Mona Vale View Care Community

Performance Report

2 Jenkins Street
MONA VALE NSW 2103
Phone number: 02 9910 7100

**Commission ID:** 2514

**Provider name:** DPG Services Pty Ltd

**Site Audit date:** 29 March 2021 to 31 March 2021

**Date of Performance Report:** 24 May 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* The Assessment Team’s infection control monitoring checklist completed during the Site Audit on 29 March 2021
* the provider’s response to the Site Audit report received 28 April 2021 including a written response and supporting documents attached.

# 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 agreed care and services 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.

The Assessment Team found 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:

* Consumers interviewed confirmed they are treated with respect. Consumers said they are appreciative of the friendliness with which staff interact with them and the consultative nature of these interactions.
* All consumers interviewed said they have a say in what they do every day and are always encouraged to do as much as possible for themselves, as this helps maintain their independence.
* Consumers reported that staff practices protect their dignity and privacy.

The Assessment Team interviewed staff, who confirmed how they value and respect individual consumers and their needs, preferences and choices and provided examples of how they encourage consumers to make choices in all aspects of their daily lives. The Assessment Team’s report described documentation detailing evidence of the care provided to consumers about dignity and choice. This documentation endorsed the information that consumers shared with the Assessment Team during the site audit.

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.

Most sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* All consumers interviewed said they, or their representative, are actively involved with their care planning.
* Consumers and representatives interviewed confirmed they are informed about the outcomes of assessment and planning and that this occurs through either telephone calls, face to face or family conferences.
* Consumers and representatives confirmed if they wish they can receive a copy of the care and services plan and the medication chart for review when changes are made.

The Assessment Team reviewed care files and confirmed consumers personal and care information is captured on entry and documented in agreed care and service plans. The plans focused on optimising health and well-being in accordance with the consumer’s needs goals and preferences.

However, the Assessment Team found for some consumers when circumstances change, or incidents occur service plans were not always reviewed, evaluated and updated, this was found specifically around the management of skin integrity/wounds.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found for the sampled consumers that care and service plans showed evidence of review on a regular basis. The Assessment Team’s report includes information that most consumers and representatives confirmed that when a change in a consumer’s condition occurs, staff consult them and as a result their care and services plan is adjusted to better meet their care and service needs.

The Assessment Team found for some consumers when circumstances change, or incidents occur; care and services plans did not always demonstrate evidence of review, update or evaluation. The Assessment Team found that for consumers that required skin integrity and wound management, these needs were not always identified in a timely manner or effectively documented.

The approved provider submitted a written response and supporting documents that contained further contextual information about the sampled consumers and the organisation’s skin integrity maintenance program. The response includes information about documented strategies to maintain skin integrity, and wound care for consumers. The response also included details about how the service refers to and engages general practitioners, nurse practitioners and specialist wound consultants to undertake wound reviews and monitoring for consumers.

I have considered the Assessment Team’s findings and the provider’s response. There is evidence to show that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

I find this requirement is Compliant.

# STANDARD 3 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 and services 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.

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them, they receive the care they need and have access to a medical officer or other health professionals when they need it.

The Assessment Team found that all consumers undergo assessment and planning on entry to the service. This is done in consultation with them and/or their representative and encompasses all their needs, goals and preferences and a copy of this documentation is provided to consumers and representatives. As changes in care occur or incidents happen, care and services plans are updated and communicated occurs with the consumer/representative.

Staff interviewed understood the importance of infection control and could describe infection control processes in their work. The Assessment Team observed infection control processes to be in practice at the service.

The Assessment Team found that consumers’ care and services plans are reviewed and updated regularly including when there is a change to a consumer’s care needs. Changes are communicated with staff and required changes to care and services plans are made in consultation with the consumer and or their representative/s. However, in relation to the management of skin integrity, the Assessment Team found the service was not always able to demonstrate timely and appropriate interventions in the prevention of pressure injury development and documentation of wound/skin integrity care.

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 overall consumers and their representatives said consumers get the care they need, and this care is in line with their preferences. Staff interviews confirmed how the care they provide is safe and effective. Registered nurses were able to describe how they follow organisational policies and procedures to ensure safe and effective care as well as attending regular education sessions keeping their knowledge and skills current.

The Assessment Team’s report described that overall consumers and their representatives said consumers get the care they need, and this care is in line with their preferences. The Assessment Team found gaps in documentation relating to pressure area care and wound management including timely identification and reporting of new wounds for two consumers.

The approved provider submitted a response that contained information about the sampled consumers wound management and skin integrity care. It includes documents relevant to the consumers such as a skin integrity care plan, wound assessments, incident reports and documented reviews by external health professionals including general practitioners, nurse practitioners and wound specialists. The approved provider’s response also includes information about the service’s skin integrity maintenance program and other improvements including use of their shift communication report, palliative care project and wound training undertaken by clinical staff.

The approved provider outlined the improvements undertaken and is undertaking to address areas of continuous improvement to ensure safe and effective personal and clinical care for consumers. While the Assessment Team found gaps in documentation relating to pressure area care and wound management, this departure in practice has not shown to negatively impact consumers as wounds are healing. There is evidence to show consumers are receiving personal and clinical care that is safe and effective, best practice, tailored to their needs and optimised their health and wellbeing.

I find this requirement is Compliant.

### 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 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. Consumers’ care and services 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 confirmed 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:

* Most consumers interviewed say they are supported by the service to do the things they like to do.
* Consumer confirmed they are supported to keep in touch with family and friends. They are also supported to participate in the community within the service and with the broader community.
* Most of the consumers interviewed are satisfied with the food provided and confirmed there is plenty to eat. Consumers said they have a menu that offers choice and variety and the kitchen caters for special needs and preferences.

Management advised that the recreational activity officer works with consumers to organise a program that offers group activities for those at the service. This reflects the interests of consumers and support is also provided for consumers to pursue individual interests.

However, the Assessment Team found care files relating to the consumer’s lifestyle assessment and plan that information varied in detail and quality about consumers choices, social/ personal relationships, community participation and things of interest to them.

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.*

The Assessment Team found the service has policies and procedures in place that guide the provision and support for the consumers support for daily living within and outside the service. Most consumers and representatives interviewed provided positive feedback about service and supports. Consumers and representatives said that they have say in their daily activities and can decide what they want to do daily.

The Assessment Team were advised by management that the service has been unable to employee a leisure and lifestyle officer for the past 18 months and has had a care staff member fulfilling this role. Management advised the Assessment Team during the site audit that they are continuing to advertise for the position of leisure and lifestyle officer.

The Assessment Team reviewed care files and most consumers had a lifestyle assessment and plan. However, information in these plans varied in detail and quality about consumers choices, social/ personal relationships, community participation and things of interest to them. The Assessment Team also reviewed a sample of consumer activity participation records and found inconsistencies in completion of these records to reflect consumer participation in activities and daily supports of choice.

The approved provider submitted a written response and supporting documents including their consumer survey results that indicated consumers were satisfied that they have their say in daily activities and the current activities program. The approved provider’s response acknowledged that recruiting a qualified lifestyle co-ordinator has been challenging and they continue to support the current lifestyle staff with relevant organisational training and education.

The approved provider’s response outlined processes used in the development and delivery of the service’s activity calendar, and methods used to seek consumer and representative feedback to ensure the program meets the interests and activity preferences of consumers. The response includes information relating to examples of engagement activities available for consumers living at the service including their meaningful mate program that the service has designed to enhance the consumer’s wellbeing.

The provider’s response has a commitment to continued work on a wide range of improvement strategies relating to services and supports to assist daily living for consumers. The approved provider has undertaken and is undertaking continuous improvement strategies relevant to this requirement. There is evidence to suggest that services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do the things of interest to them.

I find this requirement is Compliant.

### 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 consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers and representatives interviewed described that the service is welcoming and supports their wellbeing and confirmed that they feel safe at the service. Consumers interviewed confirmed that the service is always kept clean and well maintained.
* Consumers said the staff are kind and stated that they were happy living at the service. Consumers confirmed that their visitors are made to feel welcome and gave examples of how staff help to welcome their visitors. Examples included ensuring they have enough seating and offering to make a cup of tea for them. Consumers said there are plenty of areas they can meet with privacy and comfort.
* Consumers spoke positively about the staff and confirmed that the service keeps the environment including their room and the communal areas clean and tidy.

The Assessment Team observed the service environment to be welcoming and the lounge, dining and activities areas to have comfortable furniture.

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 consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers interviewed confirmed they knew how to make a complaint, that management and staff were approachable and that they felt comfortable raising any concerns, issues or complaints. Consumers said that management responds promptly to any concerns or complaints.
* Consumers interviewed recognised improvements made at the service in response to complaints and feedback.

The Assessment Team found the service provides information regarding the complaints process through resident/relative meetings and the provision of written materials such as the resident handbook, brochures, booklets and the residency agreement. These documents detail the steps available to consumers and representatives on how to make complaints both internally and externally and the details for advocacy and language services are provided to consumers.

The Assessment Team reviewed the complaints’ register, continuous improvement logs and care planning documentation which demonstrated the organisation’s approach to reviewing and acting on complaints. Management and staff were able to describe how they respond to any complaints and how these were used to improve the quality of care and services for individuals across the service.

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.

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 said staff are responsive to consumers’ needs. They said staff understand consumers’ routines and are reliable as to the time they provide care and support.
* Representatives particularly expressed a high level of satisfaction with the availability and skills of staff and are confident in the delivery of care and services when they are not there.
* Consumers and representatives advised that staff are kind, caring and gentle when providing care to consumers. Consumers expressed confidence that the service is well run. They said they know management personally and can ask questions or provide feedback at any time.

The Assessment Team observed staff to be skilled and knowledgeable in their roles. Staff were observed to be patient and respectful towards consumers, visitors and each other. Staff demonstrated a knowledge of consumer’s individual needs and preferences. The Assessment Team’s report described a review of documents showed that all shifts were filled by appropriately qualified staff and absent staff are replaced when necessary.

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 consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives expressed the view that the service is well run and that management communicate effectively with them. Consumers and representatives said they find the resident/relative meetings useful for giving feedback about care, services and lifestyle and gave examples of where they have been involved in a partnership in improving the delivery of services.

The Assessment Team’s report described that feedback from consumers is sought through meetings, surveys, conversations, feedback forms and during strategic home reviews. Consumers confirmed that they are aware of how to provide feedback and that management addresses concerns to their satisfaction and in a timely manner.

The Assessment Team found that the organisation has effective governance systems to ensure that service’s management and the organisation’s Board are aware of any risks to consumers or areas that require improvement. The organisational structures promote a culture of safety and quality and the service has effective information systems and a clinical governance framework monitor antimicrobial stewardship, minimising 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.*

### 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.