Korongee

Performance Report

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**Commission ID:** 8083

**Provider name:** Glenview Community Services Inc

**Site Audit date:** 20 April 2021 to 22 April 2021

**Date of Performance Report:** 26 May 2021

# 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 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 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, 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 lives they choose. For example:

* Consumers and representatives confirmed they are treated with respect, encouraged to do things for themselves and staff know what is important to them.
* Consumers and representatives confirmed their personal privacy is respected. For example, staff knock before entering their rooms.
* Consumers and representatives confirmed staff know the consumers’ life stories and assist them to maintain contact with the people who are important to them.
* Overall consumers were satisfied they receive current, accurate and timely information to exercise choice. Examples included regular emails and newsletters.
* Overall, representatives stated they feel the service values the consumers as individuals and staff understand the consumers’ preferences in relation to the provision of care and services.

Staff spoke about consumers in a way that indicated respect and an understanding of consumers’ personal circumstances, backgrounds and life journey. Lifestyle staff described consumers’ connections with different religions, and hospitality staff described how they adapt the menu for cultural celebrations.

Management explained where consumers choose to take risks, these are discussed with the consumer and/or representative and risk assessments are undertaken. Risk assessments are developed with consultation with consumers and/or representatives, medical practitioners and allied health professionals. Care plans reflected risks and strategies to support consumers to undertake risks safely.

Care planning documents reflected what is important to consumers to maintain their identities and support their choices and decision-making. Care planning documents were personalised and included specific cultural needs and preferences.

Staff were observed interacting with consumers in way that demonstrated staff know the consumers well, offer choices and treat consumers respectfully. Weekly menus were displayed in the kitchen dining area of each house. Staff were observed knocking on consumers bedroom doors prior to entering.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

As all consumers in the Assessment Team’s sample have a diagnosis of dementia at various stages of advancement, only some were able to give feedback that they considered that they feel like partners in the ongoing assessment and planning of their care and services. However, representatives confirmed they are involved in assessment and planning of the care and services for their loved ones. For example:

* Most consumers and representatives confirmed they are involved in care planning to some extent. Consumers confirmed that staff ask them questions about their needs and preferences and stated that their families are involved in their care and decision-making.
* Representatives confirmed that staff had spoken with them about advance care and end of life planning with one representative stating that their family member had already completed this with their medical practitioner prior to entry.
* Overall, representatives were satisfied with the communication from the service regarding changes in consumer care needs and incidents.

While consumers and representatives were not aware of care planning documents, representatives confirmed staff keep in contact about consumer care needs. Staff provided examples of sending care plans to representatives.

Staff demonstrated an understanding of the assessment and care planning process including advance care and end of life planning. Care staff described what is important to specific consumers in terms of their personal and clinical care delivery. Clinical staff described how they involve the consumer and/or representative in the assessment planning process.

Consumer files demonstrated that each consumer undergoes a comprehensive assessment and planning process where care plans are developed to inform staff of consumers’ needs, goals and preferences. Most consumer care planning documents included advance care directives. Where risks are identified, specialised nursing care plans are developed and strategies are implemented to manage or minimise the risk(s). Care plans are individualised to the risks to each consumer’s health and well-being and include interventions designed to mitigate identified risks.

Care planning documents demonstrated consultation with consumers’ representatives, medical practitioners, allied health professionals and other health professionals who are involved in the assessment, planning and review of consumers’ care and services.

Consumer assessment and care planning documents contained evidence of regular review for effectiveness including when care needs change or incidents occur.

The service maintains consumer care plans on a password controlled electronic software program and demonstrated that these are available for any consumer and/or representative upon request.

The service demonstrated it has policies and procedures in place to guide staff in assessment and care planning include advance care planning and end of life.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

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

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined other relevant documents.

Consumers considered that they receive personal care and clinical care that is safe and right for them. Representatives expressed satisfaction that safe and effective clinical and personal care is provided. For example:

* Consumers (where able) and representatives confirmed that personal and clinical care is safe and right for each individual.
* One consumer stated that consumers “are well looked after, the staff are mostly good”, with another consumer stating that “from the point of view of being looked after, there is no problem”.
* While consumers and representatives said they have to repeat information to different staff about any changes of care, representatives confirmed that staff inform them when there is any change to the condition of consumers.
* Representatives confirmed that consumers receive the care required and have access to medical practitioners and other health professionals as needed.

Consumers who require chemical restraint are effectively assessed, monitored and reviewed.

Management described processes for monitoring and reviewing consumers with skin integrity issues. Staff described how care needs change for consumers in the palliative care phase. Staff demonstrated they understand antimicrobial stewardship principles.

Consumers’ care files demonstrated personal and clinical care that is safe, effective and tailored to the specific needs of each consumer. Care planning documents and progress notes demonstrated staff identification, and actions taken, in relation to the decline in health status of consumers. Care documents including progress notes and care plans provide information to support effective and safe sharing of consumers’ care.

Consumer care documents demonstrated the service is monitoring the use of psychotropic medications, trialling non-pharmacological interventions and consulting with medical practitioners and representatives. Documents recorded evidence of consent and consumer behaviour plans.

The service demonstrated it has monitoring systems in place for consumers who may experience high impact or high prevalence risks, such as unplanned weight loss, falls risks, adverse behaviours, and that these are identified, assessed and responded to, to reduce and mitigate risks to consumers and others.

The service demonstrated it has policies and procedures in place to guide staff including restraint, skin care and pain management as well as other clinical guidelines.

The service has infection control policies in place that form part of their outbreak management plan. The service has an antimicrobial stewardship policy which outlines the principles and policy. Staff have completed relevant training related to infection control.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

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

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service, and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Most 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 consumers and representatives stated that consumers are supported by the service to do the things that they like to do. Examples included, visiting family and swimming at the community pool.
* Consumers and representatives confirmed that they are supported to keep in touch with family.
* Consumers liked the meals provided, with comments relating to ample quantity and variety. For example, “pretty good, plenty of it”.

While some representatives stated there can be insufficient in-house activities provided at times, management explained this is a developing component of the services style of care and will improve as the service grows. An activities calendar provided a variety of activities and events for consumers to participate in. Individual activities are targeted at consumers’ specific interests and preferences such as cooking, painting or knitting. Activities are provided in each house, in the community centre and the coffee shop that consumers can attend.

Care staff demonstrated good knowledge of what is important to individual consumers including what they like to do and what activities they like to engage in. This aligned with what consumers and/or representatives said was important to them and care planning documents.

Lifestyle staff described how they engage with others from outside the service to supplement the lifestyle activities offered within the service.

While some lifestyle documents are currently held separately from the electronic clinical software program, important information is included in consumer care plans. Management advised they would ensure all information is held in the same area.

Documents, including care plans and progress notes, demonstrated there is adequate information to support effective and safe sharing of the consumers’ care.

The Assessment Team observed activity calendars displayed in each consumers room, consumers and their visitors using the coffee club and participating in group activities. Consumers were observed being taken out by family.

The Assessment Team observed a variety of suitable, clean and well maintained equipment used to provide and support lifestyle services.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

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

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

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

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

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

* Consumers and their representatives described how they feel safe at the service and feel at home.
* Consumer representatives described how the service is clean and well maintained.

Maintenance schedules and documents demonstrated maintenance occurs routinely and faulty equipment is identified and rectified within a timely manner.

The service was observed to be welcoming, with the purpose-built dementia village enabling consumers to move around freely both indoors and outdoors. Consumers had access to a range of different communal areas with appropriate furniture.

Consumers had ready access to tidy outdoor areas with gardens, benches and communal areas. The outdoor areas enabled safe movement for consumers accessing these areas.

Consumers’ rooms were observed to be personalised, and consumers encouraged to bring in furniture and sentimental items. Consumers were observed accessing different areas of the service and staff were available to assist them as required.

The Assessment Team observed the living environment to be safe, clean, well maintained, well-lit and at a comfortable temperature.

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 responses. The team also examined the complaints register and complaints trend analysis, and tested staff understanding and application of the requirements under this Standard.

Overall, consumers and their representatives considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* All representatives described how they provide feedback regarding the care and services provided to consumers and said they feel confident to do so.
* Where consumers and/or representatives indicated they have raised a comment, complaint or suggestion they said they have been satisfied with the response from staff and/or management.

Staff described how they support consumers to raise any concerns. Complaint documents identified the feedback and complaints process and actions taken by the service. Staff demonstrated an understanding of open disclosure, explaining how they are open and transparent with consumers and representatives when handling complaints or when things go wrong.

The organisation demonstrated it encourages comments, complaints and suggestions. Documented feedback is analysed monthly by the board of management (the Board) to ensure all feedback is addressed in a timely manner. Meeting minutes reflected comments and complaints are discussed and where trends are identified, actions taken are discussed. Where appropriate, issues or suggestions are included on the service’s plan for continuous improvement, which is reviewed at site and organisational level.

The organisational demonstrated it has policies and procedures in place relating to complaints management including an open disclosure framework.

Information on internal and external complaints systems including advocacy and language services were on display throughout the service and included in the information pack for consumers entering the service.

Feedback forms were observed to be available at the front reception and nurses’ station. Locked boxes were available so feedback can be provided anonymously.

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 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, consumers and representatives considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers and representatives confirmed that staff are kind, caring, respectful and gentle when providing care.
* Consumers and representatives described how staff know what they are doing in relation to their personal care needs and did not describe any areas where they feel staff require further training.
* Representatives said staff are knowledgeable in dementia and they are satisfied with the competency of staff in providing dementia-sensitive care to consumers.
* Representatives confirmed they felt there are adequate staff levels throughout the service.

Management described how the roster is regularly reviewed by management and administration staff to ensure it meets the care requirements of consumers. Staff said most unplanned leave is filled and they can complete their tasks as required. Roster documentation demonstrated shifts were filled. Call bell and sensor mat response times identified call bells are responded to in a timely manner.

Staff expressed satisfaction with the education they receive. Management described how training needs are identified through performance appraisals, feedback and observations.

The service demonstrated it has recruitment processes in place to ensure quality and experienced staff have the qualifications, skills, and knowledge to successfully complete their roles. The service demonstrated it monitors and reviews staff performance. The service has a staff performance framework in place and human resource staff who process and manage areas of performance

The Assessment Team observed staff interacting with consumers in kind, caring and respectful ways, being responsive to needs and taking time to listen to consumers.

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.*

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

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

* Representatives described how they feel the service is well run, the living environment is clean, and they feel comfortable to provide feedback which is attended to promptly.

Management described how they involve consumers in staff recruitment. For example, reviewing video applications and shortlisting.

Management described how a codesign framework was implemented in the development of the service. Consumers, family members and other stakeholders were involved in the design of the dementia village. The service demonstrated it is implementing mechanisms to increase consumer and representative involvement in the development, delivery and evaluation of care and services and are supported to do so.

In response to representative feedback on the lack of activities at the service, management explained they arranged for games/activities to be delivered to the houses, are recruiting an activities coordinator and mentoring care staff on ways to engage with consumers.

The service demonstrated it has a risk management framework in place to manage high-impact and high-prevalence risks which are proactively identified, monitored and managed. The organisation demonstrated risks are reported, escalated and reviewed by management and the Board.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance.

The service demonstrated there is a clinical governance framework that includes minimising the use of restraint, open disclosure and antimicrobial stewardship.

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

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.