an open disclosure policy which detailed the actions required to remediate feedback and complaints. A review of the service’s feedback and complaints register provided assurance that the service’s processes and procedures were followed, and aligned with feedback from staff, consumers and representatives.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Quality Standard is assessed as Compliant, as five of the five specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of staff rosters, training records and performance reviews.
* The service’s policies and procedures.
* Observations during the site audit.

Sampled consumers advised they received care and services from staff who are knowledgeable, capable and caring and felt confident that the workforce was appropriately staffed.

A review of staff rosters, allocation sheets and shift vacancies showed there were adequate staff available for all shifts, with appropriate qualifications and knowledge. The service manager confirmed there were no staff shortages, and if shifts were vacant they were primarily backfilled by staff, otherwise agency staff were utilised.

Staff interacted with consumers in a kind, caring and respectful manner, and explained consumers’ life stories inclusive of their identity, culture and diversity.

The service supported staff to perform their roles effectively through mandatory training, performance assessments, and service policies and procedures. When questioned, staff explained what the Serious Incident Response Scheme was and required actions for incident management, in addition to changes to restrictive practices under the Aged Care Act. Staff were provided with training on COVID-19 infection prevention.

Management advised that if agency staff were required, they requested the same agency staff to ensure continuity of care. Staff described how performance appraisals were conducted and confirmed it was beneficial to their skill and career development.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Quality Standard is assessed as Compliant, as five of the five specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff, management and board members at the service.
* Review of staff rosters, training records and performance reviews.
* The service’s policies and procedures, for example the service’s clinical governance framework.
* Observations during the site audit.
* Review of the service’s customer satisfaction survey.

Overall, sampled consumers and their representatives reported the service was well run, and their input was used to improve care and service delivery. The service manager demonstrated knowledge of the matters discussed with consumers.

The service manager provided further information on how the service partnered with consumers and representatives to achieve continuous improvement of the service environment. The Assessment Team reviewed the service’s customer satisfaction survey completed a month prior to the site audit, which confirmed a high rate of consumer satisfaction in the organisation’s care and service delivery.

The service was supported by a wider organisation that provided policies and procedures to guide organisational governance systems. The organisation’s governing body demonstrated that it promoted a culture of safe, inclusive and quality care and services, and was accountable for its delivery. The governing body advised that change was driven by feedback and reporting from several advisory committees and forums.

Changes facilitated by the board resulted in improvements to the safety and quality of consumer care, and included areas relating to:

* community and consumer engagement
* staff education
* COVID-19 response and infection prevention
* quality management
* IT roadmap
* personal protection equipment
* food services
* pressure injury management

Based on the evidence collated by the Assessment Team, the service demonstrated that its governance system ensured:

* Information could easily be shared and accessed regarding consumer care and staff communication.
* The response to feedback, suggestions and complaints were incorporated into initiatives for continuous improvement.
* Risk was appropriately considered and reviewed, in keeping with the requirements under the Quality Standards and regulatory compliance against legislation.
* The COVID-19 response was informed by up to date knowledge of COVID-19 risks, and development of protection strategies.
* Financial accountability.
* Clear assignment of workforce responsibilities.

The service demonstrated its risk management systems accounted for the management of high impact risks associated with care, identified and responded to abuse and neglect, and managed and prevented incidents. Management and staff explained what they would do if they witnessed an incident, the reporting mechanisms to the Serious Incident Response Scheme, and steps for remediation.

Review of the service’s clinical governance framework confirmed that appropriate processes and risk mitigation strategies were in place for antimicrobial stewardship and infection minimisation. The service demonstrated regulatory compliance with restrictive practices, and steps taken to minimise the use of restraint. Staff explained what open disclosure meant to them, how it applied in practice, and how it related to the service’s policies and procedures.

## 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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.