Juniper Hilltop

Performance Report

145-165 Hillview Terrace
BENTLEY WA 6102
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**Commission ID:** 7146

**Provider name:** Uniting Church Homes

**Site Audit date:** 26 February 2020 to 28 February 2020

**Date of Performance Report:** 6 May 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **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.

# STANDARD 1 COMPLIANTConsumer 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

This Quality Standard is assessed as Compliant as all of the six specific requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed said 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. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Staff treat consumers with respect and they feel valued in the service.
* Staff know what is important to consumers, and they value their culture.
* Staff respect consumers’ privacy, treat them respectfully when providing personal care, and encouraged them to do things for themselves.
* Consumers said they attend onsite church services and the bible study group.
* Three representatives agreed they receive enough information to make decisions about the consumers’ care, and about what is going on within the service.

The Assessment Team found the organisation’s strategic documents guide staff in relation to respecting each consumer’s individuality, their right to choose, and their right to take risks. The service has guidance documents explaining how consumer privacy is protected, and how their information is used.

The Assessment Team reviewed care planning documentation of nine consumers, containing information about their likes and dislikes, and what was important to them. Documentation confirms consumers’ care and lifestyle preferences and goals are recorded when they enter the home, and are reviewed at their six-monthly care plan review, and as required. The Assessment Team reviewed written information provided to consumers, about meals and lifestyle activities, allowing them to make choices.

Staff interviewed by the Assessment Team consistently reported how they obtain and record information about consumer choices, preferences and important relationships. Staff were able to discuss individual consumer’s likes and dislikes and what they do to ensure these are respected. Staff were able to explain what culturally safe care is, and provided appropriate examples. Staff spoke about specific consumers who choose to take risks and how these decisions are supported, and about how they encourage and assist consumers to make choices about their day-to-day care and the activities they participate in.

The Assessment Team observed staff interacting respectfully with consumers during the visit. Staff were seen knocking on doors before entering consumers’ rooms and talking to consumers in a friendly way, taking time to stop and ask if they needed anything.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure the service has a culture of inclusion and respect for consumers whereby consumers are respected and enabled to exercise choice and independence.

## 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 COMPLIANTOngoing 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

This Quality Standard is assessed as Compliant as all five of the specific requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers and representatives reported consumers are routinely consulted regarding their daily care and lifestyle preferences. This includes consumers choosing their preferred times to shower, rise, retire and attend activities, and whether they eat meals in the dining room or have room service.
* Consumers reported staff respect their stated care and lifestyle preferences and they are satisfied with the care and services they receive.
* Consumers reported their end of life wishes were discussed when they moved to the home and they were comfortable to have this conversation.
* Consumers said they are sure they can access their care plans if they wish but have not felt the need to do so.

The Assessment Team found the service has policies and procedures in place to guide staff in comprehensive assessment and planning, including assessment and management of consumers electing to take risks, and advance care and end of life planning.

The Assessment Team reviewed nine consumer files all of which demonstrated each consumer’s care needs and preferences were assessed by a multidisciplinary team when they moved to the service, to ensure ongoing care is individualised and appropriate to their needs. Consumer files also contained evidence of ongoing involvement of a multidisciplinary team, including external services. Dignity of risk forms detailing consumer preferences had been completed for those choosing to participate in activities that may place them at risk. Identified care needs and preferences, including those related to activities that may involve risk, were transferred to care plans. Clinical records and the care plan review register confirmed six monthly care plan reviews were routinely completed. Records of initial and annual consumer/family conferences were filed in consumers’ records, and progress notes contained evidence of ongoing consultation with consumers and/or representatives.

Clinical staff interviewed by the Assessment Team were able to describe the assessment process, including the routine and as required review process, and how the information collected is used to guide the provision of care and services to meet consumers’ individual needs. Care staff reported they follow care plan instructions. They do not assume consumers will want to follow the same daily routine, checking preferences with them each day.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning has a focus on optimising health and well-being in accordance with the consumers’ needs, goals and preferences.

## 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 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

The Quality Standard is assessed as Compliant as all seven of the specific requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed stated they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* All consumers/representatives reported consumers consistently receive the care they need.
* Consumers described the care they receive as ‘excellent’, ‘very good’, ‘I have no need to complain about the care’, and ‘I want for nothing’.
* Consumers reported their pain is well managed.
* Consumers confirmed they are not impacted by the behaviour of others.
* Family members reported they receive timely notification of changes to their loved one’s condition, or when an incident occurs.

The Assessment Team found the service has policies and procedures in place to guide the delivery of safe and effective personal and clinical care, including how to manage a deterioration in health and well-being, infection control, end of life care, and management of high impact or high prevalent risks. Routine review of these policies and procedures ensures they remain fit for purpose, informed in part by feedback from consumers, and advice from experts. These guidance documents are available to staff in hard copy, and on the organisation’s intranet.

The Assessment Team reviewed nine consumer files verifying consumers’ care plans were reviewed six monthly and their care needs reassessed annually, and as their care needs changed. The review process involves clinicians and allied health professionals, such as the physiotherapist who also completes a review after a consumer falls. Records confirmed referrals are made to external services to provide additional support to consumers. Documentation confirmed staff have identified deterioration in consumer health and cognitive or physical function, the changes were investigated by clinical staff, the consumer was referred to their general practitioner, and representatives were advised. Advanced care directives and end of life wishes were included in all nine files reviewed.

The Assessment Team reviewed service documentation confirming consumers’ changing health status, care needs and preferences are discussed at meetings. Clinical indicators, collated and analysed monthly, are also shared with staff at meetings.

Care staff interviewed by the Assessment Team confirmed they monitor consumers on a daily basis and report changes in their physical or emotional status to clinical staff. Staff said changes to consumers’ care and service needs and preferences are documented in their care plans (available in hard copy and electronically) and communicated to staff via a range of methods which staff confirmed were effective. Clinical staff described the process for referring consumers to medical/other health specialists. Care staff reported they are informed of changes to procedures and practices via toolbox sessions, meetings, message of the day and shift handovers.

Staff confirmed they receive infection control training annually. Clinical, care, laundry and cleaning staff described ways they minimise cross infection when performing their duties, including using appropriate personal protective equipment. The infection control coordinator completes scheduled audits and deficits are followed-up through an action plan. The pharmacist and clinical nurse manager monitor antibiotic use and a report is generated to assist in identifying trends and opportunities for improvement.

The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure the delivery of safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

### 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 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

The Quality Standard is assessed as Compliant as all seven of the specific requirements have been assessed as Compliant.

The Assessment Team found all consumers and representatives interviewed said they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers reported staff providing their care and services generally know their individual needs and preferences.
* Consumers and representatives reported consumers are encouraged to socialise within the service environment and are supported to maintain personal relationships. Consumers reported they go out with family and friends whenever they wish. Four consumers go into the community unattended. All consumers interviewed said the lifestyle program suits their needs and they attend activities of interest to them.
* Consumers and representatives reported consumers have a choice of dishes at each meal and they generally enjoy the food provided. Staff will offer alternatives if they do not like their chosen meal.
* Consumers reported they have access to a range of good-quality equipment, and they feel safe when using it.

## The Assessment Team found the service was able to demonstrate how each consumer is treated as a whole person, with their physical and mental health, spiritual, emotional and social needs considered when planning their services and supports.

## The Assessment Team viewed evidence of consumers’ condition, needs and preferences being appropriately captured and communicated to staff in a timely and appropriate way, to guide the provision of services and supports. The organisation has a policy and procedure to guide information sharing within the service.

## The Assessment Team reviewed a monthly schedule of recreational and social activities, based on consumer preferences and special occasions that are meaningful to them. The schedule is reviewed and amended as required based on consumer participation rates and feedback, and from information provided in response to the activity survey.

## Staff interviewed by the Assessment Team described individual consumer preferences to access the community accompanied by staff or unaccompanied, consumers wishing to attend bus outings, and those who regularly go out with family. Catering staff described individual consumer dietary needs and preferences, including specific dishes prepared for one consumer.

## The Assessment Team observed staff following food safety procedures, measuring the temperature of food, and wearing gloves and hair nets. Serving areas were observed to be clean, uncluttered and free from waste.

## The Assessment Team found the service was able to demonstrate how they support consumers and staff with the provision of equipment that is safe, suitable, clean and well maintained. Staff described processes for reporting faulty or unsafe equipment. Preventive maintenance and the engagement of external contractors is managed by the corporate office.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure the service provides safe and effective services and support for daily living to optimise the consumer’s impendence, health, well-being and quality of life.

## 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 COMPLIANTOrganisation’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

This Quality Standard is assessed as Compliant as all three of the specific requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following specific examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers and representatives reported they are satisfied the service is safe and comfortable and maintenance is attended in a timely manner.
* All consumers reported their rooms are regularly cleaned and they are satisfied with cleanliness throughout the service.
* Consumers advised they are confident equipment used by staff is fit for purpose and well maintained.

The Assessment Team observed the service environment is safe, clean and well-maintained. Consumers were observed moving freely inside, using all living areas, and having access to outside areas, including gardens. The service has a documented “lock-up procedure” to ensure the home is secured against any unauthorised access after-hours.

The Assessment Team interviewed staff who described the process for reporting maintenance issues and hazards, and the lock-up procedure referred to above. The maintenance officer advised they source external contractors via their central office, and confirmed they have sufficient time and appropriate equipment to perform their duties, including scheduled maintenance.

The Assessment Team reviewed the most recent consumer satisfaction survey confirming those surveyed considered the environment safe and comfortable. Review of maintenance records confirmed all was completed as scheduled.

The Assessment Team found the organisation has monitoring processes in relation to Standard 5 to ensure the service provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## 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 COMPLIANTFeedback 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

This Quality Standard is assessed as Compliant as all four of the specific requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed said they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* All consumers and representatives said they felt comfortable to make a complaint about their care and services.
* Consumers and representatives said management are approachable if they have any issues or suggestions and respond in a timely manner which makes them feel their opinions are valued.
* Consumers and representatives interviewed said that changes were made in response to their issues that resulted in better care and services for them.
* A consumer confirmed they had received an apology from the service in relation to an incident.

The Assessment Team reviewed the service’s open disclosure policy, which also relates to complaints. Staff interviewed confirmed they are aware of the open disclosure policy and were able to describe how they respond to complaints, including their awareness of advocacy and language support services, and how they assist consumers to complete a feedback form. The Assessment Team observed feedback forms, posters and brochures at reception and in various common areas throughout the service. These provided information about how to lodge a complaint, and contact details for external services that consumers can use should they need assistance to lodge a complaint. The handbook provided to consumers and/or representatives includes information about feedback and complaint mechanisms, and complaints is a standing agenda item for the monthly resident/relative meeting.

The Assessment Team confirmed all complaints are documented, trends analysed and the report reviewed and discussed by the governance committee. Information in relation to complaints is passed on to the board monthly for their consideration and input.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service 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 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

This Quality Standard is assessed as Compliant as all five of the specific requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed said they get quality care and services when they need them, from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* All consumers and representatives spoke highly of staff and management describing them as kind, caring, skilled and friendly. Consumers liked having a ‘buddy’ which gives them regular one-on-one time with a specific staff member.
* Consumers were satisfied that staff are trained, stating they know what they are doing, and are good at their work.
* All consumers said there are adequate staff who provide them with a high level of care.

The Assessment Team found the service demonstrated they have a process in place to ensure their workforce includes sufficient numbers, and an appropriate skill mix, to deliver safe, respectful and quality care and services. The Assessment Team observed staff interactions with consumers to be kind, caring and respectful.

Management informed the Assessment Team that all staff attend mandatory training. Training to fill specific gaps in knowledge is provided as required, and other general training needs are fed into the annual schedule. In addition, toolbox training sessions ensure staff received current education to help them fulfil their roles. The service is automatically notified by head office of any upcoming training requirements and the service manager ensures this is completed as scheduled, and entered into the training matrix. The Assessment Team reviewed training records confirming mandatory training requirements have been completed.

The Assessment Team interviewed staff who confirmed they receive regular training. Staff described their performance review process and how this has led to them being provided with additional training to meet identified learning needs. Management advised the staff performance framework is managed by the organisation’s human resource team. The actual performance appraisal process is coordinated by the service manager who includes feedback from consumers and representatives, and their own observations of work practice in the performance discussion.

The Assessment Team found the organisation has monitoring processes in relation to Standard 7 to ensure the service has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

## 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 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

This Quality Standard is assessed as Compliant as all five of the specific requirements have been assessed as Compliant.

The Assessment Team found all consumers and representatives interviewed said the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* All consumers and representatives interviewed said the service was well run and they felt safe living in the service.
* Consumers and representatives said they were involved in the delivery, development and evaluation of care and service.

The Assessment Team reviewed a range of records confirming consumers are encouraged to become engaged in the development, delivery and evaluation of the care and services provided to them, through a number of different forums. The service’s continuous improvement plan includes details of completed and ongoing improvement activities, with due dates to track progress.

The organisation has a mission statement and values promoting the delivery of care according to the Quality Standards. There are consequences in the organisation’s Code of Conduct if staff do not deliver care in the way promoted by the board.

The Assessment team found the organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, and feedback and complaints. There are organisation-wide systems to support their governance structure, and their policies and procedures are reviewed and updated regularly to reflect current legislation and best management practice.

The Assessment Team reviewed the organisation’s risk management framework, including policies relating to management of risk to consumers, response to abuse and neglect, and supporting consumers to live the best life they can. Staff interviewed by the Assessment Team were familiar with these policies and provided relevant examples of how they related to their work, including how to report suspected abuse. Staff also reported they had received education about antimicrobial stewardship, open disclosure as part of the complaint management process, and the appropriate use of restraint.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensure the governing body is accountable for the delivery of safe and quality care and services.

## 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

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.