Onkaparinga Lodge

Performance Report

28 Liddell Drive HUNTFIELD HEIGHTS SA 5163

Phone number: 08 8186 7099

**Commission ID:** 6222

**Provider name:** Southern Cross Care (SA & NT) Incorporated

**Site audit date:** **9 December 2019 to 11 December 2019**

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

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

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found consumers and representatives interviewed said 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. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are treated with respect, staff speak respectfully and kindly and listen to them.
* they are encouraged to do things for themselves, and that staff know what is important to them.
* their personal privacy is respected, and staff knock and wait before entering the room and gave examples of how they are respected to exercise choice and make decisions about their care.
* their relative at the service, cultural safety was about the food that they ate, and that the service has accommodated their European taste for food.

Staff interviews with the Assessment Team could describe how consumers are could describe the specific needs and preferences of consumers in relation to consumers in the service. Lifestyle and hospitality staff described their respective strategies for delivering effective care and services, such as using feedback from consumers to improve, and talking with consumer representatives to glean detailed information about consumers’ experience.

The Assessment Team observed staff interacting with consumers respectfully and kindly throughout the service, including in consumers rooms, dining areas, outside areas, and common areas. Staff were observed greeting consumers first before providing care, respecting their privacy and dignity in both their room and in the service’s common areas.

The Assessment Team viewed relevant documentation (strategic plans, diversity plans) also outlined what it means to provide care in a culturally safe way, and staff confirmed that they are trained in the delivery of culturally safe care. Care plans viewed reference how supporting consumers to drive decision making and maintain relationships. These documents describe the significance of particular people in consumers’ lives, with specific reference to family members, and other persons.

The Assessment team found the service demonstrated their monitoring and reviewing of the requirement through their ‘Cultural Care Audit’ for November 2019. This document lists consumers from a non-English speaking background, as well as their social and spiritual goals and preferences. Additional information about how the service is meeting the consumers’ needs is provided, including where the service documents pertinent information and the frequency of evaluation, such as the six-monthly care reviews for cultural care undertaken by the service.

## The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure the service has a culture of inclusion and respect for consumers whereby consumers are respected and enabled to exercise choice and independence.

## 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

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

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

The Assessment Team found consumers and representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are consulted about the assessments, reassessments and care planning. While not all consumers said they have seen their care plans, management demonstrated these are available to consumers.
* the consumers’ goals and preferences are included in their assessment and planning of their care and reviews of their care and services occur regularly.

The Assessment Team found the organisation was able to demonstrate effective assessment, planning and consultation processes for consumers in relation to identifying consumers’ needs, goals and preferences, and risks to consumers’ health and well-being. The organisation has policies and procedures to guide staff in assessment and planning processes.

Six clinical and care staff interviewed by the Assessment team were able to describe individual needs of consumers and how they delivered the care and services to the consumer which were safe and met their needs and wishes. Completed advance care planning and end of life planning documents were noted to be in each sampled consumer’s file and recorded the representatives name and signature where applicable.

Assessment Team interviewed the clinical staff said how they use various assessment and planning processes to inform and develop the consumer’s care plan to deliver safe and effective care, whether they are permanent or respite consumers. Registered nursing staff said they introduce the topic of end of life care by providing consumers with the advanced care pamphlet. Staff said they talk about resident choice and ask consumers if they would like time to consider the topic and discuss with family members.

Four care staff interviewed by the Assessment Team described what is important to the consumers in terms of how their personal and clinical care is delivered, including their needs, goals and preferences. Information provided was found to be consistent with the assessment and care planning data.

The Assessment Team found the organisation has provided staff with a reference tool called ‘Preventing and Responding to Deterioration’. Staff said it is a good, quick reference guide with early interventions and urgent interventions for common deteriorating states such as chest pain, delirium, and constipation.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning has a focus on optimising health and well-being in accordance with the consumers’ needs, goals and preferences.

## 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

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

The Assessment Team found consumers and representatives interviewed stated they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* all provided positive responses to feeling safe and getting the care they need.
* they are looked after well by staff who respect their preferences.
* they have access to a doctor and other health professionals when they need it.

The Assessment Team found the organisation provides written materials regarding best practice care delivery to guide staff practice and are these regularly reviewed and updated through the corporate clinical governance committee. Policies and procedures are viewed and approved by the Governance sub-committee of the Board, following document approval information is disseminate to sites through the residential service managers for implementation.

The Assessment Team viewed consumer files which reflected individualised care that is safe, effective and tailored to the individual needs of consumers. Consumer files showed staff are effective in identifying, planning for and delivering personal care and clinical care based on the needs and preferences of consumers.

Staff interviewed by the Assessment Team said they felt care and service provided to consumers was safe and appropriate and described what they do when they have concerns in relation to a consumer’s personal or clinical care. Care staff said they encourage the consumer/representative to provide feedback in relation to care and report to management if needs are not met. Staff said they know the care they provide is safe and effective through consumer’s providing feedback, and if the consumers feel their health and wellbeing state is maintained or improved.

Nursing staff said they monitor changes to consumers closely and showed the Assessment Team the vital signs monitoring graphs on the electronic care system.

The Assessment Team found the organisation trends clinical data for the high- risk areas of falls, behaviour, infections, antimicrobial stewardship, wound, medications and pressure injuries. Further strategies to minimise risks to individual consumers is identified and care plans updated with changes. The clinical trends and analysis month report is reviewed by the Quality and Clinical Governance Committee and Board monthly. The service has established a process for review of clinical, quality and safety issues for high risk residents through daily evaluation and action planning.

The Assessment Team found the organisation has an influenza program for the service to implement, including education, promotion, free vaccination, various vaccination access locations and an incentive scheme. The service maintains influenza vaccinations records for staff, consumers and volunteers. The organisation is part of a network group regarding antimicrobial stewardship and have recently participated in a national antimicrobial prescribing survey. Feedback for the survey was not available at the time of the site audit.

## The Assessment Team were informed by management team they have introduced a resource called ‘Is it an infection guideline’, the guidelines require staff to follow a clinical pathway for 24 hours prior to referral and possible antibiotic treatment.

## The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure the delivery of safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Minimisation of infection related risks through implementing:

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found all consumers and representatives interviewed said they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they enjoy attending the activities provided and are supported by lifestyle staff to maintain their independence by going for walks.
* there were adequate supports for daily living and had involvement with gymnasium, support and focus on continued mobility, and tailored activities service.
* the food was varied, plentiful and of good quality and how their cultural background was catered for.

The Assessment Team found the service could demonstrate how information regarding consumers’ condition, needs and preferences is communicated in a timely and appropriate way. Staff could give meaningful examples of how information about consumers is collected and shared and demonstrated their knowledge of consumers’ individual needs and preferences in relation to activities, pastimes, and independence. Management said they have the step program and traineeships that provided training to prospective aged care employees in relation to providing emotional and spiritual support to consumers.

The Assessment Team found the service was able to demonstrate consumers and staff are supported by equipment which is safe, suitable, clean and well maintained by staff at the service. Food services are monitored and meet legislative requirements. Consumer input into the menu is sought through various established mechanisms.

Staff interviewed by the Assessment team said they respect each consumer’s choice and encourage consumers to attend activities of their choosing. This includes church services, concerts, bus trips, craft, and exercises. Documentation showed the organisation does have systems in place to identify and promote the emotional, spiritual and psychological well-being of consumers.

## The Assessment Team examined the activities schedule and confirmed with the Lifestyle coordinator that all activities are regularly reviewed and revised through resident meeting feedback and regular interaction with consumers. Consumer information is documented and communicated through a number of methods, including an electronic care documentation system, paperwork and verbal handover processes.

## The Assessment Team observed consumers to be enjoying the activities offered.

## The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure the service provides safe and effective services and support for daily living to optimise the consumer’s impendence, health, well-being and quality of life.

## 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 services 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

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

The Assessment Team found consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they feel safe living in the service.
* how welcome visitors feel and stated they particularly liked the café and gardens.
* the service is clean and well maintained and cleaners were always prepared to do a little extra if asked.

The Assessment Team examined the maintenance logs and found that evidence of regular maintenance of the service environment, with no outstanding maintenance issues that would impact on consumers.

The Assessment team interviewed the maintenance officer and property operations manager and described how the features of the service environment are designed to support functioning of people with a cognitive impairment and provided the example of placement of handrails. Staff said how maintenance is managed at the service, including what happens when the environment needs maintenance.

The Assessment Team observed the service to be clean, welcoming and well-maintained, and the environment to appear to be safe and comfortable. The main courtyard area of the service was accessible to all consumers, spacious, visible to staff inside the service from multiple vantage points, landscaped with fruit trees and other plants. The outdoor and indoor recreational areas of the service was also furnished with an abundance of chairs.

The Assessment Team found the organisation has monitoring processes in relation to Standard 5 to ensure the service provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## 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

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

The Assessment Team found consumers and representatives interviewed said they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they could make complaints and felt safe to do so and staff listen to them.
* they are comfortable in raising complaints with management or staff and that complaints are generally responded to in a timely manner.
* when they have made suggestions or provided feedback, management have considered their feedback and reviewed the services which are being provided,
* When they had made a complaint, management had investigated and had apologised to them.
* lifestyle calendar being printed in larger print for ease of visibility was implemented following a feedback from consumers.

The Assessment Team found the organisation has complaints framework and reports trends to the Board. Moreover, consumer meeting minutes show that feedback forms go straight to Management for actioning.

Management informed the Assessment Team internal complex complaints are forwarded to the Board for their consideration and monitoring, and Board are advised of complaints to external parties. Management did not provide examples of complex complaints leading to service improvement.

The Assessment Team found reviewed the complaints registers demonstrated feedback is logged, actioned and reviewed. Information from the log is discussed at the services clinical, staff and resident meetings and reported to the organisations corporate and Board meetings as applicable.

The Assessment Team noted complaints are closed following feedback from the consumer or escalation to other systems such as the continuous improvement system.

Staff interviews by the Assessment Team said how to enable Care staff interviewed said they would try to address any consumer complaints immediately; however they would also offer a feedback form and assist the consumer to complete it and would escalate any complaints to their immediate supervisor.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service 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 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

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

The Assessment Team found consumers and representatives interviewed said they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* they were complimentary of the care and services provided by the staff of the service and said that staff are available to support consumers.
* staff know what they are doing and think there are adequate staff.
* staff were adequately trained and able to provide the required care and support services.
* the organisation’s staff know what they are doing.

The Assessment Team found the service demonstrated processes ensure the workforce is planned to ensure sufficient numbers and skill mix of staff is appropriate for the delivery of safe, respectful and quality care and services. Management informed the Assessment Team of the services ‘Primary care model’ which stipulates staff work a minimum of three consecutive shifts for three consecutive days with the same group of residents. Management informed the Assessment Team the model increased staff knowledge of individual consumers and strengthened their competency.

Clinical staff said the carer competency program and informed the Assessment Team they are observed during practical tasks and provided with feedback on how they can improve. Staff stated they are able to complete their tasks and leave work on time each shift.

Staff interviewed by the Assessment Team said further to mandatory annual training, training is available on-line, through toolbox education, one to one practical demonstration, nursing specialists and at meetings. Staff said they can request training through the meeting process and provided the example of wound management training. Staff interviewed said they have plenty of training opportunities available to them and feel equipped to perform their roles.

The Assessment Team observed staff interactions to be kind, caring and respectful and staff taking time to listen to consumers. Staff were observed assisting consumers with confusion or dementia in a supportive manner.

## The Assessment Team found the organisation has monitoring processes in relation to Standard 7 to ensure the service has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

## 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

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

The Assessment Team found all consumers and representatives interviewed said the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* the service is well run and when they raise issues, management responds quickly and effectively.
* they are satisfied with the management of the service.
* they discussed their involvement in the delivery and evaluation of care and services through input into the resident meeting.
* there is a resident representative who is also involved in the services quality committee.

The Assessment Team found the organisation’s governing body has effective systems in place to ensure the delivery of safe and quality care and services. The Board demonstrated they engage with the consumers to develop their care and services in line with what consumers want. There are organisation-wide governance systems for information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback. A clinical governance framework is in place and covers the monitoring, review and escalation of appropriate clinical issues.

Management advised the Assessment Team the Board is active in the running of the service and requires services to keep them well informed. This is achieved through monthly reports to the Board informing them of complex complaints, critical and significant incidents, clinical trending and various reports relating to the welfare and safety of consumers.

Management informed the Assessment team opportunities for improvement are identified through review of information systems such as resident/representative feedback system, complaints and suggestions, incidents, trending analysis and external reports. Management said two shifts a week are delegated to quality activities which includes review of these systems, follow up of individual resident/representatives and populating the continuous improvement plan as appropriate.

The Assessment Team found ongoing review of the continuous improvement activities occurs at the monthly quality meeting. The review process is completed to ensure improvements continue to be implemented and a review of the effectiveness is completed.

Staff interviewed by the Assessment Team said new policies had been discussed with them and what they meant for them in a practical way and relevance to their work. Staff said the clinical portfolios such as Dementia and Continence Champions provided them with an expert on site to talk with about complex issues. The introduction of ‘recognition of infection guidelines’ had improved communication regarding signs and symptoms of infection.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensures the governing body is accountable for the delivery of safe and quality care and services.

## 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.