Mt Lofty Nursing Home

Performance Report

Cnr Stuart St & Rifle Range Rd   
TOOWOOMBA QLD 4350  
Phone number: 07 4616 4900

**Commission ID:** 5414

**Provider name:** Queensland Health

**Site Audit date:** 18 January 2022 to 20 January 2022

**Date of Performance Report:** 21 February 2022

# Performance report prepared by

Susan Turner, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 11 February 2022.

# 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

Consumers spoke highly of staff and said staff are kind and treat them with respect, valuing their culture and diversity.

Consumers and representatives said the service provides them with information that is accurate, current and timely and provided examples of how the service supported consumers to be independent, to exercise choice and make decisions about care and services. Consumers and representatives said that consumers are supported to take risks and live the life they choose.

Care planning documentation included information about the consumers’ background, identity and culture. Where appropriate, documentation included details about important relationships, favourite pastimes and individualised preferences that reflect culturally safe care.

Staff demonstrated respect towards consumers and had an understanding of each consumers’ care and service preferences. Staff said if they witnessed a consumer being treated inappropriately they would report the issue to registered nursing staff and management.

Training records demonstrated staff receive training about providing culturally safe care that promotes the consumer’s dignity.

The organisation has policies relative to this standard that provides guidance and support to staff that includes cultural diversity and privacy.

The Assessment Team observed staff interacting with consumers in a respectful manner and greeting family and friends with familiarity and respect. Staff were observed engaging with consumers while delivering care and support.

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

Consumers reported to the Assessment Team that they generally felt like partners in the ongoing assessment and planning of their care and services. They said they are involved in care planning processes, are informed of outcomes and could provide examples of how other health care providers are involved in meeting their healthcare needs.

Consumers and their representatives said that staff understand the consumers’ end of life wishes and a review of documentation confirmed that these are documented in the consumers’ care planning documentation.

Staff demonstrated an awareness of assessment and care planning processes and could describe how they use this information to deliver safe and effective care. Registered staff explained that consumers are referred to specialist practitioners if and when a need is identified. Management staff described the process to review identified consumer risks and incidents in order to identify trends, initiate referrals and ensure all parties involved in the consumer’s care are consulted.

The service has an electronic care management system which supports assessment and care planning. The Assessment Team reviewed assessment and care planning documentation for consumers and identified assessment and planning includes the consideration of risk and reflects the consumer’s current needs, goals and preferences, including advance care planning, end of life planning and consideration of risk for the consumer. Re-assessment and review of care and services occurred when there had been a change in circumstances or when an incident occurred.

Care and service plans demonstrated integrated and coordinated assessment and planning involving other organisations, individuals and providers of other care and services including medical officers, allied health professionals and specialists in wound care, diabetes and dementia care.

Policies, procedures, guidelines and work instructions relevant to assessment and care planning guide staff practice. A suite of evidence based assessment tools are available for staff to use in the electronic care management system.

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

Consumers and representatives were satisfied with the care that consumers received. They said consumers received care and services in line with their preferences, including end of life care and that consumer dignity and comfort was maintained. Consumers confirmed that when unwell or when there had been a deterioration in their health, staff responded to their needs in a timely manner and they had access to medical officer and other health professionals as required.

Care planning documentation included evidence of personal and clinical care that was safe, effective and tailored to the individual needs of the consumer. The Assessment Team included in the sample, consumers with complex specialised nursing care needs and identified that registered nursing staff were involved in the planning and delivery of care and that care delivery was monitored on an ongoing basis. Where appropriate, allied health specialists including physiotherapist, speech pathologist, dietitian and mental health specialists were included in the consumer’s care.

Staff said that they always have access to a registered staff member to provide guidance and support and that there are processes for the communication of information about consumers, such as handover.

Staff demonstrated an understanding of the consumers’ needs and preferences and could describe high impact, high prevalence risks associated with their care and the strategies they used to minimise those risks. For those consumers nearing end of life, staff could describe the practical ways they maximise the consumer’s comfort.

The organisation had a restraint and protective assistance process that reflects the legislation. It outlined the organisation’s commitment to ensuring that if any restrictive practices are used this should only be considered after comprehensive assessment and as a temporary measure. For those consumers where restrictive practices had been applied, assessments, authorisations and consent were documented.

With respect to infection control and the service’s management of COVID-19 precautions, consumers and representatives said the service’s infection control practices were well-coordinated and managed. Information relating to the vaccination status of consumers and staff was maintained. Staff were familiar with strategies to minimise infection and said they had received training in the management of antimicrobials, hand hygiene, the use of personal protective equipment and cleaning processes. Consumers were monitored daily for signs of infection and those suspected of having an infection were referred to their medical officer for further review. The Assessment Team observed appropriate signage in place, staff wearing personal protective equipment, maintaining social distancing and practicing hand hygiene.

The service provided monthly clinical indicator reports that demonstrated the service trends, analyses and responds to clinical indicators, incidents and risks with clinical indicators discussed at staff meetings and data used to inform continuous improvement.

Policies, procedures work instructions and flowcharts relevant to this standard guided staff and included restrictive practices, infection control, skin integrity and pain management.

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 supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers and representatives were satisfied that consumers receive support to engage in activities of interest both inside the service and outside in the wider community. They said consumers’ emotional, social and spiritual needs are met and that they able to maintain relationships with people who are important to them. With respect to meals, most consumers provided positive feedback and said that the meals they received aligned with their dietary needs and preferences.

Care planning documentation demonstrated that each consumer’s condition, needs and preferences were identified and effectively communicated within the service. Staff were able to access information relating to consumers’ background, life history, cultural preferences, likes and dislikes, spiritual and emotional needs and details of activities and people that are important to them. Dietary information was captured in care planning documentation including for example whether the consumer required a specialised diet, likes, dislikes and allergies.

Staff interviewed by the Assessment Team were able to explain what and who is important to consumers and the types of activities that consumers like to engage in. Staff said they draw on established and documented strategies to support consumers’ emotional well-being and would escalate the situation to a registered nurse if they had ongoing concerns about the consumer.

Lifestyle staff said that activities are planned on a monthly schedule and various activity options are available each day of the week. Types of activities offered include crafts, quizzes, pub lunches, art work, bus trips, one on one activities and happy hour. Lifestyle staff described how the activity schedules were adjusted in response to survey feedback and tailored to meet the needs and preferences of individual consumers and to support their quality of life.

Management advised the service has facilities and equipment that consumers and visitors can access including gardens and sitting areas. The Assessment Team observed equipment that supports consumers to engage in lifestyle activities and to mobilise; equipment was clean and well maintained.

The Assessment Team observed large numbers of consumers participating in group activities in communal areas while other consumers were engaging in individual pursuits in their rooms such as reading, listening to music and participating in craft work. Consumers were observed receiving visitors, care and lifestyle staff were observed interacting with consumers in group settings and engaging with them in one to one discussion.

The organisation has documented policies and procedures relative to this standard to guide staff that include referral processes to ensure consumers receive the assistance required.

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

Consumers and representatives said that they felt safe and comfortable in the service and expressed satisfaction with cleaning and maintenance processes. They said furniture and equipment was safe and comfortable.

The Assessment Team observed the service including gardens and communal areas to be clean, secure and well-maintained. Consumers could move freely through indoor and outdoor environments (except when those consumers had an environmental restrictive practice in place).

The service was observed to have wide, well-lit, unobstructed corridors and clear signage to optimise consumers’ independence and safety when mobilising.

Food preparation areas including servery equipment were clean and staff were observed cleaning dining areas and dining furniture following meal services. Signage was used to promote safety when floors were mopped and utility and storage rooms were secured.

Staff welcomed visitors to the service and provided assistance and direction to consumers and their visitors as necessary. Staff could explain how they minimise infections through cleaning processes and the reporting that occurs when a maintenance issue is identified. Cleaning is provided seven days per week with additional measures in place at the present time. A cleaning schedule guides staff and a preventative maintenance schedule is in place.

Management staff said they encourage consumers to provide feedback about the service environment via surveys, compliments and complaints and through verbal discussions.

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

Consumers and representatives said they are encouraged and supported to provide feedback and make complaints and said appropriate action is taken in response to their complaints. Consumers provided examples of the actions the service had taken to improve care and service delivery in response to complaints that had been made. They were aware of formal processes for raising a complaint and said they felt safe doing so. They said they could go directly to staff or management and were confident they would not experience retribution.

The Assessment Team reviewed the service’s training register and identified staff are provided with education and training in open disclosure. Staff interviewed described how they advocate for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting them to complete feedback forms. Staff were generally aware of how to access interpreter and advocacy services if a need was identified and demonstrated an understanding of open disclosure and how it relates to complaints resolution.

Management staff described the various avenues for the submission of feedback and complaints. These included via electronic mail, monthly consumer/representative meetings, electronic submission via the organisation’s website, paper based feedback forms, locked suggestion boxes and through direct contact with the Consumer Liaison Service. They described how the service documents and responds to feedback and complaints, including those complaints that are received verbally. A complaints register is maintained electronically and each logged complaint is monitored through to completion by management staff. The Assessment Team confirmed that the service’s plan for continuous improvement is informed by consumers’ feedback and complaints.

The Assessment Team reviewed the service’s written information that included a consumer handbook, newsletter, feedback forms, policies and procedures relevant to complaints. These documents provided guidance to consumers and staff about how to provide feedback and/or contact an external complaints body, advocacy or language service. The Assessment Team observed brochures and posters relating to complaints processes displayed within 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

Consumers and representatives interviewed by the Assessment Team spoke highly of staff saying they are kind, caring and treat them well; most felt there were sufficient staff to meet their care needs and that staff attended to them promptly. Consumers confirmed staff know what they are doing and are confident staff are adequately trained and competent in their roles.

Management staff advised they have mandated staffing ratios that ensures there is an appropriate skill mix of staff available. While the service can access agency staff it generally relies on a casual pool of staff to fill shifts. As an alternative, existing shifts can also be extended to replace unplanned leave.

The service monitors the appropriateness of staffing levels through surveys, consumer meetings, comments and complaints. The Assessment Team reviewed this information and found that there had been no concerns raised in relation to staffing and that the majority of respondents to a consumer survey were satisfied with staffing levels. Staff skills are monitored through regular performance assessments, audits and clinical care reviews.

Detailed position descriptions are in place for each role and staff competency is determined through skills assessments and ongoing training. Staff have access to external aged care specific training providers and various online training modules are delivered through the organisational online training system. Organisational support includes a nurse educator who is responsible for staff training and development.

Policies and procedures guide management in the recruitment and management of staff. New staff are required to complete a face to face induction and an orientation for the organisation with ‘buddy’ shifts provided to support new staff to transition into their role.

The organisation provides access to an organisational human resources team for support and advice in relation to performance management. The organisation currently has an increased focus on succession planning in order to support staff to achieve leadership and professional development goals. A number of staff at the service have been nominated to participate in an organisational leadership development program.

The Quality Standard is assessed 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

Consumers and representatives interviewed by the Assessment Team considered that the organisation was well-run and felt that consumers contributed to improving care and service delivery.

Monthly consumer meetings are held, feedback is encouraged via surveys and complaints’ processes, and the organisation has a consumer committee that includes consumers and representatives from various residential aged care facilities. This committee provides feedback to the Board and Executive management team. Management staff described plans that are in place to increase consumer engagement in the development, delivery and evaluation of care and services.

Interviews with management and review of documentation identified the organisation’s governing body promotes a safe and inclusive culture at the service and is accountable for the delivery of safe and quality care and services. A documented clinical governance framework addresses antimicrobial stewardship, minimisation of the use of restraint and open disclosure processes. Policies, procedures and risk management systems are in place to guide staff practice and ensure safe and effective care and service delivery.

The Board meets monthly to review information relating to combined clinical and incident data/trend analysis, operational and financial information, and evaluation of the effectiveness of the Quality Management Framework. The Board uses this information to identify the service’s compliance with the Quality Standards, to drive improvements to enhance performance and mitigate risks, and to monitor and take accountability for care and service delivery.

Effective governance systems support the management of continuous improvement, financial governance, the workforce and financial systems and processes. While some deficiencies were brought forward by the Assessment Team in relation to information management and regulatory compliance, the approved provider in its response has taken action to strengthen the service’s processes and there were no identified negative outcomes for consumers.

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.*

The Assessment Team confirmed the service has effective systems and processes relating to continuous improvement and that this is informed by various sources including a feedback and complaints system that actively contributes to improved results for consumers, audit and survey results, clinical indicator trends and critical incident data. The Assessment Team reviewed the service’s plan for continuous improvement and identified planned and completed improvement actions in relation to various areas of care and service delivery.

Management described the processes relating to financial governance. Meetings are held with senior management personnel at the beginning of the year to prepare the budget and complete forecasting in consideration of workforce review, capital planning and purchasing as well as capability development and quality improvement initiatives. Management provided examples of recent improvements in equipment and upgrades to the service environment in the past year.

There are organisational governance systems in place to support the management of the workforce. This includes policies and procedures relevant to workforce governance and an established training program to support development of the workforce ensuring there are sufficient skilled and qualified staff to deliver safe, quality care.

The Assessment Team brought forward deficiencies in governance systems relating to information management and regulatory compliance, specifically in relation to record keeping associated with staff criminal record checks, mandatory training and performance appraisals.

The approved provider, in its response to the Assessment Team’s report provided information explaining why these lapses had occurred which included temporary secondment of staff to support work associated with COVID-19. Evidence of actions taken in response to the Assessment Team’s report included the database for staff training, performance appraisals and criminal history checks. Staff communications, meeting agenda and the quality improvement plan submitted in the response confirmed the service’s ongoing commitment to ensuring ongoing compliance with this requirement.

I note that with respect to criminal history checks the Assessment Team were provided with evidence that whilst the database tracking these was not current, the organisation held information demonstrating that all staff were compliant with this requirement and there were no breaches of legislation.

The Assessment Team brought forward information that documentation demonstrated a small number of staff had not completed infection control training and/or training associated with the Serious Incident Response Scheme and that for some staff, performance appraisals were overdue. I note that the response demonstrates the service has implemented actions to improve the monitoring of staff training and performance appraisals, to ensure the database accurately reflects staff status and that staff have now completed the required training.

I have considered the service’s information systems broadly and am confident that staff have access to information to support them in their role and that the organisation has taken action to strengthen the existing information systems. Members of the workforce were clear on the responsibilities associated with their role and knew how to access support where this was required.

I note too the organisation has governance mechanisms in place to track, audit and monitor compliance with legislative and regulatory standards and guidelines. Policies and procedures relating to infection control and the Serious Incident Response Scheme are in place to guide staff and the Assessment Team found staff practices demonstrated these policies were understood and were applied to their work.

I am satisfied that effective organisation wide governance systems are in place, including in relation to information management and regulatory compliance and find this requirement is Compliant.

### 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.