Sale Gardens Care Community

Performance Report

12 Sale-Maffra Road
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**Commission ID:** 4460

**Provider name:** DPG Services Pty Ltd

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

**Date of Performance Report:** 5 October 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** | **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
* 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 documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

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.

Staff demonstrated an understanding of the individual needs of consumers sampled in relation to respect, privacy, culturally safe practices and supporting choice and independence.

Documentation and observations of staff reflected consumer 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.*

I find the service is compliant with this requirement based on the following evidence:

* Consumer satisfaction they are respected by staff and valued as individuals.
* Staff understanding of consumer needs and preferences and how this influences delivery of individual care and services.
* Observations of staff practice in relation to above.

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

*Care and services are culturally safe.*

I find the service is compliant with this requirement based on the following evidence:

* Consumer satisfaction staff try to understand their culture and support their cultural needs.
* Staff described culturally safe care practices and how a consumer’s culture influences how they deliver care and services on a day-to-day basis.
* Observations of relevant adornments within the service.

### 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.*

I find the service is compliant with this requirement based on the following evidence:

* Consumer satisfaction they are supported to exercise choice and independence and maintain relationships of choice.
* Staff descriptions how they support individual consumers exercise choice and independence and respect their decisions.
* Consistency of care documentation with preferences for consumers sampled.

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

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

I find the service is compliant with this requirement based on the following evidence:

* Consumer satisfaction they are supported to take risks to improve their quality of life and independence.
* Staff understanding of the concept of dignity of risk and their examples of consumers who are supported to take risks.
* Documentation demonstrates effective processes to assess and manage this risk.

### 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.*

I find the service is compliant with this requirement based on the following evidence:

* Consumer and representative satisfaction with information provided by the service.
* Examples from staff of information shared, including consideration for sensory needs.
* Observations of information shared with consumers.

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

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

I find the service is compliant with this requirement based on the following evidence:

* Consumers and representatives satisfaction privacy is respected and personal information appropriately protected.
* Staff descriptions how they respect consumer privacy and maintain confidentiality of personal information.
* Observation of staff practice in relation to above.

# STANDARD 2 COMPLIANTOngoing 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.

Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Care documentation sampled reflect consumers’ goals, needs and preferences and demonstrated consumers and others are involved in, and outcomes of, assessment and planning is communicated to consumers. Documentation shows reviews of care regularly occur.

Staff understand needs and preferences of consumers and described how they involve the consumer in care planning.

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 found:

* Consumers confirmed risks to health and wellbeing are identified and assessed.
* However care planning did not always demonstrate consideration for risk and supported this with documentation of three consumers.

The provider’s response described and clarified the service’s processes to identify and assess risk. The response included additional information and evidence in relation to the three consumers.

I have placed weight on the additional evidence provided by the service have come to a view different to that recommended by the Assessment Team. I find the service is compliant with this requirement.

### 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.*

I find the service is compliant with this requirement based on the following evidence:

* Consumer and representative satisfaction care and services are planned around what is important for the consumer.
* Care documentation sampled reflect consumers’ goals, needs and preferences.
* Staff understanding of needs and preferences of consumers.

### 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.*
* I find the service is compliant with this requirement based on the following evidence:
* Consumer and representative descriptions of ways they are involved in assessment and planning.
* Care documentation demonstrated consumers, representatives and others are involved assessment and planning of consumers’ care.
* Staff examples of how the involve consumer/representatives in care planning.

### 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.*

The Assessment Team found:

* Care documentation demonstrated outcomes of assessment and planning is communicated to consumers.
* Staff understood how they access plans of care for consumers/representatives.
* Mixed consumer feedback about awareness of or access to plans of care.

The provider’s response emphasised the service’s processes used to communicate outcomes of assessment and planning of care.

I agree with the Assessment Team’s recommendation and find the service is compliant with this requirement.

### 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 found:

* Care documentation demonstrated reviews regularly occur, however indicated gaps in timing.
* Consumer and representatives described review of consumer care and services occur.
* Staff described care review processes.

The provider’s response included additional information in relation to the gaps identified by the Assessment Team.

I agree with the Assessment Team’s recommendation and find the service is compliant with this requirement.

# STANDARD 3 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.

Overall, sampled consumers considered they receive personal care and clinical care that is safe and right for them.

Staff demonstrated an understanding of, and described ways, they support consumers receive safe and effective care. Staff demonstrated effective infection control processes and practices.

Care documentation demonstrated delivery of safe and effective clinical and personal care. Change and deterioration is identified and responded to in a timely manner, information shared effectively and referrals made where required. There are procedures to minimise infection related risk.

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.*

I find the service is compliant with this requirement based on the following evidence:

* Consumer feedback about the care they receive.
* Care documentation demonstrated delivery safe and effective care, including in relation to restrictive practices, skin integrity and pain management.
* Observations of the management of consumer care consistent with that required.

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

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

The Assessment Team found:

* Consumer and representatives are satisfied staff manage consumers’ high impact high prevalence risks.
* Care documentation and staff interviews demonstrated effective management of consumer risk.

The provider’s response acknowledged evidence neurological observation protocols are not always followed for an unwitnessed falls and further education is planned for relevant staff.

I agree with the Assessment Team’s recommendation and find the service is compliant with this requirement.

### 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.*

I find the service is compliant with this requirement based on the following evidence:

* Staff described processes, resources and strategies employed for consumers nearing end of life.
* Documentation sampled demonstrate needs and goals of consumers are recognised and addressed and their comfort maintained.

### 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.*

I find the service is compliant with this requirement based on the following evidence:

* Care documentation and staff interviews demonstrated for consumers sampled deterioration or change is recognised and responded 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.*

I find the service is compliant with this requirement based on the following evidence:

* Consumer and representatives are satisfied information about condition, needs and preferences is communicated among staff.
* Staff and visiting professionals described how information is documented and communicated.
* Care documentation demonstrate effective sharing of consumers’ condition needs and preferences.

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

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

I find the service is compliant with this requirement based on the following evidence:

* Consumer satisfaction they have appropriate access to individuals and other providers.
* Care planning documents demonstrate that timely and appropriate referrals and staff demonstrated an understanding of referral processes.

### 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.*

I find the service is compliant with this requirement based on the following evidence:

* Consumer and representatives are satisfied with infection control practices.
* Clinical and personal care staff described the processes and practices they apply for standard and transmission-based precautions and antimicrobial stewardship.
* Documentation demonstrated outbreak procedures, education and vaccination monitoring.

# 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 they are enabled and supported by the service. Staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall consumers and representatives 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.

Staff demonstrated an understanding of, and described ways, they support consumers receive safe and effective services and supports for daily living.

Care documentation was consistent with consumer needs, goals and preferences.

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.*

I find the service is compliant with this requirement based on the following evidence:

* Consumer and representatives satisfaction consumers receive services and supports to meet their needs, goals and preferences.
* Staff described how they support consumers to meet above.
* Care documentation details individual needs, goals and preferences.

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

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

I find the service is compliant with this requirement based on the following evidence:

* Consumer and representative satisfaction emotional and psychological well-being is supported.
* Staff demonstrated how they support individual consumers; this was consistent with their care documentation.

### 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.*

I find the service is compliant with this requirement based on the following evidence:

* Consumer satisfaction they are supported to maintain contact with those important to them and continue to do things that interest them.
* Staff described relationships and interests of consumers and how these are being supported.
* Care documentation detail consumer preferences in relation to above.

### 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.*

I find the service is compliant with this requirement based on the following evidence:

* Consumer and representative satisfaction relevant information is communicated within the organisation and to others.
* Staff described and documentation demonstrated how information about needs, preferences and condition are shared.

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

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

I find the service is compliant with this requirement based on the following evidence:

* Consumer satisfaction they are referred to individuals and others in a timely manner.
* Examples from staff how they involve external organisations.
* Care documentation demonstrating timely and appropriate consumer referrals.

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

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

I find the service is compliant with this requirement based on the following evidence:

* Consumer satisfaction meals are varied and of suitable quality and quantity.
* Consumer satisfaction they participate in what meals are provided.
* Staff awareness of consumer dietary needs and preferences.
* Consistency of care documentation with consumer needs.

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

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

I find the service is compliant with this requirement based on the following evidence:

* Observations equipment used by lifestyle and care staff for consumers was clean, suitable and well maintained.
* Staff satisfaction they have access to sufficient equipment that is safe, clean and well maintained.

# STANDARD 5 COMPLIANTOrganisation’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.

Overall, consumers expressed feeling at home at the service and are safe and comfortable in the service environment.

The service was observed to be welcoming, clean and well maintained. Consumers were observed moving freely within the service and outside.

There is a structured program to maintain equipment, furnishings and fittings.

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.*

I find the service is compliant with this requirement based on the following evidence:

* Consumer and representative satisfaction the service is homely and welcoming.
* Observations the service is easy to navigate and consumers have access to a variety of communal inside and outdoor spaces.
* Observations of personalised consumer private spaces.

### 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.*

I find the service is compliant with this requirement based on the following evidence:

* Observations the service is safe, clean and well maintained.
* Observations of consumers moving around freely including accessing outdoor areas.
* Consumer and representative satisfaction the service environment is comfortable and clean and consumers can access communal and outside areas.

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

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

I find the service is compliant with this requirement based on the following evidence:

* Observations of furniture, fittings and equipment to be safe, clean and well maintained.
* Consumer satisfaction equipment is safe, clean and well-maintained.
* Staff described processes by which equipment, furniture and fittings is cleaned and maintained.
* Documentation showed structured maintenance of furniture, fitting and equipment.

# STANDARD 6 COMPLIANTFeedback 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 they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

Management and staff demonstrated processes to support consumers raise feedback, action complaints and use this to effect improvements.

Documentation demonstrated the communication and actioning of feedback and complaints, and that feedback informs quality improvement.

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.*

I find the service is compliant with this requirement based on the following evidence:

* Consumers and representatives are aware of ways, and feel supported by staff, to provide feedback or complaints.
* Management and staff described ways consumers and others are encouraged and supported to provide feedback.
* Displayed information and consumer handbooks communicate ways to provide feedback and 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.*

I find the service is compliant with this requirement based on the following evidence:

* Staff described ways they access advocates for consumers.
* Displayed information and consumer handbooks and newsletters communicate advocacy services and other methods for resolving complaints.
* While consumers interviewed were not aware of advocacy services, representatives were aware of external support services including advocacy services and the Aged Care Quality and Safety Commission as a point of contact for 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.*

I find the service is compliant with this requirement based on the following evidence:

* Consumers and representatives are satisfied appropriate action is taken or would be taken in response to complaints.
* Staff demonstrated a practical understanding of open disclosure.
* Documentation shows feedback is actioned in a timely manner.

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

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

I find the service is compliant with this requirement based on the following evidence:

* Consumers are satisfied feedback is used to improve quality of services.
* Management described and provided examples how feedback is reviewed and used to improve services.
* Documentation demonstrates a link between feedback and quality improvement processes.

# STANDARD 7 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.

Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Staff were observed to treat consumers in a kind, caring and respectful manner.

Overall staff are satisfied are satisfied the service has the number, mix and capabilities to enable them to provide safe and quality care.

Management described processes to recruit the required skills and knowledge and monitor staff competency and practices.

Documentation demonstrates staffing is planned, absences replaced and skills and knowledge is monitored.

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.*

I find the service is compliant with this requirement based on the following evidence:

* Consumers and representatives are satisfied with the number, mix and responsiveness of staff.
* Overall staff are satisfied the service is sufficiently staffed to enable them to provide safe and quality care.
* Documentation demonstrated staffing is planned and absences replaced.
* Staff were observed assisting consumers in a timely manner.

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

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

I find the service is compliant with this requirement based on the following evidence:

* Consumers and representatives are satisfied staff are kind, caring and respectful.
* Staff were observed interacting with consumers consistent with above.

### 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.*

I find the service is compliant with this requirement based on the following evidence:

* Consumers and representatives are satisfied staff have the knowledge and skills to meet consumer needs.
* Management described how they recruit to the required skills and assess staff competency and practices during a probation period and thereafter.
* Staff demonstrated an understanding of the requirements of their respective role.

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

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

I find the service is compliant with this requirement based on the following evidence:

* Staff described education opportunities available to them including mandatory training and that requested.
* Management described a structured recruitment process and how they monitor mandatory training and follow through on requests for other education.
* Documentation shows staff complete required training.

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

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

I find the service is compliant with this requirement based on the following evidence:

* Management described processes to monitor, review and follow through on the performance of staff.
* Staff confirm they participate in review of their performance.

# STANDARD 8 COMPLIANTOrganisational 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).

Overall, consumers considered that the organisation is well run and management demonstrated they can partner in improving the delivery of care and services.

Management demonstrated how the governing body promotes a culture of safe, inclusive and quality care.

Management interviews and documentation demonstrated organisation-wide governance systems.

Management demonstrated an effective clinical governance framework and risk management framework.

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.*

I find the service is compliant with this requirement based on the following evidence:

* Management and documentation demonstrated ways consumers are engaged in the development, delivery and evaluation of care and services.

### 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.*

I find the service is compliant with this requirement based on the following evidence:

* Management demonstrated how the governing body promotes a culture of safe, inclusive and quality care, including how the board have been engaged during a significant event.
* Management described how the organisation communicates with consumers, representatives and staff in relation to meeting the Quality Standards.

### 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.*

I find the service is compliant with this requirement based on the following evidence:

* Management interviews and documentation demonstrated organisation-wide governance systems in relation to each of the above six criteria.

### 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.*

I find the service is compliant with this requirement based on the following evidence:

* Management demonstrated a risk management framework and associated policies, procedures and monitoring tools are in place.
* Staff confirm they receive education in relation to risk management and described the relevance to their work.
* Consumer documentation shows risks are proactively identified by the service.

### 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.*

I find the service is compliant with this requirement based on the following evidence:

* Management demonstrated an effective clinical governance framework and associated policies, procedures and monitoring tools are in place.
* Management provided examples of the way care and services were planned, delivered and evaluated following implementation of the policies.
* Staff confirm they receive education in, and provided examples of how, these policies related to their work.

# 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.