Merton Court Hostel

Performance Report

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**Commission ID:** 0055

**Provider name:** Merton Living Limited

**Site Audit date:** 20 October 2020 to 22 October 2020

**Date of Performance Report:** 22 November 2020

# 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** | **Non-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) | Non-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 20 and 24 November 2020.

# STANDARD 1 COMPLIANTConsumer 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 most sampled consumers considered that they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* All sampled consumers said they were treated with respect and supported and encouraged to make decisions about their own care and how it was delivered.
* Consumers agreed that the staff were kind, caring and respectful of their backgrounds, values and choices. Several consumers commented that they felt as though staff treated them like friends and not patients.
* When asked if there was anything they wished to do but have not been allowed to do, most sampled consumers said there wasn’t. Consumers reported that staff supported them to live the best life they could, taking into account their limitations.
* Consumers sampled said they regularly receive information from staff and the service to help them exercise choice and make decisions. They said that information was always given in a way they can understand. One consumer who was illiterate stated that staff always read information out to her and give her surveys with pictures rather than words.
* All consumers sampled said that staff respected their personal privacy and that they had no complaints in this area.
* Interviews with care staff, lifestyle staff and management identified staff know consumers’ backgrounds, needs and preferences regarding their dignity and choice.
* Care planning documentation demonstrates consultation around the way care and services are delivered including choices and maintaining relationships.
* The Assessment Team observed staff interacting with consumers in a caring and supportive manner, enabling consumers to make their own choices regarding food, mobility and lifestyle activities.

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 COMPLIANTOngoing 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.

For example:

* Consumers and representatives sampled described how the people important to them are involved in assessment and planning on an ongoing basis.
* Consumers and representatives sampled said staff have explained relevant information about consumers care and services. While not all consumers and representatives could recall if they had access to their care plans, they were all confident that they only had to ask and the service would provide them with any information they required.
* Information about consumers is captured and reflected in care planning documentation. Consumer’s goals, needs and preferences are individualised and addressed relative to the risks to each consumer’s health and wellbeing. Palliative care and end of life wishes are considered or addressed as part of the consumer’s overall care assessment and planning. Care planning review and/or updates occur as scheduled or when the consumer’s condition changes or an incident occurs.

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 NON-COMPLIANTPersonal 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, sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

Consumers and consumer representatives interviewed confirmed they or the consumer receive the care they need. One consumer said staff keep her comfortable and manage her pain. Another consumer told the Assessment Team the staff are working with her to improve her diet so she can lose weight.

All consumers and consumer representatives interviewed confirmed that they have access to a doctor or other health professional when they need it, noting their medical officer or another medical officer visits regularly. The service organises other health services to visit the site or assists consumers to access required health services externally, such as specialist allied health services and medical consultants. A geriatrician visits the service on request from the medical officer.

While consumers and their representatives were satisfied that they were receiving good care and services, the Assessment Team identified consumer high impact, high prevalence risks were not always being effectively managed, particularly in relation to physical and chemical restraint, with high levels of psychotropic medication use.

The Assessment Team’s general observation was that staff were delivering care in partnership with consumers which was appropriate to their day to day needs, and preferences. Consumers were clean, dressed appropriately, seated comfortably or moving around the service freely with appropriate aids. Consumers that were immobile and fully reliant on staff were positioned and repositioned to maximise comfort and were observed to have food, drink and a method to call out to staff in easy reach. Consumers appeared to be engaged in activities of interest periodically throughout the day, between meals. Staff recognised this was important for consumer well-being, maintaining mental health, lifestyle and as a behaviour management technique.

The Assessment Team found that six of seven specific requirements were met.

Effective management of high impact or high prevalence risks, such as restraint management, was not sufficiently evidenced by the Assessment Team. Infection control processes were not sufficiently developed for COVID-19 preparedness. Observation and planning showed gaps in information at the service.

 The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-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 this requirement is not met because care documents did not consistently reflect care that is safe, effective, best practice, tailored to consumer specific needs, and optimises consumers health and well-being. While the service is seeking to reduce the use of psychotropic medication, current records indicate the use of psychotropic medication is high and chemical restraint was not recognised. Physical restraint was also not recognised for consumers, although the policy clearly defines restraint.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. The Approved Provider opined that they do understand chemical and physical restraint however, their response does not persuade me that this was true at the time of the site audit. It is not enough to just have a diagnosis which supports the use of a psychotropic medication. The evidence provided by the Assessment Team and corroborated by the Approved Provider’s response demonstrates that there was not effective monitoring of the appropriateness of the dose, participation in meaningful activities and record of attempts to reduce use for the sampled consumers.

While the Approved Provider is of the view that water chairs are not physical restraint if there is no intent to restrain, I am not persuaded that this is consistent with the principles of restraint. Any device which prevents the movement of a consumer where they can move independently, is physical restraint. While the Approved Provider has completed dignity of risk forms following the site audit, these do not include all associated risks of their use. For example, the risk of falling from the chair if a consumer were to try to rise from the chair unassisted; or episodes of incontinence. If staff do not attend in a timely manner to a request from a consumer for toileting and they try to rise from the chair, it is possible that they may injure themselves from trying, or from falling.

I have considered all information before me and while there are opportunities for improvement in the Approved Provider’s understanding of restraint, I am of the view that the Approved Provider does comply with this requirement as it does demonstrate that consumers receive effective personal and clinical care for the sampled consumers.

### 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) Non-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.*

The Assessment Team found that while consumers are well informed about transmission risks associated with COVID -19 and all staff interviewed are familiar with the principles of infection control and are assessed for competency, the Service’s outbreak management plan did not demonstrate an adequate governance structure. The Local Health District has identified concerns about availability of surge staff due to the location of the Service. The outbreak management plan was generic and not tailored to the specifics of the Service. There is, however, appropriate antimicrobial stewardship practice in place at the service.

In their response, the Approved Provider submitted information to address the issues identified by the Assessment Team. While they provided documents, which show updates have been made to the COVID-19 Outbreak Management Plan since the site audit, this does not confirm that the Service was compliant with this requirement at the time of the site audit. The Approved Provider did not dispute the findings of the team about gaps observed in the document available for use by staff at the time of the visit. If a circumstance had arisen prior to the updates, where surge staff or staff unfamiliar with the service were working, I am not convinced that they would have a single point of reference for actions required nor clarity of responsibilities assigned to roles. I acknowledge that the Service were in the process of incorporating and addressing feedback from their Local Health District at the time of the site audit, however at the time of the visit, this had not been completed. Discussing at meetings, COVID-19 and steps for staff on duty is not a sufficient control for this risk as it is likely that permanent staff would be furloughed and staff who are unfamiliar with the Service and it’s consumers would be delivering care. They will not have participated in these meetings and would not have time to find an read any meeting minutes.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate appropriate strategies to prevent the spread of a potential outbreak of COVID-19.

# STANDARD 4 COMPLIANTServices 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 most sampled consumers considered that they got the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do.

For example:

* Most consumers sampled confirmed they are supported by the service to do things they like to do. Consumers stated they are confident in participating in external activities and can leave the service when they like as long as staff are aware. There is an activities program with a variety of group activities run in the service to support consumers leisure interests and social needs.
* Consumers sampled said staff support them in keeping in contact with people that are important to them, and actively encouraged them to development and/or maintain social and personal relationships. Visitors are always welcome at the service and encouraged by staff to visit.
* All consumers interviewed said they liked the food at the service. They also said staff were knowledgeable about their food preferences and dietary needs. They stated the food is plentiful and alternatives are available for those wanting something different
* Consumers stated they were confident the service provided safe and effective services, supported them with their daily living and optimised their independence, health, wellbeing and quality of life.

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 COMPLIANTOrganisation’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, most sampled consumers felt that they belonged in the service and felt safe and comfortable in the service environment.

For example:

* All consumers interviewed agreed that they felt safe living at the service and did not have any concerns about the safety of the equipment used or the care provided to them by staff. Furthermore, when asked, all consumers interviewed said “I feel safe here”.
* Consumers reported that they felt at home living in the service and that staff felt like friends rather than workers. They were happy that they were given the opportunity to bring furniture and equipment form their old homes into the service.
* Consumers/representatives interviewed stated that they liked that the service had individual small sitting areas outside each of their rooms, as well as a sun room and balcony area, small aviary and sheltered BBQ area.
* The service demonstrated that its environment is safe, clean, well maintained and comfortable; and enabled consumers to move freely, both indoors and outdoors. It employs a range of strategies to achieve and maintain this, such as the recent installation electronic sliding doors at the front reception area.
* Consumers/representatives interviewed indicated that the service’s environment is safe, clean, well maintained and comfortable; and enabled consumers to move freely, both indoors and outdoors.
* The facility was observed to be clean, neat and tidy with equipment sanitised between use.

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 COMPLIANTFeedback 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 most sampled consumers considered that they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken.

For example:

* Overall consumers considered that they were encouraged and supported to give feedback and make complaints and appropriate and timely action was taken by the service.
* Most consumers stated they had never had to make a complaint, but if they did, they knew how to, and were confident about approaching staff to do so.
* Consumers were generally aware of feedback forms available to them at the service and where to access them.
* Consumers interviewed were not aware of access to advocates, language services and other methods for raising and resolving complaints.
* The service has a documented complaints management process available to staff and management outlining responsibilities.
* The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints and that an open disclosure process is used.

 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 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

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

For example:

* Consumers and representatives confirmed that staff are kind and caring.
* Consumers and representatives are confident staff know what they are doing and were very positive about the care and support given to consumers.
* Consumers and representatives said that there are enough staff to meet the care and support needs of consumers. They said staff know the consumer’s routines and are quick to respond to consumer’s needs.
* The workforce is planned to enable the delivery of safe and quality care and services.
* The Assessment Team reviewed the roster and found all care shifts were filled. The call bell report showed call bells are responded to in a timely manner.

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

For example:

* Sampled consumers and representatives said they think the service is well run and they receive quality care from caring staff. They said if they raise any issues they are followed up straight away. They think the service is clean and well maintained.
* Consumers felt they are involved in the service planning to the level they wish to be. Some participate in resident meetings.

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).

* The organisation has policies and procedures aligned to the new aged care standards and staff advised these are accessible through an online platform that they all have a login to or in hard copy. Several staff said they also talk about changes to policies at staff meetings.
* The board provides directions to the service to promote safe provision of quality care and services.
* The general manager said that while there is an annual budget for planned purchases of equipment or renovations, if a consumer needs equipment for their wellbeing it is always approved immediately.

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

The Assessment Team found this requirement is not compliant because while the organisation has a clinical governance framework, physical and chemical restraint were not clearly identified within the service. The preparedness for COVID-19 required further development.

In their response, the Approved Provider submitted information to address the issues raised by the Assessment Team. While I acknowledge that the use of a water chair in the circumstances described in the response document, assist the sampled consumer to engage in meaningful activities, and there are opportunities for improvement in recognising restraint and documenting psychotropic medication, I am not persuaded that this alone is sufficient to confirm that this meets the threshold for a systemic gap in the clinical governance framework operating at the service.

I have addressed the management of risks associated with COVID 19 in the compliance decision for requirement 3(3)g.

I am of the view that the Approved Provider does comply with this requirement as it does demonstrate that their governance framework is effective.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 3(3)(g)

*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.*

The Approved Provider must demonstrate that:

* the Service’s outbreak management plan demonstrates an adequate governance structure.
* The Outbreak Management Plan has been updated to address the concerns identified by Local Health District, about availability of surge staff due to the location of the Service and that the plan was generic and not tailored to the specifics of the Service.
* The Outbreak Management Plan has sufficient information for staff who are unfamiliar with the service, to understand roles and responsibilities in the potential likelihood of an outbreak of COVID-19 at the service.