Narangba Community Aged Care

Performance Report

31 Mumford Rd
NARANGBA QLD 4504
Phone number: 07 3094 1800

**Commission ID:** 5796

**Provider name:** Signature Care Pty Ltd

**Site Audit date:** 23 November 2021 to 25 November 2021

**Date of Performance Report:** 20 December 2021

# Performance report prepared by

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# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 15 December 2021.
* other information and intelligence held by the Commission regarding the service.

# 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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation (for alignment with the feedback from consumers) and tested staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers and representatives generally spoke positively about staff and said they are treated with dignity and respect, their privacy is respected, they can make informed choices about care and services, and live the life they choose. They said they are encouraged to do things for themselves and staff know what is important to them. Consumers described how they are supported to take risks.

A small number of consumers provided examples of incidents where they had not felt respected by staff however advised the Assessment Team that they were isolated incidents and that they were satisfied with the actions taken by management.

Consumers are provided with a handbook when they enter the service, and this includes details of the service’s commitment to meeting consumers’ cultural and language needs and assists consumers to access support services and relevant information. Information is also provided to consumers through avenues including discussions with staff, a lifestyle channel on the consumer’s television, newsletters, noticeboards, menus, consumer meetings and food focus groups.

Staff consistently spoke about consumers in a way that indicated respect and demonstrated an understanding of the consumers, their background and preferences and how this influenced the way they delivered care. Staff knew those people who are important to the consumers and could describe how they assist the consumer to maintain relationships with family, partners and significant others.

Staff could describe the ways they support consumers to take risks. This included the involvement of allied health professionals where appropriate, having discussions with the consumer and their representatives and implementing strategies to minimise risk.

Staff said they had no concerns about the way consumers are treated and that if they witnessed any disrespectful treatment, they would report it to management.

The Assessment Team found that assessment and care planning documentation reflected what is important to the consumer and provided information to guide staff in delivering care tailored to the consumer’s expressed preferences. Care related documentation evidenced involvement of consumers and representatives including through telephone calls and organised meetings. Where consumers had chosen to take risks, risk assessments had been completed and strategies for managing the risk were reflected in the documentation.

Policies and procedures relevant to this standard provide guidance to staff and include dignity, choice, privacy, diversity and dignity of risk.

Staff have been provided with education about the need to treat consumers with dignity and respect with their identity, culture and diversity valued.

The Assessment Team observed staff interacting with consumers respectfully and with an understanding of each consumer’s preferred communication style. For those consumers who experienced communication barriers, staff took time to sit with the consumer, explained the options available and supported them to exercise choice. Staff were discreet when offering assistance to consumers and when discussing consumers’ needs with other staff.

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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Overall consumers and representatives considered that they are partners in the ongoing assessment and planning of consumers care and services, including consideration of consumer’s wishes for care at end of life and how other providers of care are involved in the consumers’ care. Consumer and representatives are informed about the outcomes of assessment and care planning had access to the consumers care plan if they wished.

Staff demonstrated an understanding of the service’s assessment and care planning processes, and staff had received training relevant to their position. The organisation had policies, procedures and guidelines in regard to assessment and planning to guide staff practice, including a suite of evidence-based assessment tools.

The service had an electronic care management system. Review of consumers care planning documentation identified assessment and planning included the consideration of risk and reflected the consumer’s current needs, goals and preferences, including advance care planning and consideration of individual consumers’ risks. Consumers’ care and services were reviewed for effectiveness, including when circumstances changed or when incidents occurred.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and if the organisation understood and applied 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 ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Overall, consumers and representatives considered that consumers received personal care and clinical care that is safe, right for them and in accordance with the consumers’ individual needs and preferences. Consumers and representatives said they had access to a Medical Officer and/or other health professionals needed; and confirmed staff recognise and respond to changes in the consumers health and/or wellbeing in a timely manner. Consumers and representatives expressed satisfaction that consumers’ needs and preferences were effectively communicated between staff and consumers received the care they need.

Staff demonstrated an understanding of consumer’s individual needs and preferences and how they ensure these are met; including consideration of individual consumers risks. Staff said the communication of changes in consumers’ needs and preferences is communicated at shift handover and via the service’s electronic care documentation system. Registered staff described how they notify the consumer’s Medical Officer and representatives if there is a change in a consumer’s condition if there is a clinical incident and/or if there is a change in medication.

Review of consumer care planning documentation identified appropriate referrals are made in a timely manner; and recommendations/directives from specialist services are implemented and followed by staff in the delivery of consumers’ care and services.

Staff have access to evidence-based policies, procedures and guidelines to support the delivery of personal and clinical care including in relation to restrictive practices, pressure injury prevention, pain and recognising and responding to consumer deterioration.

The organisation had a risk management framework that guided how risk is identified, assessed, managed and recorded. Clinical incidents are recorded on the service’s risk management system and these contribute to the monthly clinical indicators report.

The service has implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff confirmed they have received training in infection minimisation strategies including infection control and COVID-19. Practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak.

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

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

Consumers received 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. Consumers had choices in relation to meals, sleeping and rising times, and whether consumers wished to attend scheduled activities. Consumers were supported to attend and participate in outings within the service and outings and visits outside the service with their families and friends.

Consumers were satisfied with the choice and frequency of activities and the level of engagement required to participate in activities of their choice. Consumers were supported to keep in touch with people who were important to them by means of receiving visitors at the service, going out on social leave, accessing the service’s electronic communication platform and through contact by telephone. Consumers’ emotional, spiritual and psychological needs were met by the service, and care documentation supported individual emotional support directives were in place for each consumer. Consumers’ information regarding their daily living, choices and preferences was effectively communicated, and staff who provided daily lifestyle support understood the consumers’ needs and preferences.

Timely and appropriate referrals were made for consumers to other organisations and providers of other care and services. A variety of brochures and resources were available to support referral to external organisations as required.

Consumers provided positive feedback in relation to the food and had input into the menu. Care planning documents reflected consumers’ individual dietary needs and preferences. The kitchen was observed to be clean and tidy and staff were observed to be implementing food safety and work health and safety protocols.

Equipment used to provide and support lifestyle services, assist consumers with their independence and provide hospitality services was safe, suitable, clean and well-maintained.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and if the organisation understood and applied 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 Assessment Team also examined relevant documents.

Consumers felt they belonged in the service and felt safe and comfortable in the service environment. Consumers considered the service environment to be modern, comforting and welcoming. Consumers could navigate their way around the service and confirmed staff were available if they needed assistance. Consumers were able to freely move around the service both inside and outside when they desired.

Consumers were orientated to the service when they arrived and had their name on their door, consumers were also encouraged to personalise their room to make it their own. Consumers felt at home at the service and their visitors felt welcomed. Outdoor seating areas and a café provided additional spaces for consumers to enjoy. Consumers and representatives confirmed the service was clean and well maintained and consumers’ rooms were cleaned regularly by cleaning staff.

The service opened in March 2021 and the service’s equipment, furniture and fittings were observed to be new, safe, clean and well-maintained. Maintenance staff ensured the environment was safe and well maintained through scheduled preventative maintenance and reactive maintenance. Maintenance issues were reported and actioned promptly.

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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers; asked them about how they raised complaints and the organisation’s response. The Assessment Team also examined complaint records and tested staff understanding and application of the requirements under this Standard.

Consumers and representatives were generally satisfied with the complaints process and said staff and management were approachable and proactive. They were aware of how to make a complaint and said they used the feedback forms or spoke directly with staff and management personnel. Consumers were able to provide examples of improvements that had arisen as a result of their feedback. Some consumers said they had accessed advocacy services to assist them in providing feedback or making a complaint.

A small number of consumers said that they had not been provided with follow up in response to concerns that had been raised however the Assessment Team was able to confirm that contact had been made with family members and care planning documentation demonstrated support had been provided to the consumer at the time.

Information about the complaints process, advocacy and language services is included in the consumer handbook and is displayed on noticeboards within the service. Feedback forms and boxes are situated within the service, consumer meetings are used as a forum for providing feedback and there is a mobile application that can be used by consumers and representatives to lodge a complaint.

The staff education program and the staff handbook includes information about complaints and feedback processes; staff also receive this information as an element of their orientation. Staff were familiar with the complaints processes and could describe how they support consumers to make a complaint.

The service’s management keeps records of complaints. Information maintained generally included who submitted the complaint, when the complaint was submitted and the action taken in response to the complaint. Records of complaints together with consumer feedback demonstrated an open disclosure process is used when things go wrong and an apology is provided. Complaints data is reported through quality meetings to the governing body and is used to improve the performance of the service and the organisation. The Assessment Team found that documentation relating to complaints was on occasion incomplete, this was communicated to the management team who identified strategies to improve their processes during the Site Audit.

Management described improvements that had been implemented at the service in response to consumer feedback. This included the planning and development of a communal garden, the introduction of a concierge to assist with the admission process and a review of rostering and shift allocation processes to ensure appropriate consideration of the acuity needs of consumers.

Policies and procedures relevant to this standard provide guidance to staff and include complaints management and open disclosure processes.

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 if the organisation understood and applied the individual requirements within this Standard, the Assessment Team spoke with consumers about their experiences with staff, interviewed staff and reviewed a range of records including staff rosters, position descriptions, training records and performance reviews.

Consumers and representatives generally considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers said there were adequate clinical, care and service staff available to meet their needs and they were satisfied with the overall skills, capability and knowledge of staff and others, such as allied health staff. Consumers described staff as kind and caring.

A small number of consumers who were generally satisfied with their care and services, provided examples of staff not responding in a timely manner to their call bell requests for assistance and advised this had negatively impacted on them. The service had previously identified issues with delayed call bell responses times through its routine analysis of call bell response data and had taken action to address the reasons for delayed response times, including in consultation with individual consumers. During the Site Audit, management met with the named consumers and implemented further action to address their concerns.

Most staff said that while they were busy, they confirmed there were sufficient staff to provide care and services to meet the needs of the consumer cohort. Staff said they are supported by management to develop their knowledge and skill and are provided with training.

Organisational policies and procedures guide staff recruitment. Recruitment is ongoing for care and registered staff and a new residential manager commences on 13 December 2021. Position descriptions are provided to staff which set out the requirements of each role.

The service has a roster that allocates staff to the various areas of the service based on the acuity and care needs of consumers. Registered nurses are rostered on all shifts. Strategies are in place to replace staff on planned or unplanned leave.

The organisation has a structured training program that includes orientation for new staff, mandatory and non-mandatory training on various topics, role-specific competencies, and specific training based on individual staff development needs. The service monitors staff completion of mandatory training and competencies and staff are not rostered unless these have been completed.

Processes are in place to monitor members of the workforce and conduct regular assessments and reviews of their performance. Performance reviews are scheduled and conducted annually. Performance is also monitored through observations of staff practice, consumer satisfaction surveys, audits and through consumer feedback and complaints.

Staff were observed knocking on consumers doors, using respectful language and assisting consumers as required. Care documentation reflected respectful language.

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 if the organisation understood and applied the requirements within this Standard, the Assessment Team spoke with consumers, 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).

Consumers and representatives provided ongoing input in relation to how their care and services were delivered. Management and staff sought feedback from consumers and representatives through several mechanisms including, but not limited to, meetings, feedback forms, surveys and an electronic application.

The organisation’s quality governance framework established accountability for the delivery of safe and quality care and services from service management through to the Board including the escalation of incidents. Information received by the Board in relation to clinical indicators, incidents, complaints and quality indicators have resulted in service wide improvements including, but not limited to additional staffing, refined admission processes and additional training for staff.

The organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation has implemented effective risk management systems. Organisational policies and a documented risk management and governance framework provided staff with information pertaining to consumer safety, risk management, clinical safety and the escalation of critical incidents. Staff received training in relation to the minimisation of risks and the organisation’s risk management framework.

The organisation’s incident management system was designed to ensure incidents were documented, investigated and outcomes were recorded. The organisation had systems to monitor incident data, mandatory reporting, complaints and hazards. Management and staff had a shared understanding of how these systems were used to minimise risks for consumers.

The organisation’s documented clinical governance framework and policies in relation to antimicrobial stewardship, minimising the use of restrictive practices, complaints management and open disclosure were applied by staff in the delivery of clinical care. Staff had received training in relation to the framework and policies and provided examples of how they were applied to their practice.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.