Seaton Nursing Home

Performance Report

172 Trimmer Parade   
SEATON SA 5023  
Phone number: 08 8268 7677

**Commission ID:** 6954

**Provider name:** UnitingSA Ltd

**Site Audit date:** 18 October 2021 to 20 October 2021

**Date of Performance Report:** 25 November 2021

# Performance report prepared by

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# 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** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

**Detailed assessment**

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment conducted 18 October to 20 October 2021, 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 16 November 2021.

**STANDARD 1 NON-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 Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

The Assessment Team found that 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.

The Assessment Team interviewed consumers and their representatives who said consumers are supported to maintain their own unique identity, what is meaningful and important to them, and their rights and expectations are recognised and supported.

The Assessment Team found that the service was unable to demonstrate that each consumer is supported to take risks to enable them to live the best life they can. The service identified one consumer leaves the service to go shopping, however, had not completed a risk assessment for the consumer to explain the risks.

The service was unable to demonstrate each consumer’s privacy is respected, however, personal information is kept confidential. Observations were made of a consumer’s door being left open while attending to their personal care needs.

However, the service was able to demonstrate how they ensure consumers are generally treated with dignity and respect, with their identity, culture and diversity valued and care and services are culturally safe for each consumer.

The Assessment Team found that the service was able to demonstrate how consumers are supported to exercise choice and independence regarding their own care and the way services are delivered, including who they wish to have involved in the care needs and services and how to maintain relationships that are important to them.

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

**Assessment of Standard 1 Requirements**

**Requirement 1(3)(a) Compliant**

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

**Requirement 1(3)(b) Compliant**

*Care and services are culturally safe.*

**Requirement 1(3)(c) Compliant**

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

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

**Requirement 1(3)(d) Non-compliant**

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

The Assessment Team found that the service was unable to demonstrate that each consumer is supported to take risks to enable them to live the best life they can. The Assessment Team interviewed staff in relation to identifying risk and completing a risk assessment, however, staff were only able to give examples in relation to clinical risks and did not demonstrate an understanding of risk associated with supporting consumer’s individual choices. Staff interviewed were not able to demonstrate what actions they would take if a consumer went out shopping alone and did not return to the service. The service has policies and procedures to guide staff in undertaking risk assessments when consumers first enter the service, however, documentation showed only consumers with restraint had a completed risk assessment.

The approved provider responded to the Assessment Team’s report and advised that they have implemented a number of measures to address the issues noted, including identifying and assessing risk and consulting and negotiating with consumers about their dignity of risk.

I find that the approved provider is not compliant with this requirement at the time of assessment.

**Requirement 1(3)(e) Compliant**

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

**Requirement 1(3)(f) Non-compliant**

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

The Assessment Team observed staff practices did not consistently ensure a consumer’s privacy was respected. The Assessment Team observed a staff member vacating a room where staff were attending a consumer’s personal care. The staff member did not close the door behind them and was alerted by the Assessment Team to close the door in order to maintain the consumer’s privacy and dignity.

The Assessment Team also observed that shared bathroom facilities did not always have a locking system available to prevent another consumer entering whilst it was in use.

The approved provider responded to the Assessment Team’s report and advised that the staff involved were adamant that the door was closed, however, the latch was not fully engaging. The service has since engaged a locksmith to check all latching mechanisms and also install safety locks on bathroom ensuite doors, where they are currently missing. Then service has additionally undertaken an audit to review staff practices in dignity and respect.

I have found that the approved provider was not compliant with this requirement at the time of assessment.

**STANDARD 2 COMPLIANT   
Ongoing assessment and planning with consumers**

**Consumer outcome:**

1. 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.

The Assessment Team interviewed consumers and representatives who mostly considered that they feel like they are partners in the ongoing assessment and planning of their care and services.

The Assessment Team found that the service was able to demonstrate they consistently ensure assessment and planning includes the consideration of risks to each consumer’s health and well-being and informs the delivery of safe and effective care and services.

The Assessment Team reviewed consumers’ files which demonstrated outcomes of assessment and planning are documented in a care and services plan and the service’s assessments and planning captured sufficient information to provide the basis of safe care and services for all consumers. The service was able to demonstrate current assessment and planning is based on ongoing partnership with the consumer and others the consumer wishes to be involved in the assessment, planning and review of the consumer’s care and services.

The service was able to demonstrate all consumer care plans are consistently reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals, or preference of the consumer. The service was able to demonstrate assessments and care plans are reviewed six monthly and any changes to consumers health and needs are identified through the high-risk register or through daily progress note reviews.

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

**Assessment of Standard 2 Requirements**

**Requirement 2(3)(a) Compliant**

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

**Requirement 2(3)(b) Compliant**

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

**Requirement 2(3)(c) Compliant**

*The organisation demonstrates that assessment and planning:*

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

**Requirement 2(3)(d) Compliant**

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

**Requirement 2(3)(e) Compliant**

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

**STANDARD 3 COMPLIANT   
Personal care and clinical care**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 3**

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

The Assessment Team found that overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The Assessment Team interviewed consumers and representatives who said they are confident staff know consumers well and would recognise, report, and manage any issues with their health or well-being.

The Assessment Team identified a range of assessments are completed by clinical staff on entry and on an ongoing basis using recognised tools to identify each consumer’s care needs and preferences. Care plans are developed from the information in consultation with consumers and/or representatives.

Staff have access to policies and procedures relating to best practice care delivery, including in relation to restraint, pain, and skin integrity to reflect best practice principles and guidelines.

The Assessment Team identified that there are processes to collect information relating to each consumer’s advance care directives and end of life care planning wishes and preferences.

The service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer relating to clinical needs including reviewed daily progress notes to identify any changes in consumers need and the monitoring of a high-risk register with regular multi-disciplinary meetings to discuss strategies and interventions to assist in managing consumers at high-risk.

The Assessment Team interviewed clinical and care staff who demonstrated knowledge of antimicrobial stewardship principles describing strategies they implement to minimise the use of antibiotics.

Although, the service was able to demonstrate how they meet the requirements in this Standard some deficiencies were noted, including how they ensure all consumers get safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being, specifically in relation to blood pressure monitoring and the use of restraint including low-low beds.

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.*

**Requirement 3(3)(b) Compliant**

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

**Requirement 3(3)(c) Compliant**

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

**Requirement 3(3)(d) Compliant**

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

**Requirement 3(3)(e) Compliant**

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

**Requirement 3(3)(f) Compliant**

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

**Requirement 3(3)(g) Compliant**

*Minimisation of infection related risks through implementing:*

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

**STANDARD 4 COMPLIANT   
Services and supports for daily living**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 4**

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

The Assessment Team found the organisation was able to demonstrate each consumer receives care and supports for daily living that are important for consumers’ health and well-being and that enable consumers to do the things they want to do.

The Assessment Team interviewed consumers and representatives who said consumers felt safe, and staff supported them to do what they liked and could come and go as they pleased.

The Assessment Team found that the service offers a varied menu of suitable quality and quantity. Each consumer choses their meal, however, can change their mind on the day and alternatives are offered. The menu can be modified to meet individual consumer needs. There are processes to ensure each consumer’s nutrition and hydration needs are identified, monitored, and reviewed. Consumers said they were satisfied with the meals provided and have provided feedback in relation to meals directly to staff, through surveys.

Activities are provided by lifestyle staff. The lifestyle program includes a range of activities, and care plans included information relating to how consumers are supported to participate in the community and maintain friendships. Participation in the activity program is monitored and staff said where consumers are noted to not attend, one on one is provided to the consumers.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared. Lifestyle Staff described how information is shared, including through handover processes. Consumer care files sampled demonstrated consumers are referred to individuals, other organisations and other providers of care and services where the need is identified.

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

**Assessment of Standard 4 Requirements**

**Requirement 4(3)(a) Compliant**

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

**Requirement 4(3)(b) Compliant**

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

**Requirement 4(3)(c) Compliant**

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

**Requirement 4(3)(d) Compliant**

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

**Requirement 4(3)(e) Compliant**

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

**Requirement 4(3)(f) Compliant**

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

**Requirement 4(3)(g) Compliant**

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

**STANDARD 5 NON-COMPLIANT  
Organisation’s service environment**

**Consumer outcome:**

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

**Organisation statement:**

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

**Assessment of Standard 5**

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 Assessment Team also examined relevant documents.

The Assessment Team found that overall, sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The Assessment Team interviewed consumers and representatives who did not raise any concerns in relation to the service environment with representatives confirming the environment being small was one of the main reasons selecting the home for their family members to reside.

The service conducts regular audits of the facility and relevant equipment; maintenance logs highlighted staff are using the maintenance request system and any requests are actioned in a timely manner. However, the service was unable to demonstrate the external areas of the service are well maintained and cleaned for consumers to safely access the external areas.

The Assessment Team found that while the service monitors the environment for potential hazards, accessibility, and comfort through a range of mechanisms, such as audits, consumer surveys and feedback, the Assessment Team noted some deficiencies in relation the actioning of these, including use of locks to promote privacy.

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

*The service environment:*

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

The Assessment Team found that the service was unable to demonstrate the environment was safe, clean, well maintained, and comfortable and that consumers were able to move freely both inside and outside the service. Safety hazards and risks had not been actioned in a timely manner to ensure the environment was maintained and there was not always safe egress and pathways available for consumer use. Cleaning programs were not consistently effective in ensuring the service environment both inside and outside were clean, comfortable, and free of malodour.

The Assessment Team observed a pathway outside the service that consumers used was blocked off and required to be fixed due to the pathway being a high-risk for consumers to fall after a consumer fell and obtained injuries six months prior. The service was unable to demonstrate the service environment enables all consumers and their representatives could move freely inside and outside onto external courtyard areas in a safe manner. The Assessment Team observed that one of the three external doors leading to a courtyard was not easy to access for consumers due to clutter. In addition, one of the fire exit doors was noted to be cluttered with wheelchairs and princess chairs not allowing a clear path to be used in the case of an emergency.

The approved provider responded to the Assessment Teams report and advised that they have added additional cleaning of the Courtyards to the regular duties to ensure that it is clutter free. Work is also being fast tracked to remove pavers that have been identified as hazards.

I find that the approved provider is not compliant with this requirement at the time of assessment.

**Requirement 5(3)(c) Compliant**

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

**STANDARD 6 COMPLIANT   
Feedback and complaints**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 6**

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

The Assessment Team found that overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

The Assessment Team interviewed consumers and representatives who said that they are happy with the care and services provided and have not needed to raise complaints, however, felt comfortable in doing so and were aware of methods for providing feedback. Consumers sampled described how representatives advocate on their behalf and how staff are able assist them with raising complaints as they speak their language.

The Assessment Team interviewed staff who were able to describe how they support consumers to provide feedback. The compliments and complaints folder, resident meeting minutes and consumer surveys viewed by the Assessment Team show consumers and representatives are being supported to provide feedback and are accessing feedback mechanisms.

Management was able to describe how feedback and complaint data is monitored for trends and how this contributes to improving the care and services provided.

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

**Assessment of Standard 6 Requirements**

**Requirement 6(3)(a) Compliant**

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

**Requirement 6(3)(b) Compliant**

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

**Requirement 6(3)(c) Compliant**

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

**Requirement 6(3)(d) Compliant**

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

**STANDARD 7 COMPLIANT   
Human resources**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 7**

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

The Assessment Team found that overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The Assessment Team interviewed consumers and representatives who said that staff tend to consumers’ care needs promptly and their call bells are answered in a timely manner. Consumers were complimentary of staff and confirmed they are kind, caring and respectful. Consumers were confident staff have adequate skills and knowledge, and confirmed staff meet their care and service's needs.

The Assessment Team spoke to staff who said there are enough staff rostered on each day to allow them to undertake their required duties and tend to call bells promptly. They are provided with ongoing education and training opportunities and felt supported by staff and management in undertaking their core duties.

The Assessment Team observed staff interacting in a kind, caring and respectful manner with consumers.

The Assessment Team identified management demonstrated the service ensures staffing levels are sufficient to meet consumer care and service needs and ongoing training is provided to ensure staff effectively perform their roles.

Management described how they ensure staff have appropriate qualifications as part of their recruitment process and continue to monitor staff performance through their annual performance appraisal process.

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

**Assessment of Standard 7 Requirements**

**Requirement 7(3)(a) Compliant**

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

**Requirement 7(3)(b) Compliant**

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

**Requirement 7(3)(c) Compliant**

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

**Requirement 7(3)(d) Compliant**

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

**Requirement 7(3)(e) Compliant**

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

**STANDARD 8 COMPLIANT   
Organisational governance**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 8**

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

The Assessment Team found that overall, sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The Assessment Team interviewed management who described and provided evidence of how consumers have input about their experience and the quality of care and services provided through care plan reviews, meetings, feedback and surveys.

The service has policies and procedures in relation to effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

There are effective systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and open disclosure. Management provided examples of how clinical incident data is monitored and trended within the organisation.

The Assessment Team interviewed staff who were aware of policies and procedures available to guide them in best practice and said they are updated when changes occur. Some staff were able to provide examples of how policies and procedures are relevant to their work; however, some staff were not aware of changes to restrictive practice legislation and management have advised further training will be provided.

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

**Assessment of Standard 8 Requirements**

**Requirement 8(3)(a) Compliant**

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

**Requirement 8(3)(b) Compliant**

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

**Requirement 8(3)(c) Compliant**

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

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

**Requirement 8(3)(d) Compliant**

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

**Requirement 8(3)(e) Compliant**

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

**Areas for improvement**

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

**Requirement 1(3)(d) Non-compliant**

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

The approved provider must demonstrate:

* Consumer risk is identified, documented and a consultative process with consumers and representatives is undertaken to develop strategies for the identified risk.

**Requirement 1(3)(f) Non-compliant**

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

The approved provider must demonstrate:

* Consumers’ privacy and dignity is respected at all times during personal and clinical care.
* Shared bathroom facilities have a locking system available to prevent another consumer entering whilst it was in use.

**Requirement 5(3)(b) Non-compliant**

*The service environment:*

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

The approved provider must demonstrate:

* Regular cleaning of inside and outdoor areas is maintained to allow consumer comfort.
* Equipment should not be stopping access to fire doors.
* Trip hazards are removed from outdoor courtyards.