Mercy Place Boronia

Performance Report

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**Commission ID:** 3051

**Provider name:** Mercy Aged and Community Care Ltd

**Site Audit date:** 22 June 2021 to 24 June 2021

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

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

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

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

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

* Consumers and representatives described how staff treat them with respect and dignity and value them as individuals.
* Consumers were satisfied the delivery of care and services provided to them is culturally safe.
* Consumers and representatives were satisfied the consumer is supported to maintain their independence by making choices about how their care is delivered.
* Consumers were satisfied that staff support them to take risks and described how they enable them to live the best life they can.
* Consumers were satisfied they receive information that is accurate and in a timely manner which enables them to exercise choice. Examples included information on the noticeboard and regular consumer meetings.
* Consumers felt their privacy is respected, with personal information being kept confidential.

Staff spoke about consumers in a way that indicated respect and understanding of their personal circumstances. Staff described how consumer’s culture influences how they deliver care and services. Staff described how they encourage consumers to make decisions about their care by giving them choices and providing clarification or information required to make informed decision. Staff described how they support consumers to take risks and support them to understand the benefits and possible harm when they make decisions about taking risks.

Care plans reflected the diversity of consumers and outlined preferences as described by consumers. Care documents indicated involvement of consumers and/or representatives in decision making about their care. Consumer care plans identified consumers safely engage in activities of choice and are supported to take risks.

The service demonstrated it has policies and procedures in place outlining expectations and guiding staff practice on consumer privacy.

Staff were observed interacting with consumers in a respectful manner. Menus and activity calendars were displayed throughout the service.

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.

Consumers and/or their representatives described how they considered they are involved in the care planning and assessment process and individualised goals are identified. For example:

* Consumers and/or representatives indicated they have been offered opportunity to participate in care planning, are informed of outcomes from assessments and are supported to participate in regular care review meetings.
* Most consumers and/or representatives said they can access their care plans with staff or have had copies provided to them on their request.
* Consumers and/or representatives discussed how they can set individualised goals for care and how these goals are supported.
* Consumers and/or representatives said they are encouraged to complete Advance care directives and communicate preferences for end of life care.

Consumers who wish to participate in or undertake activities with identified risks have this reflected in assessments and care plans. The service has commenced the use of ‘dignity of risk’ forms to ensure clear documentation of the consumer’s choices.

Staff discussed risks associated with consumers and how this is reflected in assessments. Staff demonstrated an understanding of consumer’s care needs including end of life care planning. Staff described who was involved in care planning and consultation for each consumer.

Care planning documents demonstrated assessment and planning in accordance with consumer’s individual needs, goals and preferences. Where risks to a consumer’s health and well-being are identified, care plans are developed, and strategies implemented to minimise these risks. Consumer files demonstrated Advance care directives, end of life preferences or resuscitation directives are completed according to consumer and/or representative wishes. Consumer files demonstrated the service supports a collaborative approach to assessments and care planning involving the consumer and/or their representatives. Care documents demonstrated regular review. Where changes in consumer needs, health status or incidents were identified relevant reassessment of care needs occurred and care plans updated.

The service demonstrated a range of other services are involved in the care of consumers with appropriate referral processes in place. A range of services are accessible within the service with external appointments organised in consultation with the consumer and/or representative depending on preferences.

The service demonstrated initial and ongoing reassessment and care planning systems are in place which reflect consumer and representative involvement.

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.

Overall consumers considered that they receive personal care and clinical care that is safe and right for them.

* Consumers and/or representatives said they are satisfied with access to general practitioners, allied health staff and other specialists and care provided.
* One representative said the general practitioner always sees the consumer when needed and has discussed psychotropic medications with them.
* Consumers and/or representatives said they are very satisfied with how nursing staff attend to wound care and staff assist consumers to change positions and apply moisturisers and discuss medications with them.
* Representatives confirmed that where incidents have occurred they are notified promptly and are satisfied with the actions taken by the service to minimise reoccurrence.
* Consumers and their representatives confirmed referrals occur in a timely manner and are happy with the choice of service providers they can access.
* Representatives said they are supported to complete end of life directives

Consumer files demonstrated the service is monitoring psychotropic medications and actively working to minimise restrictive practices and identify risks associated with psychotropic and restrictive practice use. Care documents demonstrate the effective identification, monitoring and management of skin care, wound care and pain management. Effectiveness of pain management interventions are documented and reviewed.

Staff demonstrated they provide care in line with consumer choices, needs and preferences including Advance care directives and end of life wishes. Staff demonstrated understanding of the need to ensure non-pharmacological interventions are trialled before the administration of psychotropic medications. This was in line with consumer care documents. Staff demonstrated regular review of consumer care needs assists in identifying when consumers risks have changed. Staff demonstrated how they identify and monitor deterioration and the actions taken in response to changes in health needs.

Care planning documents demonstrated high impact or high prevalence risks associated with the care of each consumer are identified and managed. Individual clinical risks for consumers are documented in care plans with associated risk assessments. Referral processes are in place and appropriate and timely referrals to external specialists, general practitioners and allied health are documented.

Nursing and care staff are provided with a range of education to support them in providing care to consumers in a safe manner.

The service demonstrated infection control policies including antimicrobial stewardship, minimisation of antibiotic use and COVID-19 safe plans are in place and updated as recommendations change.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall 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 and representatives were satisfied they are receiving safe and effective services and supports for daily living.
* Consumers said their emotional, spiritual and psychological well-being are being supported.
* Two representatives were satisfied with the support and assistance provided by staff to keep in touch with their family members.
* Consumers and representatives were satisfied staff were aware of their needs and preferences and that information was effectively communicated within and between organisations.
* Consumers were satisfied with the quality and quantity of the food in the service.

Staff described what was important to consumers and what they liked to do. This aligned with consumer feedback and care planning documents. Staff explained the the emotional, spiritual or psychological support provided to consumers. Staff provided examples where external services provide care and lifestyle supports which aligned with the needs and preferences outlined within consumers’ care plans.

Lifestyle staff explained that activities are scheduled and tailored to meet consumers needs and preferences based on feedback from group discussions and consumer meetings. Kitchen staff demonstrated knowledge of consumer’s specific dietary needs or preferences.

Care plans reflected the interests of the consumers and included information about emotional, spiritual or psychological well-being. Care plans and documents includes information about the relationships important to consumers. Consumer documents including care plans and progress notes, demonstrated there is adequate information to support effective and safe sharing of the consumer’s care. Care planning documents reflected timely and appropriate referrals to individuals, other organisations and providers of other care and services where required. Specific dietary needs and preferences in consumer files aligned with information provided by consumers and observed by the Assessment Team.

Based on observations made and interviews with staff, equipment was assessed to be safe, suitable, clean and well maintained. A variety of lifestyle equipment is used which caters to the needs of the consumers.

Daily activities were observed written on noticeboards throughout the service.

Lifestyle staff were observed assisting and encouraging consumers attending activities. Care staff were observed assisting consumers for window visits from their family members.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

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

* Consumers were satisfied the service is welcoming and they feel at home.
* Consumers and representatives considered the service environment to be safe, clean and well-maintained.
* Consumers were satisfied they can access and spend time in the outdoor areas at the service.

Staff demonstrated awareness of hazard identification and management and how to log maintenance requests. Management described how consumers with limited ability are supported to move freely around the service, with the assistance of lift and ramps.

Maintenance documents demonstrated they are regularly reviewed maintenance occurs routinely and as requested.

The service offers a welcoming environment with a range of communal spaces that optimises consumer engagement and interaction. The service was observed to be clean and uncluttered enabling free movement for consumers. Furniture, fittings and equipment at the service was observed to be safe, clean, well maintained and suitable for the consumer. Consumers (including the memory support unit) were observed to be able to access outdoor areas within the facility.

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 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 were satisfied they are encouraged and supported to provide feedback and make complaints.
* Consumers described how they feel safe in raising their concerns and confident action will be taken.
* Consumers and representatives described how they can make a complaint if they choose to do so.
* Consumers and a representative were satisfied in the response by management to complaints they have raised or feedback they have provided.
* Consumers and a representative indicated the service reviews their feedback and complaints to improve the quality of care and services.

Staff described how they support consumers to provide feedback and make complaints using internal and external feedback mechanisms. While staff were not aware of the term ‘open disclosure’ they could describe what open disclosure means.

Management demonstrated knowledge and understanding of open disclosure. Management described how they review and address feedback and complaints to improve quality of care and services.

Complaints and feedback documents demonstrated concerns have been raised and appropriately addressed by management.

Feedback forms and feedback mail boxes were observed throughout the service. Written material about how to make complaints were available in the service. Advocacy and language service information was available throughout the service for consumers and representatives to access.

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 and orientation sheets.

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

* Consumers and representatives said staff were kind, friendly, and caring.
* Consumers and/or representatives were satisfied call bells were responded to in a timely manner
* All consumers considered the staff knew about their personal care needs.

All staff members stated that shifts are filled, enabling them to complete their tasks as required. Management demonstrated a plan is in place for sourcing additional staff, in the event of staff shortages, including in the event of a COVID-19 outbreak.

Management described how the organisation has a comprehensive recruitment and selection policy, position descriptions and annual staff performance reviews to determine if staff are competent and capable in their role. Management advised all staff are required to complete mandatory training modules, and the type of training is tailored to the staff member’s role. This was consistent with information provided by staff.

Education records confirm staff have completed their mandatory training as required.

The service demonstrated it engages in regular performance monitoring of staff and keeps records of staff training. Training is tailored to the role being performed by staff.

The service demonstrated a robust system for staff appraisal and performance management process.

Staff were observed interacting with consumers in a kind, caring and respectful way.

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 consumers and/or representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers and representatives said the service is well run and several commented on the approachability and reliability of the site management team.
* Consumers and representatives commented they can raise concerns and these are addressed quickly.

The organisation demonstrated the Board of management is accountable for the delivery of safe and quality care and services. The Board promotes a culture of safe and quality care and service through policy and procedures, staff education and monitoring their workforce performance.

The service demonstrated an overarching incident management system is in place which facilitates identification and reporting of serious incidents in a timely manner. Corporate committees provide oversight with analysis of incidents and reporting processes to the Board are in place.

The organisation provided a documented risk management framework supported by policies and procedures documented to manage risk. Risks are reported, escalated, and reviewed by management at service level and the organisations senior management including the Board.

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

The service demonstrated it has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policy.

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.*

### 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.