Scalabrini Village Nursing Home (Bexley)

Performance Report

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**Commission ID:** 2828

**Provider name:** Scalabrini Village Ltd

**Review Audit date:** 9 December 2020 to 15 December 2020

**Date of Performance Report:** 22 February 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant  |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-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 Review Audit; the Review Audit report was informed by a site assessment conducted from 9 to 15 December 2020, which involved observations at the service, review of documents and interviews with staff, consumers/representatives and others
* The Assessment Team’s Infection Control Monitoring Checklist, dated 9 December 2020, completed during the Review Audit
* The provider’s response to the Review Audit report received on 5 February 2021 consisting of a cover letter, plans for continuous improvement and a newsletter.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Assessment Team sampled consumers and representatives who provided information about how consumers at the service are being supported to make connections with others and to maintain relationships of choice. In their report, the Assessment Team described an example of how a consumer is being supported to take risks to live their best life.

Consumers and representatives provided positive feedback about staff treating consumers with respect and that most staff upheld consumer dignity. Some provided information about how the service provides culturally safe care and services, and about how the consumer has been supported to be actively involved in decisions about their care and services. Positive examples were also provided about how consumers receive information and that the communication at the service is working well. None of the consumers or representatives provided information to indicate consumer privacy had not been maintained.

However, consumers and representatives also provided negative feedback as follows:

* Some provided information about care and service delivery which had not optimised consumer dignity or shown them all due respect.
* Four consumers said staff do not speak the same language and do not understand them, and two representatives provided information about the service no longer meeting the needs of Italian consumers.
* Most considered they had not been actively involved in decisions about the consumer’s care and services and one consumer representative expressed frustration due to the lack of involvement.
* Some provided information about a lack of information being provided and communication not working well.

Feedback, interviews with management and staff, documents reviewed and observations made showed consumers have been supported to make connections with others, to maintain relationships of choice, and to take risks to enable them to live their best life. It also showed consumer personal and information privacy has been maintained.

However, there is evidence which confirms that some consumers have not been treated with respect or had their dignity upheld, had not been provided with culturally safe care and services, and had not been supported to make and communicate decisions for choice and independence. The evidence shows that some consumers have not been provided with information that was easy for them to understand, including in relevant community languages, and enabled them to exercise choice.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

The Assessment Team sampled consumers and representatives who thought the consumer had been treated with dignity and respect. However, some provided information about the delivery of care and services which had not optimised consumer dignity or shown them all due respect.

The Assessment Team found that staff spoke about consumers respectfully and in ways that valued their identity, culture and diversity. The Assessment Team observed staff interacting with consumers respectfully. In their report, the Assessment Team document that care and services records of each consumer had information about their preferences.

However, the Assessment Team’s report includes that feedback sought by the service from consumers and representatives from July to November 2020 showed staff were not treating consumers with respect and dignity and were not valuing their identity. This included staff not listening to consumers, staff not following up when the consumer asked them to do something, and staff not enabling consumers to have and do the things important to them. It also included staff rushing or not demonstrating the right attitude and approach during interactions with consumers.

The Assessment Team outline that some corrective actions had been taken to address this including staff education, although not at a systemic level commensurate with the negative trend.

The approved provider’s response has information about actions to address the findings. These include reviewing the staff roster, educating the staff, holding discussions with each consumer or their representative about their care and services, and revising their plan of care and communicating this to staff.

It was not demonstrated at the time of the performance assessment that all consumers had been treated with dignity and respect with their identity, culture and diversity valued. The approved provider did not dispute the recommendation of the Assessment Team. While the approved provider has recognised the need for improvement and actions have commenced, these have not yet led to improvement.

I find this requirement is Non-compliant.

### Requirement 1(3)(b) Non-compliant

*Care and services are culturally safe.*

The Assessment Team’s report describes how a large number of consumers living at the service are from a diverse cultural background, including but not limited to being Italian and of Catholic faith.

The Assessment Team sampled consumers and representatives who provided information about culturally safe care and services being provided to the consumer. Of those sampled, four consumers said staff do not speak the same language and do not understand them and two representatives provided information about the service no longer meeting the needs of Italian consumers.

In their report, the Assessment Team note the organisation lacked direction, guidance and training for management and staff about the delivery of culturally safe care and services. Their evidence included that while some staff could communicate with consumers in Italian, others could not and did not use the available communication aids.

The approved provider’s response has information about actions to address the findings. These include reviewing and developing policy/procedure and educating the staff and providing them with relevant resource materials. They also include reviewing consumer care plans to ensure they include information relevant to cultural safety, and reviewing the availability of faith-based services and supports for consumers.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. At the time of the performance assessment the evidence supports that consumers were not being provided with culturally safe care and services. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

### Requirement 1(3)(c) Non-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 representatives who provided information about consumers being supported to make connections with others and to maintain relationships of choice. Some consumers provided information about being supported to be actively involved in decisions about their care and services. However, most consumers and representatives considered they had not been actively involved in decisions about the consumer’s care and services and one consumer representative expressed frustration due to the lack of involvement.

The Assessment Team’s report described examples of how the organisation lacked guidance for management and staff about supporting consumer choice and independence. Staff interviewed demonstrated a lack of understanding of how to enable consumer choice and independence. In their report, the Assessment Team has provided examples of consumer decisions and consumer alternative decision-making arrangements not being supported.

The approved provider’s response has information about actions to address some of these findings. These include review of policy/procedure and providing staff education. and holding case conferences about consumer care and services, obtaining current alternative decision-making arrangement documentation, and consulting with decision-makers.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. At the time of the performance assessment there is credible information to support that consumers were not being supported to exercise choice and independence by making decisions about their own care and services or to communicate those decisions. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

### 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) Non-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.*

### The Assessment Team’s report includes feedback from some consumers and representatives about how they are satisfied with information provided by the service and how communication is working well. However, others described a lack of information and reported that communication was not working well.

### In their report, the Assessment Team note information was available to consumers about activities and the menu. However, there was a lack of information about how to make a complaint and other information was not translated into some relevant community languages.

### The approved provider’s response has information about actions to address some of the findings. These include making information readily available to consumers and representatives.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements.

At the time of the performance assessment it is clear that some consumers had not been provided with information or had not been provided with information which was communicated in a way that was easy for them to understand and enabled them to exercise choice. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

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

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

# STANDARD 2 NON-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

The Assessment Team sampled consumers and representatives who provided information about being given the opportunity to be involved in consumer assessment and care planning as a partner in care, but others provided information they had not been. Consumers and representatives told the Assessment Team the outcomes of assessment and care planning had not been communicated to them. They were not aware the consumer’s care plan should be made readily available to them.

Feedback, review of documents and interviews with management and staff showed assessment and planning took into consideration risks associated with the health and well-being of the consumers sampled.

However, there is evidence which shows assessment and planning had not identified the current needs, goals and preference of the sampled consumers; and their care and services had not been reviewed for effectiveness when their circumstances changed or an incident occurred impacting their needs. The evidence confirms that assessment and care planning was not based on ongoing partnership with the consumer or others they wanted involved. It also confirms the outcomes of assessment and care planning had not been communicated to some consumers and representatives, and the care plan was not readily available to them.

The Quality Standard is assessed as Non-compliant as four of the five specific requirements have been assessed as Non-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) Non-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’s report describes the presence of guidance for management and staff about advance care and end of life planning and many consumers had an advanced care plan. However, many advance care plans were over two years old and end of life planning had not taken place. The Assessment Team’s evidence also includes occasions where the current needs of some consumers sampled, were not reflected in their assessments and care plan.

### The approved provider’s response has information about actions to address the findings. These include ensuring all consumers are offered an advance care plan and all existing advance care plans and end of life documents are reviewed for currency. These also include ensuring consumer case conferencing takes place and assessment and care planning is reviewed to ensure this reflects current needs.

### While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. I have preferred the evidence of the team that shows that at the time of the performance assessment some consumers assessment and care planning had not or did not address their current needs, goals and preferences including in relation to advance care and end of life planning. The approved provider did not dispute the recommendation of the Assessment Team.

### I find this requirement is Non-compliant.

### Requirement 2(3)(c) Non-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.*

The Assessment Team sampled consumers and representatives who provided information about how they are given the opportunity to be involved in assessment and care planning for the consumer. However, others said they had not been given the opportunity at all or recently.

In their report, the Assessment Team describe how a new system to capture information about consumer goals and preferences, and case conferencing, has been implemented for some but not all of the consumers sampled. Staff interviewed confirmed that not all case conferences had been completed for the sampled consumers.

The approved provider’s response has information about actions to address the findings. These include case conferencing with consumers and/or their representatives and education for staff.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. At the time of the performance assessment consumer feedback, staff and management interviews and care planning documentation confirm that assessment and care planning was not based on ongoing partnership with them or others they wanted involved. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

### Requirement 2(3)(d) Non-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 sampled consumers and representatives who provided information about not knowing the consumer had a care plan and not being informed of the outcomes of assessment and care planning. Their evidence includes a description of how service management planned to offer the care plan to consumers and representatives and they acknowledged this had not been occurring.

The approved provider’s response has information about actions to address the findings. These include case conferencing with consumers and/or their representatives and providing consumers/representatives with a copy of the care plan. The approved providers submitted a newsletter showing consumers and representatives have now been informed they can access the consumer’s care plan.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. At the time of the performance assessment review of sampled assessment and planning documentation and consumer feedback confirm that the outcomes of assessment and care planning are not being adequately communicated to consumers/representatives and the consumer’s care plan was not being made readily available to them. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

### Requirement 2(3)(e) Non-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’s evidence describes a system for regular review of the effectiveness of consumer assessments and care plans. However, that care and services had not been reviewed for effectiveness when circumstances changed or when incidents occurred impacting the needs of some consumers.

The approved provider’s responsehas information about actions to address the findings. These includereviewing policy/procedure and providing staff education. These also include revising consumer care and services and related assessment and care planning of consumers.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. At the time of the performance assessment care and services were not reviewed for effectiveness when the circumstances of some consumers changed or when an incident impacted their needs. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Assessment Team sampled consumers and representatives who provided information about personal and clinical care not being safe and right for the consumer. Most consumers and representatives provided positive feedback about the implementation of COVID-19 safe measures at the service, however one consumer expressed dissatisfaction with a related matter.

Feedback, interviews with management and staff, and documents reviewed showed overall timely and appropriate referrals to allied/health specialists had been made for consumers. They also showed overall the needs, goals and preferences consumers nearing end of life had been recognised and addressed.

However, there is evidence that safe and effective personal and clinical care had not been provided and high-impact and high-prevalence risks associated with the care had not been effectively managed for the consumers sampled. The Assessment Team’s evidence shows deterioration or change in the condition of some consumers was not recognised and responded to in a timely manner. It also shows the condition, needs and preferences of consumers had not been documented and communicated for some consumers.

The Assessment Team found some infection-related risks were not being minimised through standard and transmission-based precautions, including for COVID-19 outbreak prevention.

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

### Assessment of Standard 3 Requirements

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

While consumers and their representatives generally gave positive feedback about aspects of clinical and personal care, the review of care and service records for consumers sampled does not support that clinical care provided is best practice and does not optimise consumers’ health and wellbeing.

Review and monitoring following incidents is not consistent with best practice and does not always optimise consumer wellbeing. There is high use of restraint, some consumers experience pain and diabetic management is not always tailored to consumer needs. Pressure area care does not optimise consumer wellbeing.

### The approved provider’s response has information about actions to address the findings. These include revising the care and services of consumers through assessment and care planning in consultation with them and with the involvement of allied/health specialists. These also include education for the staff; and increased monitoring and oversight of consumer care and service provision.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. While I accept that consumers are satisfied with their care, I am persuaded by information presented by the Assessment Team of the review of care documentation which confirms that at the time of the performance assessment, safe and effective personal and clinical care consistent with best practice, tailored to needs and optimising health and well-being had not been provided to the consumers sampled. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team’s evidence under this requirement and across requirements 3(3)(a) and 3(3)(d) includes information about risks associated with the care of consumers not being effectively managed. This includes risks associated with behaviours, falls, malnutrition, pressure injury and other skin injury; and risks associated with medical conditions such as diabetes and hypertension. For example:

* A consumer had three unwitnessed falls in seven days. There were no or limited neurological observations undertaken post-fall to monitor risks to the consumer’s health associated with possible head strike.
* A consumer experienced unintended weight loss from January to May 2020 when they were reviewed by a dietician who recommended further dietician review if the weight loss continued. The consumer’s weight stabilised until August 2020 and then decreased and dietician review did not take place until 1 November 2020. The consumer’s diet preference form did not include any weight enhancing strategies to manage the consumer’s malnutrition risk.
* A consumer had known pressure injury risk and required pressure relief for the affected area. The consumer acquired a pressure injury at the service, which rapidly deteriorated. The consumer was observed in a position which put pressure on the affected area and their pressure relieving mattress had not been set correctly to optimise pressure relief. The risks to this consumer’s health and well-being associated with pressure injury were not being managed effectively.
* A consumer with a diagnosis of diabetes had a diabetic management plan written by their general practitioner. The consumer’s blood glucose level (BGL) reading as monitored by the staff was out of range on 16 of 29 days. Actions consistent with the plan were not implemented by the staff to manage risks to the consumer’s health associated with diabetes and high BGLs.

### The approved provider’s response has information about actions to address the findings. These include revising the care and services of consumers through assessment and care planning in consultation with them and with the involvement of allied/health specialists. These also include education for the staff, and increased monitoring and oversight of consumer care and service provision.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. Based on the evidence across the Assessment Team’s report as outlined above and considering that the approved provider did not dispute the team’s evidence about how risks are managed at the service I am of the view that the approved provider does not comply with this requirement. There has not been effective management of HIHP risks associated with the care of some consumers sampled.

### 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) Non-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.*

The Assessment Team’s report described examples from review of care and services records and interview with a registered nurse of two consumers care where deterioration or change in their cognitive and/or physical function, capacity or condition was not recognised and responded to in a timely manner. The team identified that processes for escalation and response to deterioration in consumers’ condition are not effective for all consumers sampled. While Clinical and care staff can describe processes for the escalation of changes in consumers’ condition it is not evident in the reviewed clinical documents.

The approved provider’s response has information about actions to address some of the findings. These include revising the care and services of consumers through assessment and care planning in consultation with them and with the involvement of allied/health specialists. These also include education for the staff, and increased monitoring and oversight of consumer care and service provision.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. At the time of the performance assessment deterioration or change in the cognitive and physical function, capacity or condition of the consumers sampled was not recognised and responded to in a timely manner. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The Assessment Team sampled consumers and representatives and some provided information about the consumer being provided with daily living services and supports which optimise independence, health, well-being and quality of life. Positive comments were made about being engaged in community life, being given emotional and spiritual support, enjoying the activities and meals, and having equipment provided which was suitable for the consumer. However, some consumers and representatives provided feedback about a lack of support for the consumer’s emotional and spiritual well-being, and lack of support to socialise and do things of interest to them. Also, that some equipment for consumers was not suitable or well maintained.

Feedback, documents reviewed, interviews with management and staff and observations made showed overall consumers sampled had received daily living services and supports which met their needs, goals and preferences and optimised their independence, health, well-being and quality of life. This evidence showed overall information had been shared about the condition, needs and preferences of consumers, and timely and appropriate referrals made for the consumer. It also showed overall meals were varied and of suitable quality and quantity.

However, the evidence showed some consumers sampled had not been provided with daily living services and supports for emotional and spiritual support or to socialise and do things of interest them. The evidence gathered by the Assessment Team shows equipment for pressure relief had not been maintained to optimise the health and well-being of some consumers. This included a consumer who acquired pressure injury.

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

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

### The Assessment Team sampled consumers and representatives who gave positive feedback about the emotional and spiritual support from the Catholic nuns. However, some provided information about a lack of support from a priest and lack of access to religious services. In their report, the Assessment Team outline how faith based services and supports are provided by the Catholic nuns but there was limited other faith-based services and supports for the consumers consistent with their needs and preferences.

The approved provider’s response has information about actions to address the findings. These include reviewing and developing policy/procedure, educating the staff and providing them with relevant resource materials. These also include, reviewing consumer care plans to ensure they include information about faith-based care and services, and reviewing the availability of faith-based services and supports for consumers.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. I have considered the weight of the consumer feedback and the description by the Assessment Team of the limited avenues for emotional and spiritual support at the service. This confirms that at the time of the performance assessment some consumers sampled were not provided with daily living services and supports for their emotional and spiritual well-being. The approved provider did not dispute the recommendation of the Assessment Team.

### I find this requirement is Non-compliant.

### Requirement 4(3)(c) Non-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.*

### The Assessment Team sampled consumers and representatives who provided information about being able to participate in their community, have relationships of choice and do things of interest to them. However, many provided information about a lack of support for socialisation and to do things of interest to them.

### The Assessment Team’s report described examples of how some consumer interests are identified and some records are kept of consumer participation in those interests. However, overall there was a lack of information to demonstrate consumer participation and to show how activity programs were evaluated for effectiveness.

The approved provider’s response has information about actions to address the findings. These include review of related assessment and care planning for consumers to ensure this reflects current needs, goals and preferences. These also include review of the weekend activity program, and modification of documentation requirements about consumer participation.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements.I am persuaded by the feedback from consumers and the Assessment Team’s review of documentation relating to daily living support services which confirms that at the time of the performance assessment some consumers sampled were not provided with daily living services and supports to socialise and do things of interest to them. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

### 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.*

The approved provider’s response has information about actions to address this.

### 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

Overall consumers and representatives considered the service environment and furniture, fittings and equipment within it enabled the consumer to feel they belong at the service and to be safe and comfortable.

For example:

#### Consumers and representatives made positive comments about the environment being welcoming, comfortable and accessible to consumers including the outdoor areas.

#### Consumers and representatives provided information about the environment being safe, clean and well maintained.

* Consumers and representatives generally expressed satisfaction with the furniture, fittings and equipment available to consumers.

Observations made, interviews with staff and documents reviewed confirmed the environment and furniture, fittings and equipment within it had enabled consumers to feel they belonged and to be safe and comfortable.

Some areas for improvement are ensuring:

* The environment is easy to understand for consumers living with dementia through implementation of enabling design principles.
* The designated outdoor areas are kept clean and suitable for use by consumers.
* Where a pressure relieving mattress has been allocated to a consumer this is managed initially and on an ongoing basis to optimise their pressure relief.

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 NON-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.

The Assessment Team sampled consumers and representatives who provided information about not being encouraged or feeling supported to provide feedback and make complaints. They were not aware of advocates, language services and other avenues for raising and resolving complaints. They also told the Assessment Team their complaints had not been actioned satisfactorily and they were not aware of improvements made as a result of complaints.

Feedback and documents reviewed, interviews with management and staff and observations made confirmed that:

* Consumers and representatives had not been encouraged and supported to provide feedback and make complaints.
* Consumers and representatives had not been made aware of advocates, languages services and other methods for raising and resolving complaints.
* Appropriate action had not been taken in response to consumer/representative complaints and open disclosure had not been used when things had gone wrong.
* Feedback and complaints had not been used to review and improve the quality of care and services for consumers.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Non-compliant

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

### The Assessment Team sampled consumers and representatives and one of them confirmed they were told about complaint processes and said they felt heard when they complained. However, four others said they had not been provided with information about how to complain and/or did not have confidence that their complaint would be dealt with appropriately.

In their report, the Assessment Team outlined there were some ways that consumers and representatives are told about the feedback and complaint mechanisms, but overall these were lacking. The report includes two consumers gave feedback via a survey conducted by the service about feedback they gave not being taken seriously and nothing changing as a result.

### The approved provider’s response has information about actions to address the findings. These include making complaints information readily accessible to consumers and others, and informing and educating the staff.

### While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. I have considered and given weight to the consumer feedback that they are not effectively supported to provide feedback and make complaints.. The approved provider did not dispute the recommendation of the Assessment Team.

### I find this requirement is Non-compliant.

### Requirement 6(3)(b) Non-compliant

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

The Assessment Team sampled consumers and representatives who were unaware of all methods for raising and resolving complaints. The Assessment Team’s evidence reflects overall there was a lack of awareness of advocates, language services and an external complaints mechanism, and these had not been promoted to consumers and representatives. The Assessment Team’s report described how the service does not readily make available information to consumers about advocates and methods for raising and resolving complaints and does not make consumers aware of language services which could assist them in raising and resolving complaints.

The approved provider’s response has information about actions to address some of the findings. These include making complaints information readily accessible to consumers and others, and informing and educating the staff.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. The evidence of the team confirms that at the time of the performance assessment some consumers and their representatives had not been made aware of advocates, language services and other methods for raising and resolving complaints. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

### Requirement 6(3)(c) Non-compliant

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

### The Assessment Team sampled consumers and representatives who provided feedback about dissatisfaction with complaint handling or resolution. In their report, the Assessment Team outline evidence that overall there was a lack of understanding and implementation of open disclosure. The organisation does not have policies and procedures in relation to open disclosure. Education is not provided to staff in relation to open disclosure or complaints management..

### The approved provider’s response has information about actions to address the findings. These include review of the complaint management system and ensuring complainant evaluation is conducted prior to closing complaints. These also include raising open disclosure at resident/relative and staff meetings, and educating the staff on this topic.

### While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. I am satisfied that the evidence of the team supports that at the time of the performance assessment appropriate action had not been taken in response to complaints and an open disclosure process had not been used when things had gone wrong. The approved provider did not dispute the recommendation of the Assessment Team.

### I find this requirement is Non-compliant.

### Requirement 6(3)(d) Non-compliant

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

The Assessment Team sampled consumers and representatives and none knew of any changes made at the service as a result of feedback and complaints. Some explained they had been told by service management there would be a response to their complaint, but this did not eventuate. The Assessment Team did not find evidence to confirm that the service implements processes to identify trends in complaints and implement systemic action to improve care and services as a result of complaints.

In their report, the Assessment Team’s evidence includes some complaints were not being recorded to enable trend analysis and there was no documentary evidence of complaint trend analysis. It also includes there were no examples of improvements made to address complaint trends.

### The approved provider’s response has information about actions to address the findings. These include capturing all complaints and ensuring information obtained from feedback and complaints is used to inform continuous improvement.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. In the absence of any contrary evidence to that of the Assessment Team, I am of the view that at the time of the performance assessment complaints were not being reviewed and used to improve the quality of care and services for consumers. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

# 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

The Assessment Team sampled consumers and representatives who provided information about staff being kind, caring and respectful to consumers. Some considered there were enough staff and provided information about staff being responsive to the needs and preferences of consumers. However, other consumers and representatives said there were not enough or staff were not visible and gave examples of staff not being responsive to consumer needs and preferences. Most thought staff were competent and knew what they were doing, however three did not and provided examples of this.

Feedback, interviews with management and staff, observations made and documents reviewed showed workforce interactions with consumers had been kind, caring and respectful overall.

The evidence showed the workforce had not been planned to enable the delivery and management of safe and quality care and services to consumers. It showed staff had not been trained, equipped and supported to deliver the outcomes required by the Quality Standards and they were not competent to perform their role. The Assessment Team found the performance of the staff had not been regularly assessed, monitored and reviewed.

The Quality Standard is assessed as Non-compliant as four 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 sampled consumers and representatives and some provided information about staff being responsive to consumer needs and preferences. However, others said there were not enough or staff were not visible and gave examples of staff not being responsive to consumer needs and preferences. One of them spoke of a negative impact of this on the consumer.

In their report, the Assessment Team outlines there has been a reduction in staffing hours with further reduction planned and while staff had been consulted, they expressed dissatisfaction with the changes. The evidence includes rostered shifts were being filled and most consumers calls for assistance answered in a timely manner, but some staff said they having difficulty completing their duties.

The approved provider’s response has information about actions to address the findings. These include review of the staff roster to ensure adequacy of staff, and weekly analysis and actioning of call bell response times.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements.I have given weight to the feedback from consumers and staff that there are systemic gaps evident in the area of a workforce that is sufficient in number and employed to enable the delivery and management of safe and quality care and services at the time of the performance assessment. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

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

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

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### Requirement 7(3)(c) Non-compliant

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

The Assessment Team sampled consumers and representatives who thought staff were competent and knew what they were doing. However, three did not and they provided examples of this.

In their report, the Assessment Team outline that staff competency assessments have been delayed and many staff have not demonstrated competency relevant to their role in the last 12 months.

### The approved provider’s response has information about action to address the findings, including to ensure all staff complete mandatory competency assessments.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. While consumer feedback is positive, I have given weight to the Assessment Team’s evidence from staff interviews and review of records. This confirms that at the time of the performance assessment the service could not demonstrate that the workforce was competent and assurance could not be given that staff have the knowledge to effectively perform their roles. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

### Requirement 7(3)(d) Non-compliant

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

The Assessment Team’s evidence includes staff training needs had not been identified and planned. Training was considered inadequate as it did not include topics relevant to the Quality Standards.

### The approved provider’s response has information about actions to address the findings. These include undertaking a staff training needs analysis, developing an education program, and reviewing the procedure for documenting staff attendance to enable effective monitoring.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. The evidence of the Assessment Team confirms that at the time of the performance assessment the workforce had not been trained, equipped and supported to deliver the outcomes required by the Quality Standards. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

### Requirement 7(3)(e) Non-compliant

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

The Assessment Team’s evidence confirms that while the village manager understands the primary vehicle for assessing, monitoring and reviewing the performance of staff is the performance appraisal, they acknowledge there are extensive delays in completing staff performance appraisals in recent years. The service does not have comprehensive systems for regular assessment, monitoring and review of the performance of staff.

### The approved provider’s response has information about action to address the findings, including to implement a staff performance appraisal system.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. I am persuaded by the weight of the evidence in the team’s report, and in the absence of any contrary evidence supplied by the approved provider, that at the time of the performance assessment regular assessment, monitoring and review of the performance of each member of the workforce had not occurred. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

# STANDARD 8 NON-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

Interview with management and documents reviewed showed that consumers had not been actively engaged in the development, delivery and evaluation of care and services across the service or organisation.

However, the Assessment Team’s findings across the Quality Standards showed the governing body had not promoted or been accountable for a culture of safe, inclusive and quality care and services. The evidence showed there was not effective organisation wide governance or risk management systems and practices, and clinical governance had not consistently been used.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Non-compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

The Assessment Team’s evidence provided examples of how the organisation lacked direction and guidance for management and staff about consumer engagement. They described the limited ways to engage consumers in the development, delivery and evaluation of care and services. The organisation does not have any policies, procedures or other key documents regarding the engagement of consumers in development, delivery and evaluation of care and services. Review of resident and relative meeting minutes do not demonstrate active involvement of consumers in development, delivery and design of services.

The approved provider’s response has some information about action to address this finding, including to review policy/procedure.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. I am satisfied that there was no information provided by the service which supports that at the time of the performance assessment consumers were actively engaged in the development, delivery and evaluation of care and services. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

### Requirement 8(3)(b) Non-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’s evidence includes there was a lack of direction and guidance from the governing body to management staff about a culture of safe, inclusive and quality care and services. It describes how limited information was provided to demonstrate the governing body had been accountable for the delivery of safe, inclusive and quality care and services.

The approved provider’s response has some information about actions to address the findings. These include reviewing policy/procedure and educating the staff. These also include reviewing the governance structure and improved monitoring and oversight of compliance with the Quality Standards.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. At the time of the performance assessment the organisation’s governing body could not demonstrate that it had promoted a culture of safe, inclusive and quality care and services and had not been accountable for their delivery. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

### Requirement 8(3)(c) Non-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’s evidence includes information predominantly from assessment across other Standards about gaps in relation to governance for information management, continuous improvement, workforce, regulatory compliance, and feedback and complaints. These include, but are not limited to:

* Lack of suitable policy/procedure and meetings not occurring for information effective information management
* The quality assurance and continuous improvement systems not being effective
* Chemical restraint minimisation not being practiced consistently with regulations.

These also include a lack of oversight of the workforce and complaints for effective governance.

The approved provider’s response has information about actions to address some of the findings. These include reviewing policy/procedure, the audit program and continuous improvement system. These also include actions relevant to effective governance of the workforce as reported under Standard 7 and of feedback and complaints as reported under Standard 6.

The approved provider’s response includes some actions relating to chemical restraint, however these are mostly for restraint management and overall a restraint minimisation approach consistent with regulatory obligations is not reflected (noting in the Assessment Team’s report there was information about planning to implement consumer deprescribing plans).

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. In the absence of any unique additional evidence provided by the Approved Provider, I am satisfied that at the time of the performance assessment there was not effective organisation wide governance for information management, continuous improvement, workforce, regulatory compliance, or feedback and complaints. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

### Requirement 8(3)(e) Non-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’s evidence is that while there is documented guidance for management and staff, staff have not been assisted to understand and implement this. It includes there was high and unauthorised use of chemical restraint, and open disclosure was not always practiced. Also, that while some elements of an antimicrobial stewardship program were in place, there was limited discussion about this at the relevant multi-disciplinary forum and there had not been any reduction in antibiotic use.

The approved provider’s response has information about future actions to address the findings as reported across Standards 3 and 6 and under Standard 8, Requirement (3)(c) in relation to chemical restraint. Additionally, it includes actions to improve data for monitoring clinical safety and quality performance.

While the approved provider has recognised the need for improvement and has a plan of action to achieve this, time is needed to bring about the improvements. As the actions proposed by the service are for a future time, I am not satisfied that this demonstrates compliance with the requirement at the time of the performance assessment. The approved provider did not dispute the recommendation of the Assessment Team.

I find this requirement is Non-compliant.

**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.

Improvement across the Quality Standards is expected by implementation of the plans for continuous improvement submitted by the approved provider in response to the Assessment Team’s report. The activities cover the following areas:

Standard 1: Consumer dignity and choice

* Ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* Ensure care and services are culturally safe.
* Ensure each consumer is supported to exercise choice and independence, including to make decisions about their own care, the way care and services are delivered and who should be involved in their care and to communicate those decisions.
* Review the processes for understanding consumer choices about when family, friends and others should be involved in their care, and where/how this information is captured and communicated to the staff for implementation.
* Ensure information provided to each consumer is current, accurate, timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. In doing so, make information available to consumers in relevant community languages.

Standard 2: Ongoing assessment and planning with consumers

* Ensure assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including in relation to advance care and end of life planning where the consumer so wishes.
* Ensure assessment and planning 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.
* Ensure 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.
* Ensure care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer.

Standard 3: Personal care and clinical care

* Ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being.
* Ensure effective management of high-impact and high-prevalence risks associated with the care of each consumer.
* Ensure deterioration or change in a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

Standard 4: Services and supports for daily living

* Ensure services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.
* Ensure services and supports for daily living assist each consumer to participate in the community within and outside the organisation’s service environment, have social and personal relationships, and do the things of interest to them.

Standard 6: Feedback and complaints

* Ensure consumers, their family, friends and carers and others are encouraged and supported to provide feedback and make complaints.
* Ensure consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.
* Ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Ensure feedback and complaints are reviewed and used to improve the quality of care and services.

Standard 7: Human resources

* Ensure 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.
* Ensure the workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards.
* Ensure regular assessment, monitoring and review of the performance of each member of the workforce.

Standard 8: Organisational governance

* Ensure consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* Develop and implement processes to engage consumers in the development, delivery and evaluation of care and services across the service and organisation, including with reference to guidelines about co-design in aged care.
* Ensure the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* Ensure effective organisation wide governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.
* Ensure use of a clinical governance framework including but not limited to antimicrobial stewardship, minimising the use of restraint, and open disclosure.
* Review the plans in relation to consumer psychotropic medication/chemical restraint to ensure they reflect actions for restraint minimisation consistent with regulation and best practice.