Melbourne Hebrew Memorial Nursing Home

Performance Report

4-8 Freeman Street
CAULFIELD VIC 3162
Phone number: 03 9209 1111

**Commission ID:** 3836

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

**Site Audit date:** 14 February 2022 to 17 February 2022

**Date of Performance Report:** 07 March 2022

# Performance report prepared by

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# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* The Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 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 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:

* Elders are satisfied care and services are culturally safe and meet religious requirements. Elders stated they are treated with respect and their privacy is maintained.
* Staff demonstrated an understanding of the backgrounds and religious and cultural needs and preferences of the consumers living at the service. The spiritual leader described how the needs, preferences and choice of elders is respected and promoted.
* Care documentation described each elder’s specific cultural and religious observance, privacy preferences and how their choices are respected.
* Observations of staff practice in a number of care and service settings demonstrate elders are treated with dignity and their privacy 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.

All sampled elders considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Care planning documentation provided evidence of initial assessments and regular reviews of the care and services provided to elders. Current care strategies took into consideration identified clinical risks such as pain, falls, behaviours and skin integrity. Care planning documentation evidenced consultation with the elder and/or their substitute decision-maker where risks have been identified and intervention put in place to minimise the risks.
* Elders’ needs, goals and preferences are considered in the care planning process. While advanced care directives are not always completed, management explained that considering advanced care directives can raise culturally sensitive issues for the majority of elders. However, the Assessment Team reviewed two elders’ files who are on the end-of-life pathway and noted clear directives for their ongoing care.
* Staff demonstrated an understanding of elders’ needs and goals which was consistent with care planning documentation.
* Elders and their representatives are satisfied with how the service communicates with them about the care and services they receive. Care planning and assessments demonstrate input from the elders and/or their representatives as well as specialists involved in the care of the elder. These include geriatricians, medical practitioners, allied health team, wound consultants and medical specialists.
* Clinical staff provide elders or their representatives with an opportunity to discuss outcomes of assessment and planning informally through phone contact, email or more formally during the three-monthly care plan review. Care staff have ready access to elders’ care plans to facilitate service delivery.
* Elders and representatives said they were satisfied with the level of communication from the service when there has been a change in an elders’ care needs or when there has been an incident. Assessment and care planning documentation is reviewed regularly when changes occur or following incidents.

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 relevant documents.

For example:

* Elders and their representatives sampled said they get the care they need and provided positive feedback about how care and services are delivered by staff. Elders’ files sampled demonstrated that the elders sampled receive safe and effective personal and clinical care that is tailored to their individual needs, is best practice and optimises their health and well-being.
* Examples of elders’ different clinical needs and risks were shown to be effectively managed by the service.
* Elders’ needs, goals and preferences are considered in relation to the end of life care. a review of care planning documentation included relevant information as identified by the consumer. Consultation and collaboration occurs with authorised decision-makers, medical professionals and spiritual/cultural experts. Staff described inclusive clinical meetings with all members of the care team occur to ensure the elder’s comfort is maximised.
* Feedback from elders and/or their representatives in relation to staff response in relation to changing health needs was positive. Staff provided feedback about how to identify and monitor deterioration.
* The service has effective processes to document and communicate information about elders’ condition, needs and preferences including verbal and written handover. Clinical staff, allied health professionals and care staff confirmed they are provided with and have access to the information they need.
* Elders and representatives confirmed they have access to their medical practitioner and/or other health professionals as needed. The service has established working relationships with other health care professionals and services. Elders files show timely and appropriate referrals with recommendations reflected.
* Infection prevention and management are generally effective. The Assessment Team noted a small portion of staff were adjusting their masks without performing hand hygiene. Management responded positively to the feedback and indicated an increase in PPE surveillance would occur. Visitors to the service undergo a Rapid Antigen Test (RAT) for COVID19 as well as other screening questions, temperature and completing QR check-in. Elders’ infections are identified and managed. The service has relevant policies and an outbreak management plan. Antibiotic prescription is minimised.

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.*

The Assessment Team found that previously identified deficits in relation to management of consumers’ pain have been satisfactorily addressed. Continuous improvement activities completed include review of policies and pain pathways to manage pain and mandatory education for all staff. Clinical and care staff discussed consumers’ signs of pain, escalation processes and stated that they are supported through education, new processes and documentation tools to identify, manage and monitor consumers’ pain.

Elders and their representatives commented positively on the way in which the elder’s pain is managed. Overall elders and their representatives expressed satisfaction with care being tailored to elders’ needs to optimise their health and well-being and the level of communication from the service about consumers’ care needs.

All the sampled elders' files demonstrate pain is considered across all areas of care needs. Care documentation shows pain mapping has been completed when there has been a change in an elder's care needs. The Assessment team provided examples of elders who have health conditions that include pain, and elders who have experienced pain resulting from a fall or other incident whose pain has been identified and effectively managed.

Appropriate risk assessments have been completed for any elders subject to various forms of restrictive practices. Risk assessments show elders and their substitute decision-maker have been consulted in relation to the restrictive practice. Elders’ care planning shows evidence of regular review by an approved health practitioner and where applicable allied health staff, the review includes signed consent by the elder or an authorised representative.

Elders with a high risk of skin breakdown or wounds are actively managed and monitored by the service in consultation with their treating medical practitioner and/or an external wound specialist. The Assessment Team reviewed four elder files who live with active wounds and found these to be managed appropriately.

I have considered all the information provided and am satisfied that this requirement is Compliant as the Approved Provider demonstrated action has been taken in relation to previously identified deficits in relation to management of elder’s pain, and overall elders receive safe and effective personal care and clinical care.

### 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 that previously identified deficits in relation to management of consumers’ risk associated with falls and urinary tract infections have been satisfactorily addressed.

Representatives provided positive feedback in relation to how the service manages and communicates risk and associated strategies to minimise these risks for their family members.

Staff described the high impact and high prevalence risks for elders for whom they provide direct care and provided additional information in relation to the individualised interventions to minimise the risks for sampled elders.

The Assessment Team reviewed files of elders that had experienced recent falls and found that practice in line with the service’s fall management procedure was followed. Appropriate interventions are identified to mitigate risk of consumers’ falls and when falls occur, appropriate post falls care is undertaken, further risk assessment and review of interventions occurs. Consumers at risk of urinary tract infections, with weight loss, swallowing problems and other complex nursing care needs are managed effectively.

I have reviewed all the evidence provided and am satisfied that this requirement is Compliant as the Approved Provider was able to demonstrate previous deficits in the management of elders’ risks associated with falls and urinary tract infections have been addressed. Overall the Approved Provider demonstrated effective management of risks associated with each elder’s care.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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.

Overall sampled elders 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:

* Elders and their representative are satisfied elders’ emotional and spiritual needs and preferences are met and that they are supported do the things they like to do.
* The majority of elders enjoy the meals, however two elders expressed dissatisfaction with catering.
* Staff and the spiritual leader described how elders are supported in their emotional and spiritual needs and how they support elders to do the things of interest to them. Staff described how information is shared within and outside the organisation. Catering staff described how elders influence the menu and how they respond to individual catering needs.
* Care planning documentation records elders’ emotional and spiritual needs as well as favoured activities, relationships and participation in the community. Staff interviews and documentation shows elders are referred to individuals and other providers of care and services in a timely and appropriate manner. Documentation shows a dynamic menu shaped by feedback from elders and choice on the menu.
* Equipment was observed to be clean, well-maintained and available to meet the needs of consumers.

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

For example:

* Elders and representatives provided positive feedback about the service environment and described their rooms and bathrooms as clean and well maintained.
* Staff were able to describe how requests for maintenance are submitted and actioned. Staff explained how equipment is cleaned between use.
* The Assessment Team found the service environment to be welcoming, clean and well maintained. The service offered communal areas of different sizes, both inside and outside. Furniture, fittings and equipment were observed to be safe, clean and well maintained.
* The Assessment Team observed elders freely accessing outdoor areas and moving throughout the service.

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.

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

For example:

* Elders and their representatives are satisfied they are encouraged and supported to provide feedback and raise complaints and were aware of ways to raise external complaints. While two consumers were not satisfied with outcomes to some concerns, the majority of consumer indicated management resolved their complaints.
* Staff described how elders are assisted to raise concerns and feedback, including where there are potential language barriers, and said management were responsive to issues raised.
* Management demonstrated examples of consumer feedback that has informed improvements in the service.
* Information is available to elders to guide them to raise feedback. Feedback and concerns are actively discussed in forums for elders.

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

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

For example:

* Elders and representatives said staff were kind, caring and respectful.
* All elders interviewed considered ongoing staff knew about their personal care needs and were appropriately trained. A common theme of elder feedback indicated a high use of agency staff at the service which reduced the familiarity elders had with care staff.
* Elders and representatives confirmed that requests for assistance are generally answered within reasonable timeframes although noted staff can be rushed at times. Call bell audits confirmed a timely response to requests for assistance at the service with response times increasing slightly in recent months.
* Documentation demonstrates staff have qualifications relevant to the role and their competency is monitored. Records demonstrate that staff participate in mandatory training annually and additional training is provided as needed or at the request of staff.
* Management described and demonstrated processes to assess, monitor and review the performance of staff working at the service.

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

For example:

* Elders and representatives are involved in the development, delivery and evaluation of care and services. Management actively seeks input from elders and representatives and acts on feedback provided.
* Elders and representatives provided examples of how they can be involved in the development, delivery and evaluation of care and services through feedback to care staff, surveys and elder/ relative meetings.
* The organisation’s risk management framework ensures risks are reported, escalated and reviewed by management at service level and by the organisation’s executive management including the board.
* The organisation’s clinical governance framework includes monitoring and review of antimicrobial use, the use of restraint and open disclosure.

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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found that previously identified deficits in relation to the implementation of the risk management system have been satisfactorily addressed. Consumers’ risks are reported, escalated and reviewed by management at the service level and the organisation’s executive management including the board. A monthly report identifies, monitors and reviews high impact and high prevalence risks, is reported through the organisation and initiates change as required. The service demonstrated all components of the risk management system including incident reports, audits, meetings with elders, representatives and staff are fully implemented. Feedback is communicated through service and organisation meetings leading to improvements to care and services for elders.

### 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.