S Antonio Da Padova Nursing Home

Performance Report

7 North Road
RYDE NSW 2112
Phone number: 02 9809 2211

**Commission ID:** 2003

**Provider name:** S'Antonio Da Padova Protettore Di Poggioreale Sydney Nursing Home Limited

**Site Audit date:** 19 January 2021 to 21 January 2021

**Date of Performance Report:** 30/03/2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the 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

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 documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered that 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. Sampled consumers confirmed that they are treated with respect, and the staff are kind and caring.

Sampled consumers confirmed they are supported to live the best life they can, even if their choices include some risk to their safety. The service demonstrates staff awareness of consumers’ needs and preferences.

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.*

The Assessment Team sampled consumers and they confirmed they are supported by the service to make exercise choiceand independence and to maintain relationships of choice. Consumers said they have choices in their activities of daily living such as times and frequency of personal hygiene, meals and activities.

The Assessment Team found that the organisation has introduced staff training and policy and procedures around choice and decision making to address deficiencies previously identified. Management report the care managers have improved processes of identifying consumers’ needs, goals and preferences and sharing information to enable consumers to exercise choice and independence, and they now attend daily rounds of all consumers.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that 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.

Consumers and/or their representatives said they are involved in the care planning process and are consulted regularly and as circumstances change. Consumers confirm confirmed that they are informed about the outcomes of assessment and planning have ready access to their care and services plan if they wish.

The Assessment Team found information in consumers’ assessment and care planning documentation is current and reflects consumers’ needs, goals and preferences.

The service demonstrates commitment to continuous improvement to address gaps previously identified. A full review of assessments and care plans has been undertaken and a program of monthly care plan review with consumers/representatives has commenced.

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.*

The Assessment team viewed the care planning documents of eight consumers. This documentation provided evidence that comprehensive assessment and planning occurs for consumers. Care plans sampled were individualised relative to the risks to each consumer’s health and wellbeing. Risk assessments are conducted for those consumers where a risk is identified.

The Assessment team found that sampled consumers and representatives said they are happy with their clinical care and they feel safe at the service. Clinical managers and registered nurses interviewed are able to describe processes for assessment and planning, including the consideration of risks to consumers’ health and well-being. They are able to describe how this informs the delivery of safe and effective care and services.

The organisations’ policy and procedures include clinical risk mitigation for general risks in aged care(organisational) and key risk areas (clinical).

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that 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.*

The Assessment Team sampled consumers care planning documents noting they include consumers’ needs, goals and preferences. In addition, care planning documentation includes advanced care plan and end of life planning if the consumer has consented to providing the information.

All sampled consumers who were asked, said they have discussed advanced care planning with the service. The care managers said they have resent information to consumers/representatives to ensure all consumers have an opportunity to provide any advanced care instructions.

The care managers are aware of consumers’ cultural and religious needs which can be a barrier to the discussion. They report they keep a register which includes consumers/representatives who do not wish to provide advanced care directives.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that 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.*

The Assessment Team sampled consumers’ care plans that showed that they are reviewed on both a regular basis and when circumstances change, or incidents. Consumers and representatives said they are consulted in the care planning process through case conferences either in person or by telephone

Care managers explained they review all incidents and complete the management section of the report. Registered nurses said any changes to consumers’ care or any incidents are communicated to families as soon as possible and care plans are updated.

The Assessment Team found that whilst the organisation’s policies and procedures include third monthly care plan reviews, the service has decided to review consumers’ care plans monthly with the new program. Included in the review is a face to face or phone contact with the consumer and/or their chosen representative. The care managers keep a register to monitor care plan reviews are up to date.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and 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.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers interviewed confirmed that they have access to a doctor or other health professional when they need it.

A staff training program, staff recruitment and roll out of the new suite of policies and procedures supports improvements to the provision of clinical and personal care. Improved monitoring processes identify improvements in clinical outcomes for consumers over the past three months.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that progress notes and clinical documents for the consumers sampled reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer.

The service has implemented improvements in diabetes management. The Assessment Team also found overall, consumers interviewed said they are happy with the care they receive from staff. Staff interviews confirmed knowledge of individual consumers’ personal and clinical care and understanding of their role in providing safe and effective care

The care manager described interventions to reduce consumers’ psychotropic medication in line with best practice. The registered nurse demonstrated understanding of the service’s policy to minimise restraint.

The Assessment Team found that the service has undergone a full review of pain management which includes registered nurse training, consumer review by the nurse practitioner on wound management, behaviour management, medications and infections. Additionally, a new physiotherapist has been recruited who is focussing on pain management. The organisation has a new policy and procedures which include pain management.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that 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.*

Key high impact or high prevalence risks for sampled consumers have been identified in their care plans. Interventions have been implemented to effectively managed the key risks.

Clinical documents showed weekly weights and food/fluid chart are updated regularly and documented. Clinical documents also showed that strategies were trialled prior to consideration of chemical restraint.

The Assessment Team found strategies for falls prevention were recorded and updated in his care plan such as, use of hip protectors and hourly visual monitoring. There were also ongoing behaviour and pain monitoring charts in place and these were documented appropriately. Pain management documentation indicates strategies to address pain and the strategies are trialled and recorded for effectiveness.

Care managers, registered nurses and care staff could describe sampled consumers clinical/ personal risks in line with their documented care plans.

The organisation has introduced a new suite of clinical policies and procedures and policies and procedures on high-impact or high-prevalence risk have been discussed with staff.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that 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.*

Consumers provided positive feedback regarding management of their infections.

Consumers/representatives said the service maintains high standards of cleanliness and they see staff sanitising and washing their hands. Consumers who have experienced infections could describe their management strategies and satisfaction with the service’s timely response to their symptoms.

Staff could describe interventions to minimise the use of antibiotics including hand hygiene for consumers and staff, increasing fluid consumers’ input, ensuring pathology testing to identify the infecting organism prior to doctors prescribing anti biotics. Staff monitor infections and antibiotic use to ensure appropriate administration. Staff are aware of individual consumers’ infection status and management strategies to manage risks.

The service has introduced several improvements These include infection control competencies for all staff, mandatory training on donning and doffing personal protective equipment (PPE).

The Assessment Team observed a yellow flower motif on the doors of some consumers. Staff explain this is a discreet reminder to staff that the consumer has an infection and infection control measures are required.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that there is a 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

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 and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers confirm they can do what they like to do, feel they have no restrictions on activities and report their families are welcomed when they visit. Consumers also report they enjoy the activities provided and are kept informed of what is happening.

The Assessment Team identified the service has an improvement program underway to improve documentation of consumers’ service and supports for daily living.

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

#### Observations:

The service environment was observed to be welcoming with attractive décor, well-lit areas and multiple shared communal areas. A recent improvement includes the addition of another sitting room in the dementia specific area.

Consumers’ rooms are personalised with items of decoration and furniture of importance to them. Sampled consumers said they are happy with the environment. They said they can make their rooms homely, they enjoy the shared spaces for meals and activities or sitting with visitors. Consumers said they love getting out to the gardens.

Management said the care managers are visiting consumers daily to observe and get any feedback and are confident most consumers and visitors feel at home in the service.

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 sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. They were informed of several ways they can provide feedback and said they were encouraged to participate in care planning and providing suggestions for improvement.

Management 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 service. The board is active in monitoring and participating in complaints resolution processes to achieve the best possible outcomes for consumers and representatives.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and 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.

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers said there is enough staff to provide safe quality care.

Several recent and significant human resource improvements have been implemented by the service to improve the delivery and management of safe quality care for consumers. A skilled and effective management team have been recruited. New policies and procedures are being embedded and there is a current focus on education to enable staff to better address meeting the Quality Standards.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

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

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

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

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

Consumers, representatives and staff interviewed, documents reviewed and observations made by the Assessment Team confirmed the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

The Assessment Team found consumers and representatives interviewed said staff are kind, caring and provide safe quality care. They said staff know what they are doing and are competent in care provision.

The Assessment Team found there have been improvements made with ongoing changes to restraint and managing compulsory reporting requirements. Legislation have been discussed with staff at meetings including recent relevant policy and procedure updates and education. Elder abuse and compulsory reporting are included in the service’s mandatory education program and staff have completed the training. There have been no incidents. A new educator has been appointed and ensures all mandatory training and competencies are completed by staff. A register showed that all registered nurses Australian Health Practitioner Regulation Agency registrations were current to May 2021.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated 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.

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives interviewed confirmed the service is well and the new management team are effective. They have been informed about how they can be involved in the development, delivery and evaluation of care and services.

Management and the board are accountable for the delivery of safe and quality care and services. Corporate governance systems have been improved with the recent implementation of new policies and procedures which better address meeting the requirements of the Quality Standards.

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.*

The Assessment Team found from documents reviewed and staff interviewed that the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

There have been significant and numerous improvements implemented by the service and driven by the Board over the last six months including but not limited to a range of education for the board, the board applies open disclosure processes to every complaint made by consumers and representatives and numerous actions have been identified by a comprehensive gap analysis with all recommendations have been transitioned to the service’s plan for continuous improvement.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

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

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

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

The Assessment Team found that documents reviewed and staff interviewed confirmed the service has effective governance systems in place.

Staff interviewed confirmed they can readily access information they need about consumers to provide safe quality care and support them to live the best life they can. Management confirmed they now have multidisciplinary meetings weekly to better inform care and service delivery for consumers.

The operations manager explained to the Assessment Team several pathways for improvements opportunities to be identified and processed in the quality improvement systems. The service’s plan for continuous improvement is sectioned into the eight Quality Standards streamlining monitoring by the board and ensuring all requirements of the Quality Standards are met.

Management confirmed the service tracks legislative changes online, receives information from an aged care provider representative organisation and receives numerous emails and alerts from other sources. Ongoing changes to restraint and managing compulsory reporting requirements and legislation have been discussed with staff at meetings including recent relevant policy and procedure updates and education.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated 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.*

The Assessment Team found that documents reviewed, and staff interviewed confirmed the service has effective risk management systems and practices. The service provided a documented risk management framework, including new policies describing how high impact or high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers is identified and responded to and how consumers are supported to live the best life they can.

The service has a monthly compliance schedule to monitor criminal record checks, VISA registrations, the continuous improvement plan, quality audit allocation and analysis, monthly management reports, incident trending and analysis, national indicator submission, restraint management, risk management, complaints management, meetings schedule maintenance and roster review and publication.

The Assessment Team asked staff whether relevant policies had been discussed with them and what they meant for them in a practical way. Staff confirmed they had been educated about the policies and were able to provide examples of their relevance to their work.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated 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.*

The Assessment Team found from documents reviewed and staff interviewed that there is an effective clinical governance framework in place. There is a documented clinical governance framework, a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restraint and an open disclosure policy.

The Assessment Team that staff had been educated about the policies and were able to provide examples of their relevance to their work.

Management confirmed clinical care and services for consumers are planned in accordance with the policies, clinical care is safer and more effective and that chemical and physical restraint is reduced with a focus on other interventions being implemented first. Antibiotic use is scrutinised to prevent unnecessary use of antibiotics.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that 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.