Royal Freemasons Bendigo

Performance Report

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**Commission ID:** 4558

**Provider name:** Royal Freemasons Ltd

**Site Audit date:** 3 August 2021 to 5 August 2021

**Date of Performance Report:** 21 September 2021

# 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) | 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) | Non-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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 2 September 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documents (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documents and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers were satisfied they are treated with respect by staff at the service.
* Consumers were satisfied they are valued as individuals and are encouraged to maintain their personal interests and relationships with people who are important to them.
* Consumers were satisfied with the information they receive and how it is communicated to them.
* Consumers were satisfied their personal privacy is respected by staff.

Staff consistently described consumers as individuals and described how they tailor the delivery of care to meet the consumers cultural needs. Staff explained steps to support consumers taking risks, managing the risk and assisting consumers in making informed decisions.

Care planning documents were detailed and specific to each consumer’s background, needs and preferences. Care plans reflected consumer’s choice in relation to taking risk.

The Assessment Team observed staff interacting with consumers in a respectful manner throughout the Site Audit.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, consumers and representatives were satisfied that assessment and care planning identify the consumers current risks, needs, goals and preferences and consumers receive the care they need. Care planning and assessment documents detailed current assessed needs, preferences and goals with consideration of risk. Individualised strategies to manage risk are documented.

Consumers and representatives confirmed they have been provided information about advance care planning and care planning is occurring according to consumer’s wishes. Assessment and care planning documents included advanced care plans and end of life planning.

Consumers and representatives confirmed they are active participants in care planning and described how others are involved in assisting their care planning, in line with their preferences. Staff described how consumers, representatives, health professionals and other organisations contribute to the consumers’ care. Care planning documents reflected care strategies are tailored to consumers’ preferences.

Consumers and representatives confirmed they were aware of and have access to the consumer’s care plan. Staff confirmed consumer care plans are readily available.

Consumers and representatives were satisfied care is reviewed regularly and following a change in circumstances or after an incident such as a fall. Care plans are updated following incidents or a change in the consumers circumstances. Care plans demonstrated effective regular review.

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 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The service demonstrated it has an infection control policy including an antimicrobial stewardship policy and outbreak management plan to guide staff practice. However, the service did not demonstrate the implementation of standard precautions to prevent and control infection at the service. Specifically, the Assessment Team observed multiple and frequent instances of poor staff compliance with hand hygiene and the correct use of face masks.

Most consumers and representatives indicated care is safe and care strategies meet consumers’ individual needs and preferences. Staff interviews, and care documents reflect individualised care which is safe, effective and tailored to the specific needs and preferences of consumers. Staff demonstrated understanding of the high impact and/or high prevalence risks for consumers and the strategies to manage those risks. Care plans detail interventions to reduce risks. Care documents demonstrated non-pharmacological interventions are trialled and evaluated prior to the administration of medication for consumers with challenging behaviours and pain.

Representatives were satisfied the service has individualised interventions in place to support behaviour management for consumers receiving psychotropic medications. The service demonstrated the use of restrictive practices are assessed, monitored and reviewed in consultation with consumers and representatives.

Consumers and representatives were satisfied consumer comfort and care at the end of life is provided. Staff interviews, and care documents showed that end of life needs are met in line with consumer wishes and comfort is maintained.

Consumers and representatives have access to medical practitioners and other health professionals when they need it. Care planning documents reflects timely and appropriate referrals.

Consumers and representatives are notified in a timely manner of any changes in the consumers’ needs and preferences and condition. Clinical staff described how deterioration or changes are identified, actioned and communicated. Care planning documents reflected appropriate actions taken in response to a deterioration or change in consumers’ health.

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

The Assessment Team found the service identifies and manages consumers infections and antibiotic prescriptions are minimised. However, throughout the Site Audit the Assessment Team consistently observed poor staff practice in relation to sanitising of shared equipment, hand hygiene and use of Personal Protective Equipment (PPE), specifically face masks.

The Assessment Team also observed a lack of clearly defined donning and doffing stations set up in the staff room and no disinfectant wipes and signage near communal vending machines. I acknowledge that management rectified both issues during the Site Audit.

At the time of the Site Audit the service did not have an Infection Prevention and Control (IPC) lead onsite as they were on short term leave. It was noted the replacement IPC lead had not yet completed the relevant IPC training, however could seek and receive organisational advice if required While the replacement IPC lead had not completed the relevant training, I consider the approved provider demonstrated it has reasonable controls in place to manage the IPC lead’s absence including oversight by registered nurses and the implementation of a IPC Quality Team to support the service.

Management explained the service does not have a set process in place to regularly monitor and review staff practice, and the IPC lead generally completes audits on an informal and irregular basis. The Assessment Team reviewed PPE audits conducted by the IPC lead which supported PPE audits are completed on an irregular and ad hoc basis.

The approved provider’s response included actions taken since the Site Audit:

* staff education in hand hygiene and donning and doffing
* development of a daily audit tool for the service to spot check staff PPE use
* appointment of a new Quality Coordinator and approval for an additional clinical staff member to complete the IPC course.

While I acknowledge the action taken by the service since the audit to address the deficits, these steps have not been fully implemented and evaluated. I find the service Non-compliant with this Requirement.

# 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

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

Overall, consumers considered 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. Lifestyle staff described how activities are tailored to meet the abilities of participating consumers to keep them engaged.

Consumer documents reflect the consumer’s emotional and psychological support needs. Consumer feedback, staff interviews, and observations made by the Assessment Team are consistent with care documents.

Most consumers and representatives felt consumers are supported to participate in the activities they choose and the service supports them to access interests in the community. Consumers provided examples of how they are supported to maintain communication with important people in their life. Care planning documents contained information on consumer interests and significant relationships inside and outside the service.

While consumers provided mixed feedback in relation to the quality of the meals, all consumers were satisfied with the alternative meals made available on request. Care planning documents detailed consumers’ dietary needs and preferences. Consumer’s nutritional needs are effectively communicated to the catering staff to ensure meals are served in line with consumer care plans. The Assessment Team observed the consumer dining experience to be positive and calm.

Equipment was observed to be 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 how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Most consumers feel like they belong in the service and feel safe and comfortable in the service environment. Consumers and representatives described the service environment as welcoming.

Staff said they have sufficient equipment to undertake their roles and demonstrated the process of logging maintenance requests. The service has processes in place to ensure regular maintenance of equipment.

The service offers a range of communal spaces that enhance consumer engagement and interaction. Consumers are able to move freely and access both indoor and outdoor areas of the service.

The service was observed to be safe, clean and well maintained, well-lit and clutter-free.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

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

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

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

Consumers and representatives demonstrated an awareness of external avenues and supports available for them to access to raise concerns.

Most consumers and representatives were satisfied with the service’s response to complaints, however, some consumers considered the service’s internal complaint handling process, in particular communication, could be improved.

Staff described how they assist consumers to raise concerns or provide feedback including how they support consumers who have difficulty communicating. Staff demonstrated an understanding and practical application of ‘open disclosure’ and provided examples of the process they follow when things go wrong.

Management described how the complaints process informs ongoing continuous improvement at the service.

Feedback and complaints documents demonstrated actions taken and improvements made as a result of feedback and complaints.

Advocacy and external complaints information is readily available throughout the service. Feedback forms and locked boxes are available to consumers, and feedback can be provided anonymously.

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 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Consumer, representative and staff interviews identified issues with the adequacy of staffing numbers and the negative impact this has on the delivery of safe and quality care and services. While roster documents demonstrated that most shifts are allocated with regular staff, not all shifts are replaced. Agency staff are used where regular staff are not available.

Most consumers and representatives considered staff are kind and caring, and gentle when providing care. The Assessment Team observed interactions between consumers and staff to be kind, caring and respectful.

Most consumers and representatives were satisfied staff know what they are doing, while one representative identified area’s for improvement. Management demonstrated the workforce is recruited to specific roles requiring qualification, credentialing or competency. The organisation has documented core competencies and capabilities for different roles.

Staff are trained and equipped to undertake their roles and supported to deliver outcomes for consumers. Staff performance is regularly monitored and reviewed with appropriate action taken.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

### The Assessment Team found the service, at the time of the Site Audit, was not adequately staffed to deliver and manage safe and quality care and services.

The Assessment Team’s evidence included negative feedback from consumers, representatives and staff about insufficient staffing levels at the service. Consumers and representatives described examples where lack of staff had directly impacted the quality of care and services provided to consumers. For example, consumers having to wait for assistance in relation to personal hygiene, continence care and pain management resulting in consumers managing their pain independently.

The Assessment Team observed a consumer experience a fall. The consumer was aware they should wait for staff assistance to ambulate; however, staff can take a while to assist and this has resulted incontinence episodes. The Assessment Team also observed the memory support unit to be understaffed for a short period as a personal care staff member was called away leaving a single personal care staff to assist consumers with medications and activities.

While call bell response times indicated staff responsiveness, management acknowledged the wait times exceeding ten minutes were likely due to current staffing numbers.

Roster documents reviewed by the Assessment Team demonstrated that while all shifts are allocated, not all shifts are filled in the event of an unexpected absence. For example, clinical shifts are not always filled.

Management advised the service has been undertaking an ongoing recruitment exercise since February 2021 to recruit staff across multiple roles. The service identified gaps in its onboarding process, as a result, the organisation is currently reviewing its onboarding process to ensure ongoing efficiency.

The approved provider’s response included actions taken since the Site Audit including recruitment initiatives such as a traineeship program. The approved provider advised that staff numbers have increased since the Site Audit and new staff have been onboarded. Updated roster information continues to demonstrate several shifts worked short, however I note the number of shifts unfilled has decreased.

The service’s rate of agency staff has steadily increased in the three months leading up to the Site Audit. The service has received approval to book agency staff ahead of time and ahead of rostering to ensure coverage of planned vacant shifts. By booking agency staff in advance the service intends to maintain continuity and familiarity of staff for consumers.

In making my decision I have considered the Assessment Team report and the information in the response from the approved provider. While I acknowledge the actions taken by the approved provider, I consider the impact to consumers reported in interviews and observed by the Assessment Team at the time of the Site Audit is sufficient reason to consider the approved provider has not demonstrated compliance with the Requirement. I find the service is Non-compliant with this Requirement.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services as assessed through other Standards.

Consumers and representatives are encouraged to participate in the development, delivery and evaluation of care and services and in consultation processes within the service and organisation. Management provided examples of board engagement and how consumers are engaged in the development and delivery of services.

The organisation’s governing body uses a range of information and takes action to promote a culture of safe, inclusive and quality care and services. Management provided examples of the governing body’s engagement and actions to improve quality of care and services.

The service demonstrated it has organisation wide governance systems that are in place and their application in general, considers best outcomes for consumers. While the service did not have a dedicated Infection Prevention and Control Lead (IPC) on site at the time of the Site Audit, the approved provider demonstrated it had reasonable workforce governance systems in place to manage instances when the IPC’s lead is on leave.

The organisation provided a documented risk framework identifying high impact and high prevalence risks, and abuse or neglect of consumers. There are processes in place to ensure action is taken and consumers are supported to live the best life they can. Staff demonstrated understanding of the policies and provided examples of how the policies apply to their work.

There is a clinical governance framework in place that includes monitoring and minimising the use of restrictive practices, open disclosure and antimicrobial stewardship. Reporting to the board occurs through several established committees.

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

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.

**Standard 3, Requirement 3(3)(g)**

* Implement and monitor effective infection control and minimisation practices.
* Educate and monitor staff to ensure adherence with infection control protocols.

**Standard 7, Requirement 7(3)(a)**

* Ensure staffing is planned to enable the management and delivery of safe and quality care and services to mitigate adverse impact to consumers.