RFBI Lakemba Masonic Village

Performance Report

72 Sproule Street
LAKEMBA NSW 2195
Phone number: 02 9393 7700

**Commission ID:** 0206

**Provider name:** Royal Freemasons’ Benevolent Institution

**Site Audit date:** 22 February 2022 to 24 February 2022

**Date of Performance Report:** 30 March 2022

# Performance report prepared by

Melissa Frost, 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** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-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 17 March 2022
* other intelligence and information 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

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

Consumers and their representatives said staff treat consumers with dignity and respect and are aware of their heritage. Staff showed understanding of consumers’ backgrounds and preferences, and described how these influence care delivery. Staff were observed treating consumers with respect and greeting them by their preferred names. Care planning documents reflect consumers’ cultural, spiritual and activity preferences.

Consumers are supported to exercise choice and independence, including through maintaining relationships within and outside the service. Staff described how they tailor care, encourage consumers to be independent, and respect consumers’ choices. Consumers and their representatives said they felt supported to maintain independence. Consumers said information provided to them is generally accurate and timely, and supports them to make choices.

Care planning documents reflect that staff complete risk assessments, involving discussions with consumers and their representatives, to support consumers to take risks. Consumers said staff had discussed individual risks with them and they felt staff respect their choices to engage in activities involving risk. Staff described strategies implemented to support consumers’ choices, which are documented in care plans.

Consumers said staff respect their privacy. Staff were observed knocking on consumers’ doors before entering rooms, consistent with the service’s policy.

## 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

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

Consumers and their representatives said they are involved with assessment and care planning, on entry to the service and then during periodic reviews. Staff described how they use assessment and planning processes to inform safe care delivery, through identifying consumers’ needs, goals and applicable risks. Care plans note consumers’ preferences, including for advance care and end of life care.

Care planning documents reflected input from consumers, representatives and other organisations and services, including recommendations or directives from health professionals. Consumers and their representatives said staff explain information regarding care and they have access to care planning documents.

Care planning documents reflected regular reviews occur, at least every three months and following any change of circumstances or condition of the consumer. Representatives said they are informed of changes. The service reviews clinical indicators and monitors trends to identify areas of risk and strategies for improvement.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

The non-compliance is in relation to Requirement (3)(b) as the Assessment Team found deficiencies in effective management of high-impact and high-prevalence risks associated with the care of consumers. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Consumers and their representatives said consumers receive personal and clinical care that is safe, effective and tailored to their needs. Staff described consumers’ personal and clinical care needs. Consumers subject to restrictive practices have appropriate documentation, monitoring and review in place. Consumers requiring skin integrity and pain management care receive suitable care consistent with applicable policies and directives.

Care documents reflect that consumers nearing the end of life received care consistent with their wishes, and steps were taken to preserve their dignity. Staff described how they maximise comfort for those consumers.

Care documents show deterioration or change of consumers’ condition is identified and responded to, including through referrals to other health providers or hospital. Staff described processes to escalate any changes, including sharing information at handover.

Consumers and their representatives said information is shared between staff within the service, and with other organisations, to support consumers in receiving care aligned with their preferences and needs. Staff described how they document information in progress notes, speak to external providers and health professionals regarding consumers’ needs and communicate with representatives.

Care planning documents reflected timely and appropriate referrals occurred for consumers to other individuals, external allied health providers or organisations including dieticians, dentists, speech pathologists and geriatricians.

The service has policies and procedures in place to prevent and control infections, and for the appropriate prescribing of antibiotics. Staff demonstrated understanding of these procedures and were observed to be following adequate infection prevention and control practices.

### 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) Non-compliant

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

The Assessment Team found for some consumers sampled, care planning documentation identified effective management of high impact and high prevalence risks associated with the care of consumers. However, the Assessment Team brought forward three examples of deficiencies in the management of risks related to the monitoring of clinical care needs, recording of complex behaviours and management of a named consumer who exhibited mental health concerns.

The Approved Provider responded on 17 March 2022, and included clarifying information, clinical record extracts and a plan for continuous improvement.

Regarding the named consumer who required monitoring for a clinical care need, the Assessment Team found that directives to monitor the consumer’s care need daily were not being followed and there were no records of consistent monitoring in the care documentation system. The Approved Provider clarified the Assessment Team’s findings and stated the named consumer sometimes refuses to have the care need monitored and has previously completed a risk assessment for the refusal. The Approved Provider submitted the signed risk assessment, which was dated prior to the Site Audit, as a part of their response. I am satisfied with the Approved Provider’s response, which supports the consumer’s wishes. As such, I do not consider this example as demonstrating that the service is non-compliant with this Requirement.

Regarding the named consumer who exhibits complex behaviours, the Assessment Team did not find any information about a particular behaviour and any individualised behaviour management strategies in the consumer’s care planning documentation to address this. The Assessment Team were made aware of the behaviour during staff interviews, and management amended the consumer’s care plan to reflect the behaviour during the Site Audit once it was raised. The Approved Provider responded that consumer behaviour episodes are discussed at the staff handover, which occurs at the beginning of each shift. As relevant assessments and behaviour management strategies for the mentioned behaviour were not documented and evidenced prior to the Site Audit, and as this behaviour can pose a risk to the named consumer and others, I consider that this evidence demonstrates at the time of the Site Audit the service was non-compliant with this Requirement.

Regarding the named consumer who expressed significant mental health concerns to the Assessment Team, information about the consumer’s concerns was not observed in their progress notes or care plan. The Assessment Team noted two behaviour chart entries in February 2022, where the staff documented they observed information about the consumer expressing significant mental health concerns, posing a risk to themselves. However, the Assessment Team stated management staff were not aware of the consumer’s concerns and behaviours. After informing management during the Site Audit, action was taken to evaluate and support the consumer, including a risk assessment and referral to relevant health professionals.

In the Approved Provider’s response, they supplied behaviour charts for the named consumer relevant to the period. The Approved Provider stated there was no notation consistent with the Assessment Team’s observations. However, it was apparent from the behavioural charts provided that the information presented in the Site Audit Report was accurate and staff had recorded the consumer expressing mental health concerns on 15 January 2022 and 15 February 2022. No escalation to registered staff or management was noted.

Risk to the named consumer expressing mental health concerns was not identified and escalated prior to the Site Audit by the service’s processes. Corrective actions undertaken by the Approved Provider occurred during and after the Site Audit, and deficiencies were not identified by the Approved Provider’s governance systems. As such, I consider this example is reflective of non-compliance with this Requirement.

I consider overall the service did not demonstrate that high impact and high prevalence risks associated with the care of each consumer were effectively managed at the time of the Site Audit.

Therefore, I find this Requirement is Non-compliant.

### 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

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

Consumers and their representatives said staff support consumers to participate in activities that are of interest to them, and the service provides supports to enable consumers to optimise their independence and well-being. Care planning documents reflect consumers’ preferences. Staff described how they tailor activities and cater to consumers’ interests. Consumers were observed participating in individual and group activities.

Staff described how they provide support to consumers to promote spiritual and psychological well-being, including engaging with consumers, referral to other services, and supporting consumers to attend religious services.

Consumers and their representatives said consumers are supported to maintain relationships and participate in the community. Staff said they support consumers to receive visitors and keep in contact with family and friends. The service hosts activities such as theme days, concerts and facilitates outings for consumers.

Care documents reflect information is shared within and outside the service, as appropriate, to enable a shared understanding of consumers’ needs and preferences. Care plans show referrals are made to other services and organisations to support consumers to engage in activities and enhance their well-being.

Consumers said they were satisfied with the quantity, quality and variety of meals available. Care plans reflect consumers’ dietary needs and preferences. Hospitality staff described how they are informed of consumers’ needs and how they evaluate the suitability of the menu. The kitchen environment was observed to be clean and well maintained.

Equipment was observed to be safe, suitable and well maintained. Consumers and staff said suitable equipment was available to meet consumers’ needs. Staff described cleaning and maintenance processes.

## 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 NON-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

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-compliant.

The non-compliance is in relation to Requirement (3)(b) as the Assessment Team observed consumers were not utilising the designated smoking area, with potential impact to the safety and comfort of those and other consumers. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Consumers said they felt at home in the service. Consumers are supported to personalise their rooms with photographs, artwork and furniture. The environment was observed to be welcoming, with signage to guide consumers and visitors and handrails to support mobility.

The service has communal areas including dining and lounge spaces, balconies, gardens and outdoor seating areas. Indoor and outdoor areas of the service were observed to be easily accessible to consumers.

Consumers said the furniture, fittings and equipment at the service are safe and suitable. The service has a cleaning schedule, maintenance programs for proactive and reactive action, and a maintenance log. The schedules and logs supported that cleaning and maintenance are conducted routinely, with no outstanding issues.

##  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) Non-Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team observed the service environment to be clean and well-maintained, with consumers able to move freely, both indoors and outdoors. Consumers said prior complaints about cleanliness were suitably addressed.

However, the Assessment Team brought forward concerns regarding safety of the service environment. The service has a shared courtyard, accessible to numerous consumers through their bedroom doors, and the smell of cigarette smoke was observed in the shared hallways coming through the open bedroom doors throughout the Site Audit. The smoke was prominently observed near a named consumer’s room who has a diagnosis of chronic respiratory illness and receives oxygen therapy. No risk assessments were presented for the consumers who reside in this area, including the named consumer, though no complaints had been brought forward. During the Site Audit, management identified that some consumers who smoke did not wish to use the newly renovated smoking area as they wanted to be around other consumers in the shared courtyard. Management said this had occurred for a couple of months and they had not yet reviewed appropriateness.

The Approved Provider responded on 17 March 2022 and supplied a continuous improvement plan. After the Site Audit, the Approved Provider completed risk assessments for all non-smoking consumers. A survey was conducted to obtain feedback from consumers about the use of the courtyard as the smoking area, which was further discussed in a consumer meeting. This information reflected the majority of the consumers had no concerns regarding the courtyard’s use as a smoking area.

No additional information was presented in the Site Audit Report or Approved Provider’s response regarding the safety and suitability of the courtyard environment as an alternative to the designated smoking area. I acknowledge the Approved Provider’s action to obtain consumer feedback regarding the courtyard environment and to meet the preference of consumers who choose to smoke. However, the service did not provide evidence they had identified the potential risks associated with the courtyard’s use, monitored the safety and suitability of the environment or completed risk assessments for impacted consumers prior to the Site Audit. As such, the service failed to ensure the service environment was safe and comfortable for all consumers at the time of the Site Audit.

Therefore, I find this Requirement is Non-compliant.

### 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.

Consumers and their representatives said they are encouraged and supported to make complaints and provide feedback, and feel comfortable doing so. Options to provide feedback or complaints include through meeting attendance, surveys and verbal discussions with staff. Meeting minutes reflect the suggestions and complaints of consumers. Feedback forms may be deposited in confidential mailboxes in the service’s lobby. Staff described how they escalate complaints when raised, and update the service’s complaints and compliments register.

Consumers have access to advocates, language services and other methods for raising complaints. Staff described how they support consumers through using interpreters and engaging with representatives. Pamphlets for advocacy services were available in multiple languages at the service entry.

Consumers and their representatives said the service takes action in response to complaints. Staff described how they apply open disclosure when responding to complaints. The service’s feedback and complaints register reflects all complaints were addressed with an appropriate response. The service has a quality improvement meeting, where feedback and complaint trends are identified and improvement suggestions are escalated for consideration.

## 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.

Consumers and their representatives said staff are kind, caring and responsive. Staff considered they have sufficient time to complete their duties and provide care, and were observed treating consumers respectfully. The service has processes to fill all shifts. Few extended call bell response times were identified in the month prior to the Site Audit, and those that occurred were investigated by management with follow up action taken.

The service has processes to monitor staff competency, including through annual performance appraisals, and assessment of role-related competencies. Staff undertake mandatory role-specific training. Staff can request further training to improve their skills, which may be added to the service’s training schedule. Records showed that performance appraisals and staff training were up-to-date.

## 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.

Consumers and their representatives said they are engaged in the development and evaluation of care and services, and considered the service is well run. Management obtain feedback through meetings, surveys and discussions to support consumer engagement in improving the delivery of care and services.

The service’s Board shows accountability for a culture of safe and inclusive care through ongoing engagement with the service to analyse incidents, assess feedback and communicates with staff and consumers through newsletters and visits. The Board has endorsed improvements to the service, such as renovations.

The service has effective governance systems to support information management, financial governance and workforce governance. The service demonstrated it identifies opportunities for continuous improvement, including through information received via feedback and complaints and analysis of incidents. The service monitors regulatory compliance and communicates legislative changes to staff.

The service has a risk management framework. Staff described relevant policies and how they apply them, such as through reporting incidents, abuse or neglect. The service also has a clinical governance framework, with policies promoting antimicrobial stewardship and open disclosure. Staff described how they minimise the use of restraint through regular review of restrictive practices and how they follow legislative requirements.

## 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

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

* Requirement 3(3)(b) – the Approved Provider ensures high-impact and high-prevalence risks are effectively managed, including through documenting relevant strategies and escalating information to ensure consumers are receiving appropriate care to mitigate risks.
* Requirement 5(3)(b) – the Approved Provider ensures the service environment is safe and comfortable for all consumers, including considering risks and impacts to consumers where changes occur, such as consumers smoking outside the designated smoking area.