May Shaw Residential Aged Care

Performance Report

37 Wellington Street
SWANSEA TAS 7190
Phone number: 03 6257 8114

**Commission ID:** 8821

**Provider name:** May Shaw Health Centre Inc

**Site Audit date:** 1 December 2020 to 2 December 2020

**Date of Performance Report:** 27 January 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **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 provider’s response to the Site Audit report received 5 January 2021

# 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, 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 Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose.

For example:

* Staff are respectful by speaking in a kind tone when having conversations with them, and staff maintain their dignity when assisting them with activities of daily living.
* Consumer independence is encouraged by assisting them to participate in exercise programs and by supporting them to continue doing things such as using electric scooters and participating in hygiene care.
* Staff provide consumers with opportunities to make informed choices to meet their individual needs and preferences; including maintaining relationships.

Consumers acknowledged their cultural identity is recognised. Staff demonstrated knowledge regarding their approach to providing culturally safe care. The service’s policies provide details on their approach to dignity and respect and valuing cultural diversity.

Consumers confirmed there is choice regarding who is involved in their care and how their daily activities are supported in maintaining their independence and for connections outside the service. The service has policies to ensure consumers have opportunities to make choice and decisions. Staff provided meaningful examples of how they encourage and assist consumers to make choices and to achieve their outcomes.

Consumers said they receive support from the service to pursue activities that may have an element of risk. The service’s policies support consumers to take appropriate risks. Staff explained their approach to encourage consumers to live their best life and how the organisation’s approach to risk management provides support and guidance to meet each consumer’s needs.

Care planning documents consistently reflected information regarding consumers’ individual choice, connection with the local community and with the people that are meaningful and significant to them.

Consumers said they receive regular communication from the service in a variety of ways to keep them informed. The service demonstrated how information is provided to consumers in a variety of ways. Staff provided examples of the options available to consumers to ensure they exercise choice according to their wishes.

Consumers are satisfied that the service promotes and protects their privacy and confidentiality of information. The service has policies to promote privacy, confidentiality and protection of personal information. The service demonstrated how information stored is kept secure and staff provided examples of how consumer privacy is respected.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services which includes identifying risk. However, the service was unable to demonstrate that consumers’ care plans are consistently reviewed and updated when changes occur.

* Consumers and representatives confirmed the service seeks input from other providers who are involved in the consumer’s care including their medical officer, allied health professionals and themselves.
* Consumers and representatives confirmed that they are informed about the outcomes of assessment and planning and have ready access to their care and service’s plan if they wish.

For the consumers sampled, documents reflect that consumers are routinely assessed for risk, and care plans are developed to support safe and effective care and services. Staff said they have access to information to support consumer’s care planning; and associated documentation.

Consumers said they are consulted regarding their end of life wishes. Clinical staff described how they engage with consumers and representatives in relation to end of life planning. Consumer care planning documents include an advanced care directive, palliative approach assessment, and an end of life care pathway.

Consumers said they are satisfied care is based on on-going partnership, including involvement with a range of health care professionals. Documentation review confirmed assessment, planning and review is undertaken with the consumer or their representative, if they wish. Staff described how they include other health organisations and providers of consumers care in the assessment and care planning process.

Consumers and representatives said they are satisfied that the results of assessment and care planning are communicated to them and information is readily available, if required. The Assessment Team observed care plans and associated documentation are easily accessible by staff. Clinical staff described how the outcomes of care planning is communicated to consumers and representatives; including the provision of care plans, if requested.

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.*

The Assessment Team found the service was unable to demonstrate that consumers’ care is reviewed, that care plans are consistently updated when circumstances change, and regular reviews are conducted. The majority of incomplete information was in relation to lifestyle assessments.

In their written response to the Assessment Team’s report, the approved provider outlined the service is transitioning to a new electronic consumer documentation system which is expected to provide ‘better supported consumer driven care’. The new system is being rolled out and staff training is occurring.

I note that consumers were satisfied with the delivery of care and services and said these align with their current needs and wants.

I accept the approved provider’s evidence that deficits in some care planning documents in the new electronic management system are as a result of the system being in the data population and development phase.

Based on the evidence available I have formed a different view to the Assessment Team and my decision is the approved provider complies with this requirement.

# 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 relevant documents.

The service demonstrated that consumers receive safe and effective personal and clinical care that is best practice, is tailored to their needs, and optimises their health and well-being.

For the consumers sampled, the service demonstrated they review psychotropic medications to improve outcomes for consumers, appropriate wound management is delivered, service procedures are followed and referrals made when required.

Consumers said staff discuss their end of life wishes. Documentation confirmed the service has procedures to support the needs, goals and preferences of consumers nearing the end of life to ensure their comfort and dignity is preserved. Staff demonstrated an understanding of the needs of consumers nearing the end of life and described processes they enter into to support them.

Representatives expressed satisfaction with the way consumers’ deterioration or changes in mental health or cognitive function is supported. The service has processes to recognise a change in consumers’ mental health, cognitive and physical function, and is able to respond in a timely manner. Staff demonstrated an understanding of what to do in the event of deterioration in a consumer.

Consumers said their needs and preferences are communicated within the service and with other health related services, where applicable. Where applicable, the service has processes and procedures to collect, document and share consumer information. Staff demonstrated an understanding of where to access information regarding consumer care needs and preferences.

Consumers said they had been referred to providers of other health related services, when required. Documentation confirmed the service has access to a range of health services, which they routinely call upon to support consumer care. Staff confirmed consumers receive a range of services from external health providers.

Consumers and representatives interviewed said they were aware of the service’s precautions to prevent and control infectious outbreaks. The service has policies and procedures, as well as equipment and supplies to manage both COVID-19 and any other infectious outbreaks. Staff demonstrated an understanding of COVID-19 infection control practices and antibiotic prescribing.

Most sampled consumers and representatives considered that consumers receive personal and clinical care that is safe and right for them.

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.*

The Assessment Team found most consumers interviewed said they are satisfied with the management of their care. Staff described processes and procedures for the management of consumer risk. However, care planning documentation did not demonstrate effective management of high impact of high prevalence risks associated with identified consumers, including diabetes management and incomplete neurological observations after a consumer experienced an unwitnessed fall.

The written response from the approved provider in relation to the Assessment Team report outlines that while documentation may not have been complete for one named consumer and for another named consumer documentation was still pending from their general practitioner, nursing care was delivered for these consumers and it was effective.

Based on the evidence available I have formed a different view to the Assessment Team and my decision is the approved provider complies with this requirement. It is my view, while documentation may have not been complete, this does not translate to a failure in the management or effectiveness of the care that was delivered for the consumers.

### 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 Assessment Team also examined relevant documents.

Overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers interviewed confirmed that they are encouraged to do things for themselves and that staff know what is important to them.
* Consumers interviewed said the staff know and understand what is required to maintain their health and well-being.

Consumers interviewed said they receive effective support to optimise their independence, well-being and quality of life. Staff demonstrated an understanding of consumers’ needs and preferences. Consumers interviewed said they receive emotional support to optimise their well-being. Staff explained how they support consumers emotional well-being.

While the Assessment Team noted some gaps in the documentation of consumers’ needs and preferences for daily living, informal processes to evaluate the lifestyle program, and emotional supports, on balance the weight of evidence indicates these requirements are met.

Consumers interviewed said they maintain their social and personal relationships and participate in activities that are of interest to them. Consumer documentation demonstrated that the service supports consumers to participate in their community. Staff demonstrated an understanding of consumers who wish to maintain their social connections and relationships.

Representatives interviewed expressed satisfaction with the sharing of information between relevant parties responsible for their care. The service demonstrated it has processes to communicate consumer information within and external to the service, as required. However, staff were unable to describe how and when consumer information is communicated to ensure continuity of care and services.

Consumers interviewed described access to other organisations and services. The service demonstrated it has processes to initiate timely and appropriate referrals and documentation reflected information aligned with referrals that have been implemented. Staff described how they contact outside organisations and involve them in supporting the care and services provided to consumers.

Most consumers interviewed expressed satisfaction with the variety, quality and quantity of the meals. The service’s menu includes a range of meal options, is reviewed on a routine basis, and considers consumer feedback. Documentation reflects the current dietary requirements of consumers. Staff confirmed consumers are offered a range of meal options that are of a good quality, and that preferences are accommodated, where required.

Consumers confirmed they have access to suitable and functioning equipment. The service demonstrated it has safe, suitable, clean and well-maintained equipment and supplies. Staff confirmed they have access to a range of suitable, well-maintained equipment.

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 Assessment Team also examined relevant documents.

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

For example:

* Consumers interviewed confirmed they feel safe and secure at the service and that they have opportunities to move freely both internally and externally.
* Consumers interviewed said that they feel at home, and visitors are made to feel welcomed by staff and are provided spaces where they can socialise in private, both internal and external to the service.
* Consumers and representatives interviewed confirmed that the service is clean, comfortable and well maintained and optimises each consumer’s independence.
* The Assessment Team observed the service, both internally and externally, to be clean and well maintained.
* Consumers interviewed said the furniture, fixtures and equipment are clean and well maintained. The service has processes to ensure maintenance of equipment occurs and documentation verified equipment is maintained.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers and representatives described in various ways how they can provide feedback or make a complaint. Information on advocacy and language services is available to consumers. Consumers and representatives said that matters raised are addressed in a timely manner, however, some consumers said although they have raised concerns regarding food and being disturbed by other consumers entering their rooms, these matters remain unresolved.
* The Assessment Team observed internal and external complaints information on display within the service. Senior management monitor and review all complaints to their satisfactory conclusion, and follow an open disclosure. Trends are reported to site and executive level committees and to the Board.

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.

All sampled consumers and representatives considered that consumers get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers and representatives interviewed provided positive feedback about the staff being kind and caring, and that staff attend to consumers in a respectful manner.
* Consumers and representatives interviewed confirmed staff were informed and knowledgeable regarding their roles and they conducted their duties with competence and confidence.

The Assessment Team received consistent feedback from consumers and representatives that the service provides adequate staff across care and lifestyle services.

The service demonstrated the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers. Staff, including new employees, are satisfied with the orientation and support provided to them. Staff interviewed confirmed there is ongoing monitoring and review of the performance of each staff member.

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, staff and consumers, and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

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

* Consumers and representatives provided examples of how they can be involved in planning care and services through raising suggestions at meetings or via one to one communication with management.
* Consumers and representatives interviewed said they have access to a range of information to keep them informed. Consumers and representatives are satisfied discussions take place in an open and transparent manner. Consumers and representatives said they are provided with opportunities to work with management in relation to risk taking, which enables independence.

The service’s governing body meets regularly, has communicated expectations for the service, and has implemented processes to review risk from an organisational and consumer perspective. There are governance systems to support effective information management, the workforce, compliance with regulation, and clinical care.

The organisation provided a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed.

There is a mandatory reporting policy that provides guidance for the identification, documentation and response to abuse and neglect of consumers.

Management described how their clinical governance framework provides an overarching monitoring system for clinical care. The Framework addresses antimicrobial stewardship, open disclosure and minimising the use of restraint.

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.*