Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Lark Ellen Aged Care |
| **RACS ID:** | 2816 |
| **Name of approved provider:** | Apex Software Pty Limited |
| **Address details:** | 133 Jannali Avenue SUTHERLAND NSW 2232 |
| **Date of site audit:** | 14 August 2019 to 16 August 2019 |

**Summary of decision**

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| **Decision made on:** | 01 October 2019 | | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | | |
| **Further period of accreditation:** | 16 October 2019 to 16 July 2020 | | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Not Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Not Met |
| Requirement 1(3)(c) | | Not Met |
| Requirement 1(3)(d) | | Not Met |
| Requirement 1(3)(e) | | Not Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Not Met |
| Requirement 2(3)(b) | | Not Met |
| Requirement 2(3)(c) | | Not Met |
| Requirement 2(3)(d) | | Not Met |
| Requirement 2(3)(e) | | Not Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Not Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Not Met |
| Requirement 3(3)(e) | | Not Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Not Met |
| Standard 4 Services and supports for daily living | | Not Met |
| Requirement 4(3)(a) | | Not Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Not Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Not Met |
| Requirement 5(3)(a) | | Not Met |
| Requirement 5(3)(b) | | Not Met |
| Requirement 5(3)(c) | | Not Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Not Met |
| Requirement 7(3)(a) | | Not Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Not Met |
| Requirement 8(3)(b) | | Not Met |
| Requirement 8(3)(c) | | Not Met |
| Requirement 8(3)(d) | | Not Met |
| Requirement 8(3)(e) | | Not Met |
| **Timetable for making improvements:** | By 13 January 2020 | | |
| **Revised plan for continuous improvement due:** | By 16 October 2019 | | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Lark Ellen Aged Care (the Service) conducted from 14 August 2019 to 16 August 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 23 |
| Consumer representatives | 4 |
| Management | 3 |
| Clinical staff | 3 |
| Care staff | 9 |
| Hospitality and environmental services staff | 5 |
| Lifestyle staff | 2 |
| External contractors | 1 |
| Visiting service providers such as allied health professionals | 0 |
| Other | 3 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### 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.

#### Summary of Assessment of Standard 1:

Of consumers and representatives randomly sampled and asked if the consumer thinks staff treat them with respect, 100% said always or most of the time. Some consumers and representatives interviewed provided information indicating that consumers are not treated with dignity and respect and that their culture and diversity is not valued. Some consumers and representatives have provided feedback to the service about consumers’ dignity not being upheld and there has been lack of action to address this. Observations made and interviews with staff show staff practices which do not uphold consumer dignity and do not demonstrate respect for consumers or valuing of their culture and diversity. Management has acknowledged the service is not treating each consumer with dignity and respect, with their culture and diversity valued, rather is developing in this area.

Care and services are not culturally safe for consumers. Some staff do not know the consumer’s cultural background and/or the language/s they speak. Cultural needs and preferences of some consumers are not being met through lifestyle services or the food service. Management has acknowledged the service does not provide care and services that are culturally safe, rather is developing in this area.

Some consumers and representatives interviewed said they make decisions about care and service delivery and when others should be involved in their care, and that they can communicate their decisions. Some consumers and representatives interviewed said they are not able to do one or more of these things. Some consumers are not being supported to make decisions for themselves and to communicate these, including in relation to when family, friends, carers or others should be involved in their care. Management did not demonstrate effective monitoring and review processes.

Some consumers interviewed said they are supported to continue with activities of daily living, which carry some risks. Management and staff said they understood consumers have the right to take risks, although there was lack of understanding by staff about how to support and enable this to occur. With prompting staff explained how they manage risks relating to consumer cigarette smoking and other information gathered shows consumers who choose to smoke cigarettes are supported to do so. Monitoring and review processes are effective.

Of consumers and representatives randomly sampled and asked if the consumer thinks staff explain things to them, 75% said always or most of the time, 13% said staff never explain things to them and 13% said staff explain things to them some of the time. Consumers and representatives interviewed provided mixed feedback about other aspects of information provision. Review of meeting minutes shows consumers are being informed of decisions made by the organisation and service management; however, this does not always enable them to exercise choice. It was not demonstrated through review of the key documents given to consumers, and interviews with management, that consumers and representatives are being given information about all aspects of consumer rights. Management did not demonstrate effective monitoring and review processes.

None of the consumers or representatives interviewed raised a concern about confidentiality of their records. There is guidance for staff about the maintenance of consumers’ privacy and confidentiality, and there are facilities and processes to support this. Management did not demonstrate effective monitoring and review processes.

#### Requirements:

Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Not Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Not Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Not Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Not Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected, and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

Management and registered nurses described processes for initial and ongoing assessment and care planning and had some understanding of risks to the consumer’s health and well-being. Review of documentation shows while assessments and care plans are routinely being completed, they are not consistently reviewed and updated on an as needs basis. While care plans include some consideration of risks to the consumer’s health and well-being, some lack personalised and effective strategies and the care plans do not consistently inform the delivery of safe and effective care and services for the consumer. When risks emerge, they are not being investigated and appropriate action is not taken to prevent reoccurrence, including further meaningful review of the care plan. Management did not demonstrate effective monitoring and review processes.

While assessment and care planning identifies and addresses advance care planning and end of life planning, it does not consistently identify and address other current needs, goals and preferences of the consumer. Management did not demonstrate effective monitoring and review processes.

Consumers are not being enabled to be a partner in their assessment and care planning, including as they are not recognised by staff as a partner and as communication with some consumers is not being facilitated. Clinical staff did not demonstrate an understanding of working in partnership with consumers and there has been a lack of education for staff about this. Management did not demonstrate effective monitoring and review processes.

While some consumers and representatives interviewed are aware of what is in the consumer’s care plan, other consumers provided feedback they are not aware and have not been involved in their assessment and care planning. It was not demonstrated the care plan is being made available to the consumer or their representative. Management did not demonstrate effective monitoring and review processes.

Care and services are reviewed regularly, however the processes for this are not effective. There are significant gaps in the assessment, planning and delivery of care and services with impact on consumers. This includes gaps occurring when the consumer’s circumstances change and when incidents impact their needs, goals or preferences. Management did not demonstrate effective monitoring and review processes.

#### Requirements:

Standard 2 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Not Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Not Met

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.

Standard 2 Requirement 3(d) Not Met

The organisation demonstrates that 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.

Standard 2 Requirement 3(e) Not Met

The organisation demonstrates that 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: Personal care and clinical care Not Met

#### 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.

#### Summary of Assessment of Standard 3:

Of consumers and representatives randomly sampled and asked if the consumer thinks they get the care they need, 94% said they do always or most of the time and 6% said some of the time. Some consumers and representatives interviewed and asked that question provided comments indicating the consumer does not get the care they need. Observations, review of consumers’ care and service records, and interviews with management and staff show consumers do not get safe and effective clinical care that is best practice, is tailored to their needs or that optimises their health and well-being. Management did not demonstrate effective monitoring and review processes.

While the management of high impact and high prevalence risks associated with medication management and restrictive practices are generally effective, the management of other high impact and high prevalence risks associated with the care of consumers are not. This includes risks relating to hydration and nutrition, skin injury, falls, and pain. Interviews with consumers and representatives, observations made, discussions with management and staff, and review of care and services records show this. Management did not demonstrate effective monitoring and review processes.

Consumers and representatives interviewed and asked about palliative and end of life care confirmed they are being consulted regarding the consumer’s wishes. The care needs, goals and preferences of a consumer who is currently at end of life have been identified and are being met to maximise the consumer’s comfort and dignity. Management demonstrated application of the palliative care approach and that consumers and their representatives are being consulted about end of life wishes.

Consumers and representatives interviewed said consumers have access to their medical officer if they deteriorate or their condition changes; and most representatives said staff keep them informed when there is a change to the consumer’s health. Clinical staff described processes for identifying and actioning clinical deterioration of a consumer. However, recognition and responsiveness when there is a deterioration or change in mental health, cognitive or physical function was not demonstrated for some consumers. Management did not demonstrate effective monitoring and review processes.

Information about consumers’ condition, needs and preferences relating to special dietary needs are not well documented and communicated within the organisation and with the catering service provider. Some other information about the condition, needs and preferences of consumers is not documented and communicated within the organisation. This is having an impact, or has the potential to impact, on their condition and care delivery. Management did not demonstrate effective monitoring and review processes.

Timely and appropriate referral is being made to some providers of care and services for consumers as needed, such as podiatrist service. However, timely and appropriate referral is not being made to behavioural specialists, wound consultants, the contracted physiotherapy service provider (for mobility and pain) for some consumers. Management did not demonstrate effective monitoring and review processes.

#### Requirements:

Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Not Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Met

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

Standard 3 Requirement 3(d) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(e) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(f) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Not Met

The organisation demonstrates 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: Services and supports for daily living Not Met

#### 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.

#### Summary of Assessment of Standard 4:

#### The organisation could not adequately demonstrate it can provide safe and effective services and supports that meet consumer’s needs, goals and preferences to optimise their independence, health, well-being and quality of life. Staff were able describe how they have supported the emotional, psychological and spiritual well-being of consumers. However, what the service provided their consumer was of minimal value.

Services, in part, provide or assist consumers to do the things of interests to them. The organisation provides limited participation within and outside the organisation’s service environment. One consumer interviewed stated ‘I have an active brain and there is nothing here that stimulates me, I used to have an active life in the community helping people before’.

The organisation demonstrated information about consumer’s condition, needs and preferences are in the most part communicated within the organisation and with others where responsibility for care is shared. The Assessment Team identified most but not all care, needs and preferences are documented in care plan or progress notes. However, information that is noted can be accessed by all health professional responsible for providing consumers with care services. The Assessment Team can confirm referrals are done to appropriate health professionals and care services. However not all referrals were done in a timely manner.

The organisation was able to demonstrate quantity, quality and variety are provided in catering although the menu states one main meals is provided and alternatives for those not wishing to have the main meal. However, despite having systems in place to ensure dietary preferences and nutritional needs are not always met. For example, the observe on consumer on a soft food diet due to swallowing issue served a regular meal. The representative present at the time instructed staff if the error and they resolved the issue immediately. Daily meals preference had not been updated accordingly.

The organisation was able to demonstrate equipment provided is safe and suitable. However, the Assessment Team observed some equipment was not clean not well maintained. Some equipment was observed to be old and tired and was observed to be stored in hallways. In one instance equipment was observed in part blocking entrance to consumer’s room.

#### Requirements:

Standard 4 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Standard 4 Requirement 3(c) Not Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 4 Requirement 3(e) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Not Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Not Met

#### 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.

#### Summary of Assessment of Standard 5:

The service environment is somewhat welcoming and easy to understand. Due to the limiting in space, it did not adequately optimise consumers sense of belonging, independence, interaction or function. The organisation has advised they are about to begin building a new premise where all consumer living environment will adequately meet their needs. The Assessment Team did observe two consumers leaving the facility in taxis and noted they had signed out to go to the local community centre to participate in activities and go to the local club.

The organisation building structure allows for consumer to freely moved up and down the corridor and common area. However, consumers are limited in their movement within their room unless they have a two-bed room and can open doors without assistance.

The organisation was able to demonstrate it provide safe and suitable equipment for consumers at the service for the most part. One consumer stated, ‘The place is clean and tidy’. The Assessment Team observe appropriate number of lifting equipment and mobility equipment appeared to be well maintain. Consumers stated, ‘The maintenance guy is really good’ and ‘whenever something goes wrong they apologies and fix it’

All room had sitting furniture and storage for consumer’s belongings. Outdoor equipment was clean and well-maintained.

#### Requirements:

Standard 5 Requirement 3(a) Not Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

Standard 5 Requirement 3(b) Not Met

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

Standard 5 Requirement 3(c) Not Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### 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 into 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.

#### Summary of Assessment of Standard 6:

The organisation has a system to manage feedback and complaints, which is used to improve how the service delivers care and services. The service regularly reviews and improves how they manage complaints.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### 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.

#### Summary of Assessment of Standard 7:

There is feedback from consumers, representatives’ staff not being responsive to consumers’ needs. Management did not demonstrate effective monitoring and review processes.

Of consumers and representatives randomly sampled and asked if the consumer thinks staff are kind and caring, 87% said always or most of the time and 13% said some of the time. Some other consumers and representatives interviewed provided feedback that staff are kind and caring, but others said some were not. Some observations made show staff are kind, caring and respectful in their interactions with consumers, but others do not. Effective monitoring and review of staff practices is not occurring.

Of consumers and representatives randomly sampled and asked if the consumer thinks staff know what they are doing, 100% said always or most of the time. Some other consumers and representatives interviewed provided feedback that staff know what they are doing, others said they do not. Management did not demonstrate all staff have the knowledge needed to perform their roles effectively and consistent with these standards. Management did not demonstrate effective monitoring and review processes.

It was not demonstrated that staff are being trained, equipped and supported to deliver the outcomes required by these standards. Management did not demonstrate effective monitoring and review processes.

Regular assessment, monitoring and review of the performance of each member of the workforce is not undertaken. It was not demonstrated management has an understanding of the performance of its workforce, despite some performance issues having arisen. Management has acknowledged that they are not regularly assessing, monitoring and reviewing the performance of each member of the workforce, rather is developing to do so.

#### Requirements:

Standard 7 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Met

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

Standard 7 Requirement 3(d) Met

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

Standard 7 Requirement 3(e) Not Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Not Met

#### 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.

#### Summary of Assessment of Standard 8:

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services, however it was not demonstrated the governing body is accountable for delivery of such services. The organisation’s strategic plan, and key performance indicators and measures to monitor progress in relation to them, are yet to be established. Assessment findings from this audit are of significant gaps in performance across the Quality Standards; and it was not demonstrated that monitoring and reporting about this is effective within the organisation.

Of consumers and representatives randomly sampled and asked if the consumer thinks the service is well run, 94% said always or most of the time and 6% said never. There are significant gaps in information management and in continuous improvement, including lack of self-assessment and demonstration of improvement. The organisation’s and service’s management personnel do not have an understanding of the workforce.

The organisation’s management has an understanding of the organisation’s risk management systems for managing high impact or high prevalence risks and identifying and responding to abuse and neglect of consumers. Limited information was provided by management to demonstrate consumers are living the best life they can, and other information gathered shows some consumers are not.

While the organisation did not demonstrate a clinical governance framework for minimising the use of restraint, for anti-microbial stewardship or for open disclosure.

#### Requirements:

Standard 8 Requirement 3(a) Not Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Standard 8 Requirement 3(b) Not Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Standard 8 Requirement 3(c) Not Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Not Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Not Met

The organisation demonstrates that 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.